

## Implementation Plan for Reopening Arden Courts of Warminster

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.	
<b>1. FACILITY NAME</b>	
Arden Courts of Yardley	
<b>2. STREET ADDRESS</b>	
493 Stony Hill Rd	
<b>3. CITY</b>	<b>4. ZIP CODE</b>
Yardley, PA	19067
<b>5. NAME OF FACILITY CONTACT PERSON</b>	<b>6. PHONE NUMBER OF CONTACT PERSON</b>
Sherri Hoffman	215-321-6166

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).
<b>7. DATE THE FACILITY WILL ENTER REOPENING</b>
August 31, 2020
<b>8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)</b>
<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 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 <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>
<b>9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)</b>
Yes
<b>10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19</b>
A desk review inspection was completed by DHS on 4/27; 4/28 and 4/29/2020, including infection control procedures, and found no issues with the facility's practices and procedures with regard to COVID19 and no regulatory citations were issued.

## 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](#)**

Between August 6, 2020 to August 13, 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 HOUR**

The Resident Services Coordinator (RSC) and 7-3 Resident Services Supervisor (RSS) are trained to administer COVID19 diagnostic tests, via nasopharyngeal specimen collection. Any resident showing symptoms of COVID19 will have a swab collection within 24hrs of symptom onset and sent to an outside approved lab to run the diagnostic test.

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

The RSC and 7-3 RSS are trained to administer COVID19 diagnostic tests, via nasopharyngeal specimen collection. RSC and 7-3 RSS will complete swab collections of residents and staff if the community experiences an outbreak. Swabs will be sent to an outside approved lab to run the diagnostic test. Additionally, if needed, the community will partner with local testing providers, including but not limited to Lehigh Valley Genomics, Abington Lab and WorkNet to assist with the community's efforts.

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

The RSC and 7-3 RSS are trained to administer COVID19 diagnostic tests, via nasopharyngeal specimen collection, to all staff, including asymptomatic staff, if the community experiences an outbreak and will be sent to an outside approved lab to run the diagnostic test. Additionally, if needed, the community will partner with local testing providers, including but not limited to Worknet to complement the community's efforts.

The county's positivity rating will be checked every 2<sup>nd</sup> and 4<sup>th</sup> Monday of each month and routine testing of staff, including asymptomatic staff, will be tested as recommended based on the county's current rating.

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

The community is not permitting volunteers.

A screening will take place in the main lobby for all non-essential staff; screening will include temperature checks and completion of a screening tool to determine symptoms and/or possible exposure. If the screening reveals possible virus or exposure, the non-essential personnel will not be permitted to enter the community, will be sent home, and will be asked to isolate at his/her residence for 72 hours to 14 days. Proof of a negative covid test and/or a doctors note giving permission to return to work must be provided.

A member of the non-essential personnel's clinical team will review the above documentation to determine appropriateness to return.

When the non-essential personnel returns to the community, the above process is repeated.

## 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**

Employees who refuse to COVID test should not care for residents that are unexposed to COVID (Green) Zones. If staff that refused to test develop symptoms consistent with COVID19, testing will again be recommended. If the staff person continues to refuse testing they should be excluded from work and follow return to work criteria in PA HAN 501 and company guidelines. If there is not work for the employee because their refusal to test has limited the work they can perform, the employee will be placed on a personal leave for 30 days. The personal leave will be revisited as the needs of the business warrants, and at least every 30 days.

Residents who refuse to COVID test should be isolated in an empty wing of the community, away from all other residents, when possible. If an empty wing is not available, residents will be isolated to their individual, private rooms, where all meals and care will be provided, for up to 14 days after the date of exposure.

**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*.**

Any resident diagnosed with COVID19 will be moved to a house/wing designated for COVID positive residents (COVID19 Airborn Isolation Unit - CAIU) for at least 14 days after the date of exposure or after last observed symptoms. If a CAIU is not possible, residents will be isolated in their private rooms for at least 14 days, where all meals and care will be provided. Staff members will be required to wear a full complement of PPE when working in the CAIU or DONN/DOFF PPE when caring for residents in their rooms if a CAIU is not possible.

**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)**

Current PPE on hand (gowns, eye shields and/or goggles, gloves, N95 and/or procedural masks) is more than adequate; as provided by our company and the DOH. To ensure an adequate supply on an on-going basis, the community inventories its PPE at least 2 times per week and shares the data with our Corporate Office. The Corporate Office then ships needed items directly to the community.

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

Staffing is based on resident census. Current staffing is well within guidelines. Staffing agreements are in place to assist with any staffing shortages, as well as use of company's hospice staff to assist as needed.

**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 our county reverts to a Red Phase, we will revert to closing the community and discontinue of all visits. Families will be notified of the community's status and need to return to restricting visitation. The community will 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

The RSC or an RSS will complete a screening for each resident daily; screening will take place in the resident's room. Methods to determine symptoms and possible exposure will include temperature checks, respiratory surveillance, pulse ox levels and blood pressure checks. If screening reveals possible virus, the resident will be considered a person under investigation (PUI) and will be isolated to his/her room. The PCP and POA will be notified and a plan for treatment (in facility vs hospital) will be determined. If care will remain in the facility, then the community will follow the plan described in #17.

If the community has a PUI, the RSC or RSS's will complete a minimum of every shift temperature checks on all residents and will continue the daily respiratory surveillance, pulse ox levels and BP checks.

### 22. STAFF

The RSC, RSS or designee will complete a screening for each staff member at the beginning his/her shift; the screening will take place in the main lobby. Methods to determine symptoms and possible exposure include temperature checks and completion of a screening tool/questionnaire provided by the PA DOH. The RSC, RSS or designee will complete a temperature check again at the end of his/her shift.

If screening reveals possible virus, the staff member will not be permitted to enter the community, will be sent home, and will be asked to isolate at his/her residence for 72 hours to 14 days. Proof of a negative covid test and/or a doctors note giving permission to return to work must be provided.

A member of the company's clinical team will review the above documentation to determine appropriateness to return to work. When the employee returns to the community, the above process is repeated.

If a screening reveals possible virus the staff member will be considered a PUI and procedures will be followed, as described in #21, for residents.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Any healthcare personnel (HCP) who has previously been tested negative or has never been tested, will be required to obtain a COVID19 test and provide a copy of the negative results to the facility.

The RSC, RSS or designee will complete a screening for each HCP who enters the community; the screening will take place in the main lobby. Methods to determine symptoms and possible exposure include temperature checks and completion of a visitor screening tool.

If screening reveals possible virus, the healthcare personnel who is not staff will not be permitted to enter the community and will be referred back to their employer for follow up. Proof of a negative covid test and/or a doctors note giving permission to return to work must be supplied to the employer. The employer of the healthcare personnel will review the above documentation to determine appropriateness for their employee to return to work. When the healthcare personnel who is not staff returns to the community, the above screening process is repeated.

## SCREENING PROTOCOLS

### 24. NON-ESSENTIAL PERSONNEL

Any non-essential personnel who has previously tested negative or has never been tested for COVID19, will be required to obtain a COVID19 test and provide a copy of the negative results to the facility prior to being allowed access to the building.

The RSC, RSS or designee will complete a screening for any non-essential personnel; screening will take place in the main lobby. Methods to determine symptoms and possible exposure include temperature checks and completion of a screening tool.

If screening reveals possible virus, the non-essential personnel will not be permitted to enter the community, will be sent home, and will be asked to isolate at his/her residence for 72 hours to 14 days. Proof of a negative covid test and/or a doctor's note giving permission to return to work must be provided. A member of the non-essential personnel's clinical team will review the above documentation to determine appropriateness to return. When the non-essential personnel returns to the community, the above screening process is repeated.

### 25. VISITORS

PLEASE SEE "RESIDENT VISITATION" POLICY & PROCEDURE FOR SCREENING PROTOCOLS.

### 26. VOLUNTEERS

Volunteers are not being permitted in the community.

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)

Resident seating is socially distanced 6 feet apart. The dining room, pantry, living room and Studio/Community Center areas are being used simultaneously. This seating and serving pattern is repeated for all three meals-breakfast, lunch and dinner.

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

All seating designed to accommodate more than one individual (love seats, sofas) have been removed from all resident and common areas.

Tables and chairs in these areas are socially distanced 6 feet apart. The floors are marked for easy identification of proper chair placement.

## SCREENING PROTOCOLS

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

#### **Infection control measures include the following:**

Surfaces will be sanitized using CDC approved cleaners to reduce the risk of exposure or transmission of COVID19 as detailed below:

- Hard surfaces: door knobs, light switches, cupboard/microwave/refrigerator handles, faucets, sinks, toilets, grab bars, railings, tables, countertops, seats, tables;
- Mobility devices: wheelchair/walker/cane handles, brake handles, seat cushion, arm rests, foot supports, push handles;
- Launder items using the warmest water setting (per washing instructions) and dry completely. When laundering is not recommended, an appropriate disinfectant spray can be used to sanitize and disinfect;
- Garbage/Trash: Line trash cans with a garbage bag for ease of removal. Wear gloves to handle trash and wash hands after.
- Use separate garbage bags for anyone in the community who is sick

#### **Protocols for use of PPE by staff include:**

If there are no positive cases for COVID19, staff members will wear a surgical mask and protective eyewear (glasses; goggles or faceshield) at all times when in the resident care area. Masks will be worn in other areas, such as front offices. If a front office staff member is completing a screening, then protective eye wear must be worn as well.

If community has a PUI, then a full compliment of PPE (gown, gloves, eyewear and n95 mask) must be worn when providing care for that resident(s).

If there is a known case(s) of COVID19, i.e. positive test result, then all staff will wear a full compliment of PPE prior to entering the CAUI; full PPE will be removed upon exiting the CAUI. (see attached "Sequence for Putting on PPE" and "How to Safely Remove PPE" for procedures followed to Donn and Doff PPE)

#### **General Protocols followed:**

Staff washing/sanitizing their hands between contact or care of residents, this includes assisting residents with eating. Staff washing/sanitizing their hands before/after eating or using the bathrooms.

Staff washing/sanitizing resident hands before/after meals, after using the bathroom, if contact occurs between staff and resident or if contact between residents is observed.

If community has a PUI or if there is a know case(s) of COVID19, then paper products will be used for meal service for that resident/those residents.

Paper products are in use for meal service in the CC/Studio areas.

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

Resident seating is socially distanced 6 feet apart.

The Studio/CC is being utilized for meal service to allow for socially distanced seating in all areas.

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 in Step 1 will be made available to up to 5 residents. Programming will be held in the Arden Courts Community Center and/or Studio areas. Residents will enjoy activities such as the following: Trivia; Era Specific Music/TV Shows/Movies; Reminiscing; Current Events; Games (Bingo and word games); Daily Devotions/Spirituality; Seated Exercises, Sensory Programs and One-on-One visits. If game pieces are used, they are disinfected at the conclusion of each session. When playing Bingo, for example, M&M's are provided to residents instead of game pieces and boards are wiped off with CDC approved disinfectant. Before activities begin, the Program Services Staff, with the assistance of the Care Staff as needed, will wash/sanitize resident's hands. Residents will then be donned with a procedural mask. Staff will encourage residents to keep their masks on during the entire length of the activity using cues and prompts as needed. The floors in the Community Center/Studio are marked with a floor decal for socially distanced chair placement at least 6 feet apart.

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

Activities in Step 2 will be made available to up to 10 residents. All procedures and protocols in Step 1 will be followed in Step 2.

**33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3**

Activities in Step 3 will be made available to up to 15 residents. All procedures and protocols in Step 1 will be followed in Step 3.

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

Off premises outings will not be permitted. Our version of "Outings" will be held exclusively on the premises of Arden Courts, specifically, in the Courtyard and walking paths located behind the Community. These areas were designed to simulate the experience of being away from the community without ever leaving. Before activities begin, the Program Services Staff, with the assistance of the Care Staff as needed, will wash/sanitize resident's hands. Residents will then be donned with a procedural mask. Staff will encourage residents to keep their masks on during the entire length of the activity using cues and prompts as needed. The grounds in the Courtyard are outlined with colored tape for socially distanced chair placement at least 6 feet apart.

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**

Any non-essential personnel who has previously tested negative or has never been tested for COVID19, will be required to obtain a COVID19 test and provide a copy of the negative results to the facility prior to being allowed access to the building.

For the continued safety and protection of residents and staff, the community is permitting non-essential personnel including physical therapy, occupational therapy, speech therapy and podiatry during Step 2.

Non-essential personnel must agree to answer all screening questions and have temperature check. If there is a “yes” answer for any screening questions, or a temperature reading above the acceptable level, the visit will not occur to reduce the risk of spread/exposure to COVID-19.

Non-essential personnel previously diagnosed with COVID-19 must provide documentation from a MD/NP/PA that they meet the CDC criteria for transmission-based precautions.

A mask that covers the nose and mouth must be worn during the visit. A mask will be provided if needed. Eye protection, goggles or a face shield, will also be required. Eye protection will be provided if needed. Non-essential personnel must wash their hands prior to entering the resident area and maintain social distancing from other residents of at least 6 feet apart.

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

For the continued safety and protection of residents and staff, the community is permitting non-essential personnel including physical therapy, occupational therapy, speech therapy and podiatry during Step 2. In Step 3, the Hair Stylist will be added to the list of non-essential personnel determined as necessary.

Non-essential personnel must agree to answer all screening questions and have a temperature check. If there is a “yes” answer for any screening questions, or a temperature reading above the acceptable level, the visit will not occur to reduce the risk of spread/exposure to COVID-19.

Non-essential personnel previously diagnosed with COVID-19 must provide documentation from a MD/NP/PA that they meet the CDC criteria for transmission-based precautions.

A mask that covers the nose and mouth must be worn during the visit. A mask will be provided if needed. Eye protection, goggles or a face shield, will also be required. Eye protection will be provided if needed. Non-essential personnel must cleanse their hands with soap and water and/or hand sanitizer and maintain social distancing from other residents of at least 6 feet apart.

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

The community will ensure that non-essential personnel do not come into contact with residents exposed to Covid-19 by having the Executive Director or designee, notify non-essential personnel that the community has exposed residents and that their service will temporarily have to be suspended until all exposed residents meet safety protocols and/or test negative for Covid-19.



## 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**

Visits will be offered Monday through Friday, 9am-4pm; Saturday & Sunday 10am-1pm. Visits will be scheduled 1 hour apart. Families requesting visit times outside the standard schedule will be handled on a case-by-case basis.

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

The administrative staff, including the Administrative Services Coordinator, Administrative Services Assistants, Memory Care Advisors, and Executive Director are responsible for scheduling all visits. Only the resident's Responsible Party will be permitted to schedule a visit. The visit should be scheduled at least 24-hours in advance of the scheduled visitation time.

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

All surfaces will be sanitized using CDC approved cleaners to reduce the risk of exposure or transmission of COVID-19. Visitation areas, including designated inside and outside areas, will also be equipped with alcohol-based hand sanitizer as well. A staff member, the Visitation Supervisor, will be assigned to supervise each visit. The Visitation Supervisor will sanitize the following resident surfaces, including mobility devices (wheelchair/walker/cane handles, brake handles, seat cushion, arm rests, and foot support), and all common area surfaces in the visitation area, including high touch surfaces such as hand rails, door knobs, push plates, seating surfaces.

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

A maximum of 2 visitors will be permitted to maintain social distancing and infection control.

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

Visits will be prioritized in the following order: First: residents on Hospice Care; Second: residents who are COVID-19 negative; Third: residents who are COVID-19 recovered.

### **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)**

Eligible Residents:

1. Those who have a baseline negative COVID-19 result(s) or be deemed COVID 19 Recovered and must be asymptomatic 72-hours prior to visitation.
2. Those who have a diagnosis of a disease causing progressive cognitive decline, feelings of loneliness expressed who are COVID-19 negative or recovered (as applicable to state requirement).
3. Those who do not have active exit seeking behaviors without the ability to be redirected.
4. Those who are able to tolerate extreme temperature fluctuations.
5. Those who are not clinically or medically unstable during the time of the visit.
6. Those who do not have unresolved infection or clinical change in condition.

**STEP 2**

### **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**

The outdoor visitation space is an open air porch on three sides, approximately 32 feet X 7 feet, with a fully covered roof. Residents will access the space through the community's main lobby entrance door. Visitors will access the space using the walking path that connects the parking lot to the outside covered porch. In the event of severe weather, the visit would be rescheduled for the safety of all parties.

**VISITATION PLAN**

	<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>There are 2 distinct seating areas on the open air porch—one is designated for the resident; the other is designated for the visitor. Both areas are outlined using colored tape. The actual social distance between the seating areas is twelve feet apart. Distance will be maintained by an assigned Arden Courts staff member, the Visitation Supervisor, who will be outside monitoring the visit from start to finish. Failure to follow social distancing guidelines can lead to the visit being terminated.</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>In the event of excessively severe weather, the visit would be rescheduled for the safety of all parties.</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>In the event that an indoor visit is permitted, the visit will take place exclusively in a neutral zone in our community, taking place in our front office area, our lobby or our conference room (also known as the Memory Care Advisor’s office). The conference room is a private area with a table and chairs that are socially distanced at least 6 feet apart, markers are placed on the floor noting the socially distanced and allowed space. Distance will be maintained by an assigned Arden Courts staff member, the Visitation Supervisor, who will also be present to monitor the visit from start to finish. Failure to follow social distancing guidelines can lead to the visit being terminated.</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>Indoor visitation is allowed exclusively in a neutral zone in our community in our front office area, our lobby or our conference room (also known as the Memory Care Advisor’s office). Visitation in this area is for residents unexposed to COVID-19 who can be walk or be transported via wheelchair. Space between the resident and their visitor (up to 2 visitors maximum) will be at least six feet. Only one visit is scheduled at any given time to control the visiting process, thereby eliminating the possibility of more than one visit happening at a time. Visitation is not permitted during mealtimes. Visiting in a resident’s room is permitted only if the resident is actively passing on hospice and unable to be transported to neutral area. Visitor screening and additional precautions for such compassionate care visits, including hand hygiene and use of full PPE are required.</p> <p><b>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b></p> <p>Outdoor visitation be not be utilized at STEP 3.</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>N/A</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>N/A</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>The visitation space that will be used (front lobby/conference room (MCA office) can be accessed by the front/main entrance of the building and does not involve entrance to a resident area to be accessed.</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**  
All surfaces will be sanitized by a staff member, the Visitation Supervisor, using CDC approved cleaners to reduce the risk of exposure or transmission of COVID-19. The Visitation Supervisor will sanitize the following resident surfaces, including hospital bed, wheelchair, walker, cane handles, brake handles, seat cushion, arm rests, and foot support, and all none resident surfaces in the resident's room, including high touch surfaces such as hand rails, door knobs, push plates, seating surfaces. Additional hand sanitizer gel will also be provided during the visit and remove at the conclusion of the visit for safety purposes.

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 will not be utilized at any time.

**56. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2**  
Volunteers will not be utilized at any time.

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**  
Sherri L. Hoffman, Executive Director/Personal Care Home Administrator; Arden Courts of Yardley

**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**