

**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	
The Springs at the Watermark at Logan Square	
2. STREET ADDRESS	
2 Franklin Town Blvd.	
3. CITY	4. ZIP CODE
Philadelphia	19103
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
David Attwood	215-563-1800 x 7460

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
8/10/2020
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 ( <u>CHECK ONLY ONE</u> )
<input checked="" 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)
Yes
10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19
6/19/2020

## 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

5/6/2020 and 7/7/2020

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

**Molecular Testing Labs Private Lab; Supplies onsite, mailed with 48-72hour results in private portal**

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

**Molecular Testing Labs Private Lab; Supplies onsite, mailed with 48-72hour results in private portal**

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

**Molecular Testing Labs Private Lab; Supplies onsite, mailed with 48-72hour results in private portal**

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

**Molecular Testing Labs Private Lab; Supplies onsite, mailed with 48-72hour results in private portal**

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

Vital sign checks as directed by Medical director. Monitor signs and symptoms every shift, have network in place with Penn Hospice Palliative program.

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*.

Isolation unit of the Watermark at Logan Square with Contact and droplet precautions in place. In addition to the contact and droplet precautions, the Unit consists of a separate wing divided by industrial grade plastic dividers with zip tight door setups. There is a changing area for Donning and doffing PPE with a dedicated bathroom. The Unit is staffed with dedicated nurses and CNAs and also has an air purification system. Equipment necessary for patient care is currently stocked within the unit limiting unnecessary movement in and out of the isolation area.

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)

Currently have 2+ week stock of all necessary PPE supplies. Also have Nationwide Watermark taskforce in place to acquire more supplies if our general supplies are delayed or out of stock.

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

Staffing has not had significant issues through Pandemic. Have been over state guidelines and never have dropped below. There are 2 contracts in place with agencies in the case that our staffing needs support.

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

The Springs will implement previous guidelines from Red Phase provided by CMS, State, and Philadelphia agencies in coordination of our ED, NHA, DON, and Medical Director

## 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 required to have a negative Covid test within 72 hours of admission. Upon admission new residents are placed in isolation precautions for 10 days. During this time they are monitored for signs and symptoms of virus as well as vital sign checks.

### 22. STAFF

Upon entrance of facility, they are given temperature check and asked to sign in at the front desk. Anyone with a temperature over 99.5 is not allowed entrance. If a screening reveals possible virus symptoms or exposure, a Covid test will be performed. Must wear mask at all times.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Upon entrance of facility, they are given temperature check and asked to sign in at the front desk. Anyone with a temperature over 99.5 is not allowed entrance. Must wear mask at all times

### 24. NON-ESSENTIAL PERSONNEL

Upon entrance of facility, they are given temperature check and asked to sign in at the front desk. Anyone with a temperature over 99.5 is not allowed entrance. Must wear mask at all times.

### 25. VISITORS

Upon entrance of facility, they are given temperature check and asked to sign in at the front desk. Anyone with a temperature over 99.5 is not allowed entrance. Must wear mask at all times

### 26. VOLUNTEERS

Upon entrance of facility, they are given temperature check and asked to sign in at the front desk. Anyone with a temperature over 99.5 is not allowed entrance. Must wear mask at all times

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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)

Communal Dining schedule will not be affected. Standard tray times will remain

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

Tables and chairs will be spread throughout our 3 main communal areas in order to provide 6 feet of space for each resident. 1 resident to a table spread between our main dining room, common area, and TV lounge. Staff will monitor each meal to ensure appropriate distance.

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

Staff will wear appropriate PPE and ensure that residents perform proper hand hygiene before and after each meal.

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

Communal dining will remain at the same time with distance spread between the patients. Staff support will ensure that guidelines are maintained as well as infection control practices for residents and staff.

## ACTIVITIES AND OUTINGS

In each block below, describe the types of activities that will be planned at each step and the outings that will be planned at Step 3 (an all-inclusive list is not necessary). Include where they will be held and approximately how many residents will be involved. Describe how social distancing, hand hygiene, and universal masking will be ensured. Also include precautions that will be taken to prevent multiple touching of items such as game pieces.

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

Gardening Outdoor Patio, Travelogue, Canvas Painting ,Happy Hour, Sing a Long, Trivia

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

Volley Ball, Balloon Tennis, Morning Exercise, Manicures, Ice Cream Socials, Indoor Bowling

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

All of the above including musicians, shows, and community connections.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Park visits, Scenic tours and rides, Luncheons at local restaurants.

## 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

Private duty aids hired by residents or families

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

All personnel including non-essential personnel will be educated on social distancing of six feet or more, hand hygiene, and universal masking. All personnel are to wear masks upon entering the facility. Facility has increased locations with hand sanitizer and has signs placed in highly visible areas as reminders for hand hygiene.

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

Covid-19 patients are placed in our dedicated Covid -19 isolation unit. Non-essential personnel are not allowed in that dedicated area.

## 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

Monday and Wednesday; 45 minutes each visit, from 1:30-5pm each day. Visitors will be screened for temperatures at front desk and then remain outside at a table which provides 6 feet of social distance. Resident and visitor will be required to wear a mask the entire visit. Hand sanitizer will be provided on the table for hand hygiene. Schedule subject to expand to more days and hours.

## VISITATION PLAN

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

Family will schedule table times through the activities department.

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

Housekeeping will wipe down table, chairs, and replace hand sanitizer in between each visit to ensure a clean area.

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

The allowable number of visitors per resident will be limited to 2.

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

Visitations will be prioritized based on patient care needs, therapy times, and medication administration times.

**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)**

Facility will monitor residents in association with therapy to ensure that resident can safely be transported and participate in outdoor visit. If the resident is unable, FaceTime will be provided. If there is a weather advisory or heat advisory, visitation for the day may be rescheduled at the discretion of the Executive director.

**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 space for visitation is protected by an overhang from the weather elements. In the case of a severe thunderstorm or weather, the visitations are subject to cancellation and rescheduling. The patient will be dropped off via a Springs staff member and picked up by the staff member at the conclusion of the visit.

**45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS**

The table will provide a set at either end of the table in order to maintain 6 feet of distance.

**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**

The activities and conference room will be utilized with a socially distant table setup with hand sanitizer present for hand hygiene.

**47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS**

During indoor visits, a table will be setup for seating at either side of the table for six feet of distance between the patient and the visitors.

**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)**

Nursing and therapy will evaluate resident to ensure they can safely participate in the visitation process.

**49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52**

Outdoor visitation will be utilized at step 3 for additional visits.

**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")**

Same

**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")**

## VISITATION PLAN

Same

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")

Same

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

Resident room visits will be conducted with no roommate in the room during the visit. Visitors will be wearing a mask and properly screened at the entrance following Watermark policy. After the visit housekeeping will clean room before roommate (if any) returns to room.

## 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

No current volunteers

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

No current volunteers

## ATTESTATION

The Nursing Home Administrator (NHA) is responsible for the accuracy of the Implementation Plan and the facility's adherence to it. Upon completion of blocks 1-57, the Implementation Plan should be printed and the signature and date affixed by the NHA in block 58.

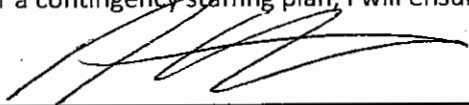
57. NAME OF NURSING HOME ADMINISTRATOR

David Attwood

ATTESTATION

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

7/23/20

DATE