

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

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 Jameson Care Center	
2. STREET ADDRESS 3349 Wilmington Road	
3. CITY New Castle	4. ZIP CODE 16105
5. NAME OF FACILITY CONTACT PERSON Julie Herb	6. PHONE NUMBER OF CONTACT PERSON 724-598-3404

DATE AND STEP OF REOPENING	
The facility will identify the date upon which all prerequisites will be met for reopening and the Step at which the facility will enter reopening. Those facilities that experienced a significant COVID-19 outbreak will identify the date the Department of Health survey was conducted (that is required prior to reopening).	
7. DATE THE FACILITY WILL ENTER REOPENING August 3, 2020	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<input 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)- COMPLETED</i>	
<input checked="" 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> AND <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>	

DATE AND STEP OF REOPENING

9. Has the Facility experienced a significant COVID outbreak? If NO skip to # 11.

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

Department of Health conducted an Infection Control Focused Survey on July 8, 2020. No deficient practices were identified.

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](#)

7/9/20 for residents and 7/7-7/14 for Staff. .

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 currently has three RN covid testers. Additional testing support may be available through UPMC..

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

Facility has three RN testers and additional testing support may be available through UPMC at this time.

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

Facility has three RN testers and additional testing support may be available through UPMC at this time.

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

We are not planning to re-introduce volunteers during phase 2 or 3 of re-opening. Non-essential employees were tested when essential employees were tested.

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

Residents have the right to decline testing. If the resident is exhibiting symptoms of covid and declines testing, resident will be placed in droplet/contact precautions and moved to a yellow zone.

If staff decline testing or are unable to be tested and are not exhibiting symptoms of covid, the infection control policy will be followed in regards to their assignment. If the employee refuses testing or is unable to be tested and is exhibiting symptoms of covid they will not be permitted to work and must quarantine for 14 days.

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

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*.

Facility will utilizes the Red, Yellow and Green zones for co-horting residents with positive covid in the facility . Residents will be transferred to the appropriate zone based on his/her status.

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 maintains a supply of gowns, surgical masks and eye protections in the facility and supply is monitored daily. There is a supply of N95 masks in the facility and additional N95 masks can be obtained through UPMC supply chain. UPMC supply chain will be used to obtain needed PPE. If UPMC supply chain is unable to provide necessary PPE, the county emergency management agency will be contacted.

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

Facility manages census based on the availability of staff to meet the needs of the residents and meet daily staffing requirements of 2.7 or above. The facility has been able to meet the required staffing hours per patient day.

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 a RED phase is determined for the county, the facility will halt all re-opening activities and families will be notified via email and a message will be left on the 1-833-621-0622 line established for families to call and get updates from the facility.

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 for symptoms and temperature twice a day. If the resident screens positive for potential covid, the resident will be place in droplet precautions and placed in yellow zoned unit and tested for covid. If resident tests positive for covid, they will be move to a red zone.

22. STAFF

Staff are screened at the start of their shift and at the end of their shift using recommended screening guidelines. If the employee has a positive screen, they are not permitted to work, they are instructed to call UPMC MyHealth at Work for further instructions and sent home. Facility will adhere to recommendations given to the employee by MyHealth at Work.

SCREENING PROTOCOLS

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

All healthcare staff will follow the same screening guidelines. If the personnel has a positive screen, they will not be permitted to work and instructed to notify their employer for further instructions.

Podiatrists, audiologist, dentist, optometrist will be permitted to return to the facility for necessary visits.

24. NON-ESSENTIAL PERSONNEL

Non-essential personnel follow the same screening protocols as essential personnel noted in #22.

25. VISITORS

Visitor access is limited and all visitors must follow the same screening protocols for staff and healthcare personnel who are not staff. They will not be permitted to enter the facility if considered a non-essential visitor or a resident's visitor.

26. VOLUNTEERS

Volunteers will not be permitted to visit as part of Step 2 or 3 of re-opening.

COMMUNAL DINING

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

Facility will not resume communal dining during Step 2 or 3. Residents will continue to dine in their rooms. Dining on the unit for those needing supervision or assistance will continue with 6 feet of physical distancing between residents, limiting the number of residents at any one time to adhere to the physical distancing requirements. Residents eating in the lounge on the units must be covid negative and not exhibiting any signs of illness. Residents must not be on droplet precautions to eat in the lounge.

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

Residents will be spaced at least 6 feet apart.

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

Staff will maintain proper hand hygiene before and after assisting each resident with meals. Masking requirements will be maintained when assisting residents with dining. If resident is in droplet precaution, employees will maintain droplet precaution PPE.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Only covid negative residents and residents who have not been exposed will be permitted to dine in the lounge on the unit. Residents in droplet precautions will not eat in the lounge.

ACTIVITIES

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 for unexposed residents occurs in Step 1. 6 feet physical distancing is maintained between residents. Residents are strongly encouraged to wear masks when attending activities. Hand hygiene is performed prior to the start of the activity. The activity room and dining room are utilized to accommodate residents at activities while maintaining physical distancing. If residents are seated at tables, the tables are disinfected after the activity is completed. Activities will not be utilizing any supplies that cannot be disinfected between resident use.

Resident outings are not occurring.

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

Activities for unexposed resident will advance to 10 residents in Step 2 while maintaining 6 feet of physical distancing between residents. Residents are strongly encouraged to wear masks when attending activities. Hand hygiene is performed prior to the start of the activity. The activity room and dining room are utilized to accommodate residents at activities while maintaining physical distancing. If residents are seated at tables, the tables are disinfected after the activity is completed. Activities is not utilizing any supplies that cannot be disinfected between resident use.

Resident outings will not resume during Step 2.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities for unexposed residents will resume without any resident limitation on # of residents participating while maintaining 6 feet of physical distancing between residents. Room size may limit number of residents participating in order to maintain 6 feet of physical distancing. Residents are strongly encouraged to wear masks when attending activities. Hand hygiene is performed prior to the start of the activity. The activity room and dining room are utilized to accommodate residents at activities while maintaining physical distancing. If residents are seated at tables, the tables are disinfected after the activity is completed. Activities will not be utilizing any supplies that cannot be disinfected between resident use.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Resident outings with no more than 2 residents at a time will be allowed on the facility van providing the residents are unexposed and masked. Resident must be able to wear mask during the length of the outing. Outings will be limited to pleasure rides and residents will not be exiting the van during the outings. Residents will be seated on the van at least 6 feet apart.

Hand hygiene will be performed before the resident enters the van. The van seats and surfaces will be disinfected after use.

NON-ESSENTIAL PERSONNEL

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

Non-essential personnel that have been working off-site will continue to work off-site during phase 2 making only essential visits to the facility when necessary.

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

All non-essential staff and essential staff will follow the same guidelines in regards to physical distancing, hand hygiene, masking at all times. Non-essential personnel will not enter resident rooms or care areas unless necessary.

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 travel to red zones or in resident rooms with exposure.

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.

VISITATION PLAN	
STEP 2	<p>38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT</p> <p>Unexposed residents who are physically able to be outdoors and may receive a visit with two visitors at a time for a maximum of 30 minutes once per week.</p> <p>All visitors will sign in/out when visiting. They will be expected to follow the facilities visitation protocol during the entire visit, or may be asked to end visit.</p>
	<p>39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR</p> <p>The Facility has set up a safe visitation area outside of our main entrance.</p> <p>ALL VISITS MUST BE SCHEDULED THROUGH THE ACTIVITIY DEPARTMENT. Visits that are not scheduled will not be accommodated.</p>
	<p>40. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT</p> <p>We will used EPA registered disinfectant between visits. Visitor have 6 feet of physical distance between them.</p>
	<p>41. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?</p> <p>Two adult visitors per visit. Or an adult and a child.</p> <p>One child (under the age of 18) may visit if accompanied by an adult. Adult visitor must be able to manage child and children over the age of 2 must where a facemask during the entire visit. Children must also maintain strict physical distancings.</p> <p>Pets will not be permitted to visit at this time.</p>
	<p>42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED</p> <p>Residents experiencing a progressive cognitive decline or expressed feelings of lonelinless will have priority with visitation. Only unexposed, covid negative residents will be permitted visitors. Resident requests for who visits will be utilized in planning visitation.</p> <p>End of life, compassionate care visits will be permitted as arranged with social service and approved by administration as they have been during visitation restriction.</p>
	<p>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)</p> <p>Residents will be free of any symptoms of covid, other signs of illness and not have a temperature as determined during twice per day screening will be permitted visitors.</p>
	<p>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</p> <p>In the event of inclement weather, the outdoor visits will be suspended. The visit may be moved into the main front lobby.</p>

VISITATION PLAN	
	<p>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p>The areas for visitation will be marked with 6 foot distancing. Resident and visitor will be seated during the visit. Only visitors that can be masked during the duration of the visit will be permitted to visit.</p>
	<p>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</p> <p>The facility has designated an alternative area for visitation during inclement weather. This will be the interior lobby area. Visitors will enter the main lobby and will be screened. Visitors with a negative screen will be masked, hand hygiene performed. Both resident and visitor will be masked during the visit.</p>
	<p>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>Resident and visitor areas will be marked clearly to maintain the 6 foot distance requirement.</p>
STEP 3	<p>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)</p> <p>Residents must be free of any symptoms of covid, other signs of illness and not have a temperature as determined during twice per day screening.</p>
	<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes, outdoor visits will continue to be the preferable visitation weather permitting.</p>
	<p>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")</p> <p>SAME</p>
	<p>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")</p> <p>SAME</p>
	<p>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")</p> <p>SAME</p>
	<p>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")</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

This will be addressed on a case by case basis. Arrangements will be made for compassionate care visits.

VOLUNTEERS

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 utilize during Step 2 or 3.

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

N/A

RESPONSIBILITY FOR PLAN

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

Julie Herb

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.

_____ Julie Herb	_____ 7/24/2020
SIGNATURE OF NURSING HOME ADMINISTRATOR	DATE