

**Implementation Plan for Reopening  
In Accordance with the Pennsylvania Department of Health's  
Interim Guidance for Skilled Nursing Facilities During COVID-19**

FACILITY INFORMATION	
1. FACILITY NAME  Waverly Heights	
2. STREET ADDRESS  1400 Waverly Road	
3. CITY  Gladwyne	4. ZIP CODE  19035
5. NAME OF FACILITY CONTACT PERSON  Meredith Feher, NHA	6. PHONE NUMBER OF CONTACT PERSON  610-645-8744

DATE AND STEP OF REOPENING
7. DATE THE FACILITY WILL ENTER REOPENING  9/22/2020
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 ( <u>CHECK ONLY ONE</u> )  <input type="checkbox"/> <b>Step 1</b> <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <u>June 8, 2020, Order of the Secretary of Health</u>)</i>  <input checked="" type="checkbox"/> <b>Step 2</b> <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <u>June 8, 2020, Order of the Secretary of Health</u>)</i> <b>AND</b> <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>
9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)  No
10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19 7/21/2020

STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING
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 <u>JUNE 8, 2020, ORDER OF THE SECRETARY OF HEALTH</u>  5/24/2020                      to                      7/6/2020
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  Waverly Heights has the capacity to test within 24 hours of showing symptoms. We have testing supplies available and nurses are trained and able to test residents at any time.

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

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

Waverly Heights has the capacity to administer testing for COVID-19 to residents and staff in the event of an outbreak as defined by the PA Department of Health. We have testing supplies and several staff who are able to administer the testing.

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

Waverly Heights has the capacity to test all staff, including asymptomatic staff. We have ample testing supplies and several staff members who are able to administer the test.

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

Waverly Heights has the capacity to test all staff. We have ample testing supplies and several staff members who are able to administer the test. In addition we have a list of resources of outside testing sites available to non-essential staff and volunteers.

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

It is mandatory for all staff to be tested. Any staff that refuses testing will be removed from the schedule until a test is obtained. Residents have the right to refuse testing, but would be placed in the yellow zone (potential exposure) for 14 days as outlined by the PA Department of Health.

**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*.**

If a resident were to test positive for COVID-19, he/she will be moved to the designated red zone (confirmed positive) as outlined for the PA Department of Health where he/she will be fully isolated from other residents in a private room with a private bathroom. Designated staff will be assigned to care only for COVID-19 positive residents and supplied with appropriate PPE.

**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)**

Waverly Heights maintains an adequate supply of all appropriate PPE and updates a PPE burn rate calculator regularly to monitor current inventory of supplies.

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

Waverly Heights is not experiencing any staffing shortages. The health center maintains staffing ratios beyond the regulatory requirement using full and part time staff. Per diem and auxiliary employees are scheduled as needed. Per our emergency procedure plan through the Regional Response Health Collaboration Program, we have access to external staffing resources 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**

Waverly Heights is prepared to cease our reopening plan and return to the pre-opening guidelines outlined for communities in the red phase. In this event, we will communicate the need to revert to prior guidelines to resident emergency contacts via the Waverly Heights website and email distribution list.

## SCREENING PROTOCOLS

### 21. RESIDENTS

Each resident will be monitored closely for signs and symptoms of COVID-19 and will have their temperature taken twice a day in their room. When a resident develops a temperature of 100.1 F or greater, staff will re-check the resident's temperature within 15 minutes. If the temperature remains on recheck to be at or above 100.1 F, the nurse will administer antipyretic medication if ordered and place the resident's name on the 24-hour report board. Temperature will be re-checked one hour after the use of antipyretic medication. If the temperature does not respond to increased hydration, rest and antipyretic medication, the primary physician should be notified using a SBAR report (Situation, Background, Assessment, and Recommendation). The resident will remain in his/her room with the door closed. Appropriate precautions will be implemented and maintained per CDC protocol. Family will be notified and apprised of the resident's current status. If the resident's condition is accompanied by additional symptoms such as the development of a new cough, SOB, decreased pulse oxygen levels and generalized malaise, the nurse will contact the physician and the clinical interdisciplinary team.

### 22. STAFF

Upon arrival, all employees will be directed to a designated entrance located by the outpatient doctor's office. Each employee will don a surgical face mask prior to entering the facility. Once entering the building each employee is to stand at least six feet apart, as indicated by 'X' marks located on the floor. Each employee is required to complete a screening form (see attachment 1). Any concerning answers must be discussed with the employee's supervisor, department head or designated representative prior to the employee being permitted to begin their work shift. Each employee will have their temperature taken upon entering the screening area. The following temperature guidelines will be followed: If an employee's temperature is at or above 100 F the employee will be asked to return home, self-isolate, monitor their temperature and to contact their primary physician. The employee's supervisor will remain in contact with the individual to discuss their condition. An employee's supervisor, department head or designated representative will be notified of any concerning temperatures and/or symptoms. An employee's ability to return to work will be determined on a case by case basis in coordination with the clinical interdisciplinary team and the employee's primary physician, as appropriate. Each employee will use hand sanitizer prior to leaving the screening area and beginning their work shift.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare personnel who are not staff will follow the same screening protocols as staff.

### 24. NON-ESSENTIAL PERSONNEL

Non-essential personnel who are not staff will follow the same screening protocols as staff.

### 25. VISITORS

Those attending "window visits" will not be permitted to enter the building. Window visits will take place at the Muirfield entrance, or in the event of inclement weather, in the Muirfield vestibule. A six-foot plexiglass trifold will serve as a physical barrier between residents and visitors. Those attending window visits will be required to wear a mask for the entirety of the visit and utilize hand sanitizer as appropriate. Visitors who are experiencing signs and symptoms of COVID-19 will not be permitted on campus. The visit location will be properly sanitized in between each visit. Visitors entering the building in compassionate care or other compelling situations will be instructed to check-in at the outpatient office to complete a temperature check and screening questionnaire. All visitors will be required to wear a mask properly for the entirety of their visit.

### 26. VOLUNTEERS

Waverly Heights is not utilizing volunteers during the pandemic.

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

Residents that can eat independently will receive their meals via tray service in their rooms. Residents who require assistance and supervision with meals will eat in the dining room with one resident to a table. Meal schedule will remain the same. In Step 3 of reopening, residents who can eat independently will be offered the choice of dining in their room or in the dining room. Schedule will be staggered as needed to ensure social distancing of residents can be maintained.

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

Tables will be placed appropriately to maintain adequate social distancing of at least six feet, with one resident seated per table.

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

Staff will wear appropriate PPE throughout the entire meal process such as surgical masks and gloves per CDC protocol. Proper handwashing protocol is to be practiced as well. Dining tables, chairs and serving areas are sanitized in between meals.

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

Residents will be asked to utilize hand sanitizer before and after meals. Staff will provide assistance as needed. Disposable menus will be utilized as appropriate.

## ACTIVITIES AND OUTINGS

### 31. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)

Programming will take place in groups of five or less residents in designated recreation areas. Materials will be sanitized in between use and appropriate handwashing and PPE will be utilized. Residents and staff will maintain appropriate social distance of at least six feet. For residents who can tolerate wearing a mask, this will be encouraged during programming. Anyone under suspicion for COVID-19 will not participate in programming.

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

Programming will take place in groups of ten or less residents in designated recreation areas. Materials will be sanitized in between use and appropriate handwashing and PPE will be utilized. Residents and staff will maintain appropriate social distance of at least six feet. For residents who can tolerate wearing a mask, this will be encouraged during programming. Anyone under suspicion for COVID-19 will not participate in programming.

### 33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Programming will take place in groups of ten or less residents. Materials will be sanitized in between use and appropriate handwashing and PPE will be utilized. Residents and staff will maintain appropriate social distance of at least six feet. For residents who can tolerate wearing a mask, this will be encouraged during programming. Anyone under suspicion for COVID-19 will not participate in programming. Multiple program locations will be utilized to meet the needs of residents while maintaining social distance.

### 34. DESCRIBE OUTINGS PLANNED FOR STEP 3

No group activity outings will be planned until further notice.

## NON-ESSENTIAL PERSONNEL

**35. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2**

Non-essential personnel could include contractors to safely turnover rooms for new admissions, medical supply vendors, and beauty salon staff. All non-essential personnel need approval prior to entering campus and will be screened in the same fashion as Waverly Heights staff. The beauty salon will be limited to serving one resident at a time, and appropriate PPE will be utilized. Materials will be sanitized between uses and non-essential personnel will be required to wear a mask at all times.

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

Non-essential staff will follow the same screening and social distancing requirements as Waverly Heights staff. Non-essential staff must agree to wear appropriate PPE, use hand sanitizer, and maintain adequate social distance as appropriate. Waverly Heights will provide appropriate PPE to non-essential personnel if needed. All non-essential personnel must sign in and out when entering and leaving the building.

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

Non-essential personnel will not be permitted in the Red Zone. If the facility should have a positive case, non-essential personnel will not be permitted on campus.

## VISITATION PLAN

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

Prescheduled half-hour outdoor window visits at the Muirfield entrance will be coordinated through the Therapeutic Recreation department. Visits will take place seven days a week during designated hours. The trifold plexiglass will serve as a physical barrier in between the resident and visitors. All visitors must have prior approval and will be required to wear a mask for the duration of their visit, as well as maintain appropriate social distance and utilize hand sanitizer as appropriate. Residents will also wear a mask for the visit. The visitation area will be sanitized in between uses and all visits will be supervised by a Waverly Heights staff member. In the event of inclement weather, window visits will take place in the Muirfield vestibule, which has adequate air circulation.

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

Families and visitors have been instructed to contact the Director of Therapeutic Recreation to request a visit. This information has been provided to responsible parties and residents via memo and the Waverly Heights website.

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

All visits are monitored by a staff member and the visitation area including chairs and surfaces are sanitized between visits. All appropriate PPE and cleaning supplies are available in the visitation area.

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

We have requested that all visits are limited to four guests at a time.

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

Visits are scheduled first come, first serve. We have been able to accommodate all visits that have been requested.

**STEP 2**

**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)**

**VISITATION PLAN**

	<p>All residents must be free of any signs and symptoms of COVID-19 and other infectious diseases in order to participate in a window visit. Residents have the right to refuse a window visit. Nursing staff will assist in transporting residents to the visitation area.</p>
	<p><b>44. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE</b></p> <p>In the event of inclement weather, the Muirfield vestibule will be utilized for window visits. The Muirfield entrance is also a covered area which provides a degree of shelter from sun and light rain. The vestibule is located right at the Muirfield entrance, so access is direct from outside without going through the building.</p>
	<p><b>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</b></p> <p>The plexiglass divider serves as a physical barrier to ensure a six-foot social distance is maintained. Benches are located at least six feet apart and are sanitized in between each visit.</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 inclement weather, the Muirfield vestibule will be utilized for window visits. The vestibule is located right at the Muirfield entrance, so access is direct from outside without going through the building.</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>We are not providing indoor visits at this time, with the exception of end-of-life and compassionate care situations or other compelling circumstances. The vestibule will be utilized in the event of inclement weather. The plexiglass divider is still able to be utilized in the vestibule to ensure social distance of at least six feet is maintained. In-room visitation will only take place in end-of-life situations or if determined a necessity for psychosocial well-being by the interdisciplinary team. Those with prior approval for in-room visits will be screened and required to utilize appropriate PPE upon entry.</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>Any residents under suspicion for COVID-19 or other infectious diseases will not participate in window visits. Nursing staff will assist in transporting residents to the visitation area.</p>
	<p><b>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b></p> <p>Yes, outdoor visitation will continue.</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>Same</p>

**VISITATION PLAN**

**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**

In-room visitation will only take place in end-of-life situations or if determined a necessity for psychosocial well-being by the interdisciplinary team. Those with prior approval for in-room visits will be screened and required to utilize appropriate PPE upon entry.

**VOLUNTEERS**

**55. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**

Volunteers are not being utilized during this pandemic.

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

N/A

**ATTESTATION**

**57. NAME OF NURSING HOME ADMINISTRATOR**

Meredith Feher, NHA

**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

9/22/2020  
DATE

**Attachment 1:**

Please thoroughly read and understand the questions you are answering during our check-in process. Your confirmation upon the completion of the questions is certifying that your answers are true to the best extent of your knowledge.

- 1) Do you have signs or symptoms of a respiratory infection, such as a fever, cough, sore throat, muscle pain, loss of taste/smell, or headache?
- 2) Have you had contact with someone who is under investigation for COVID-19?
- 3) Have you traveled via airplane during the last 14 days?
- 4) Have you, or somebody you have been in contact with, traveled within the last 14 days to a region of the U.S. or to any international countries with COVID-19 outbreaks?
- 5) If you work in another healthcare facility or hospital, do you provide care within a COVID-19 unit or to persons who have COVID-19?