

Revised (8/20/20) Serenity Transitional Care COVID-19 Reopening Plan

Goal

We remain ever diligent in maintaining the safety and health of our residents, staff, and health care providers to reduce the risk of spreading COVID-19. This plan was developed with the consideration of current facility and community status of COVID-19, CMS guidance, and CDC recommendations.

Phase 1- July 7, 2020 – August 25, 2020

1. Criteria for Implementation-
 - a. The community continues to experience a decline and/or stabilization in the number of new cases, hospitalizations, or deaths, and no new community outbreaks.
 - i. Currently the community is experiencing an increase in the number of new cases, hospitalizations, or deaths, and is considered a “troubled spot” in Idaho.
 - b. There have been no new or rebound in COVID-19 cases within the nursing home facility for 28 days.
 - c. The facility has adequate supplies of personal protective equipment and essential cleaning and disinfecting supplies to care for residents.
 - i. Currently, the facility struggles with maintaining adequate supplies of personal protective equipment. The Facility has adequate essential cleaning and disinfecting supplies to care for residents.
 - d. The facility has adequate access to testing for COVID-19 for symptomatic staff and residents. The facility may have adequate testing to test staff for COVID-19 baseline and routinely every 14 days.
2. General Visitation and Facility Entry
 - a. The HCP will continue to have entry, in addition to, critical care workers, and facility Medical Director. Physicians will be encouraged to utilize the Facility’s TeleHealth options and will be allowed access as needed.
 - b. Volunteers and noncritical or essential vendors are restricted from entry.
 - c. Visitation for family and friends will continue to be restricted, except for authorized compassionate care visits.
3. Screening
 - a. All individuals permitted entry will be screened. Screens will be done daily for HCP and residents. Screens will include; temperature, signs and symptoms for COVID-19, and questionnaire about exposure risk.
 - b. Any employee or individual who triggers one of the listed areas will be restricted access.
4. Universal Source Control
 - a. All stages individuals should continue to engage in social distancing of at least six feet
 - b. Wear appropriate face mask in facility at all times
 - c. Practice good hand hygiene at all times
 - d. Disinfect surfaces and objects regularly
 - e. Screening of everyone that enters facility, staff, visitors, vendors, other health care workers as allowed
 - f. Testing of symptomatic staff and residents
 - g. Alert charting on all residents pertaining to signs and symptoms of COVID-19
 - h. All residents are care planned for COVID-19 monitoring and daily screenings
 - i. Communal Dining will be limited to need to be in supervised dining and adequate social distancing
 - i. Residents will adhere to the above-mentioned prevention measures.
 - j. Activities will be limited to hallway activities, small groups that allow for social distancing and appropriate wearing of masks and limited to residents who are either asymptomatic or negative test and are no longer on 14-day quarantine.
 - i. Residents will adhere to the above-mentioned prevention measures.
 - k. Medically necessary trips outside of the facility will be avoided if circumstances permit.

- i. If appointments are necessary, then residents will adhere to the above-mentioned prevention measures.

Phase 2 August 26, 2020 – September 30, 2020

1. Criteria for Implementation-

- a. The community continues to experience a decline and/or stabilization in the number of new cases, hospitalizations, or deaths, and no new community outbreaks.
 - i. Currently the community is experiencing an increase in the number of new cases, hospitalizations, or deaths, and is considered a “troubled spot” in Idaho.
- b. There have been no new or rebound in COVID-19 cases within the nursing home facility for 28 days.
- c. The facility has adequate supplies of personal protective equipment and essential cleaning and disinfecting supplies to care for residents.
 - i. Currently, the facility struggles with maintaining adequate supplies of personal protective equipment. The Facility has adequate essential cleaning and disinfecting supplies to care for residents.
- d. The facility has adequate access to testing for COVID-19 for symptomatic staff and residents. The facility may have adequate testing to test staff for COVID-19 baseline and routinely every 14 days.

2. General Visitation and Facility Entry

- a. The HCP will continue to have entry, in addition to, critical care workers, and facility Medical Director. Physicians will be encouraged to utilize the Facility’s TeleHealth options, with access allowed as needed.
- b. Volunteers and noncritical or essential vendors are restricted from entry.
- c. Visitation for family and friends will continue to be restricted, except for authorized compassionate care visits and pre-scheduled visits in an appropriate designated area either inside or outside.
 - i. Visits will be by appointment to ensure the resident is available for visit
 1. These visits will be scheduled to accommodate resident mealtimes, therapy schedules and availability of staff to ensure safety of resident, especially while outside. Staff will be available, but not part of the visit.
 - a. Visits will still be available at anytime via phone, video chats and window.
 - ii. All visitors will be screened as described in section 3 Screening below.
 - iii. Visits will include the practicing of social distancing (6 feet), washing hands, use of hand sanitizer, and visitors (limited to 2 for social distancing) and resident will wear mask entire time.
 - iv. Children will not be allowed according to CDC guidelines until this guideline is lifted.
 - v. The area will be cleaned according to the Universal Source Control once the visit is over.
 - d. Communal Dining will be limited to residents who are either asymptomatic or negative test and are no longer on 14-day quarantine, and the ability to practice social distancing (6 feet at all times).
 - i. Residents will adhere to the above-mentioned Phase 2 prevention measures.
 - e. Activities will be limited to residents who are either asymptomatic and/or negative test and are no longer on 14-day quarantine, and the ability to practice social distancing (6 feet at all times) and use of PPE as deemed necessary.

3. Screening

- a. All individuals permitted entry will be screened. Screens will be done daily for HCP and residents. Screens will include; temperature, signs and symptoms for COVID-19, and questionnaire about exposure risk.
- b. Any employee or individual who triggers one of the listed areas will be restricted access.

4. Universal Source Control

- a. All stages individuals should continue to engage in social distancing of at least six feet
- b. Wear appropriate face mask in facility at all times

- c. Practice good hand hygiene at all times
- d. Disinfect surfaces and objects regularly
- e. Screening of everyone that enters facility, staff, visitors, vendors, other health care workers as allowed
- f. Testing of symptomatic staff and residents
- g. Alert charting on all residents pertaining to signs and symptoms of COVID-19
- h. All residents are care planned for COVID-19 monitoring and daily screenings
- i. Communal Dining will be limited to need to be in supervised dining and adequate social distancing
 - i. Residents will adhere to the above-mentioned prevention measures.
- j. Activities will be limited to hallway activities, small groups that allow for social distancing and appropriate wearing of masks and limited to residents who are either asymptomatic or negative test and are no longer on 14-day quarantine.
 - i. Residents will adhere to the above-mentioned prevention measures.
- k. Medically necessary trips outside of the facility will be avoided if circumstances permit.
 - i. If appointments are necessary, then residents will adhere to the above-mentioned prevention measures.

Phase 3 – October 1, 2020 – October 15, 2020

- 1. Criteria for Implementation-
 - a. The community continues to experience a decline and/or stabilization in the number of new cases, hospitalizations, or deaths, and no new community outbreaks.
 - b. There have been no new or rebound in COVID-19 cases within the nursing home facility since August 25, 2020 (Pre/during Phase 1)
 - c. The facility has adequate supplies of personal protective equipment and essential cleaning and disinfecting supplies to care for residents.
 - d. The facility has adequate access to testing for COVID-19
- 2. General Visitation and Facility Entry
 - a. The facility staff will continue to have entry, in addition to, critical care workers, and facility Medical Director. All will be screened prior to full entry to the Facility.
 - b. Volunteers and non-critical vendors limited scheduled entry.
 - c. Visitation for family and friends will be limited. Visitors will use designated areas and schedule visit prior to visiting, except for authorized compassionate care situations.
 - i. Social distancing must continue during visits and masks must be worn.
 - ii. Two visitors at a time per resident, no children per CDC guidelines, unless changed by CDC prior to this date.
 - iii. Visitor must be screened, must wear appropriate PPE, and sanitize.
- 3. Screening
 - a. All individuals permitted entry will be screened. Screens will be done daily for staff and residents. Screens will include, but not limited to temperature, signs and symptoms for COVID-19, and questionnaire about exposure risk.
 - b. Any staff or individual who trigger one of the listed areas will be restricted access.
- 4. Universal Source Control
 - a. All stages individuals should continue to engage in social distancing of at least six feet
 - b. Wear face coverings in facility and/or designated visitation areas at all times
 - c. Practice good hand hygiene at all times
 - d. Disinfect surfaces and objects regularly
 - e. Screening of everyone including employees that enters facility
 - f. Testing of symptomatic staff and residents
 - g. Alert charting on all residents pertaining to signs and symptoms of COVID-19
 - h. All residents are care planned for COVID-19 monitoring and daily screenings

- i. Communal Dining will be limited to residents who are either asymptomatic or negative test and are no longer on 14-day quarantine, and the ability to practice social distancing (6 feet at all times).
 - i. Residents will adhere to the above-mentioned Phase 2 prevention measures.
 - j. Activities will be limited to residents who are either asymptomatic and/or negative test and are no longer on 14-day quarantine, and the ability to practice social distancing (6 feet at all times), and the use of PPE as deemed necessary.
 - i. Residents will adhere to the above-mentioned Phase 2 prevention measures.
 - k. Medically necessary trips outside of the facility will be avoided if circumstances permit.
 - i. If appointments are necessary, then residents will adhere to the above-mentioned Phase 2 prevention measures.
5. After Action Plan will be completed on or about September 20, 2020 to determine ability to move forward with Final Re-Open Plans.

Re-Open October 16, 2020

1. Criteria for Implementation-
 - a. The community continues to experience a decline and/or stabilization in the number of new cases, hospitalizations, or deaths, and no new community outbreaks.
 - b. There have been no new or rebound in COVID-19 cases within the nursing home facility since implementation of re-open phases.
 - c. The facility has adequate supplies of personal protective equipment and essential cleaning and disinfecting supplies to care for residents.
 - d. The facility has adequate access to testing for COVID-19
2. General Visitation and Facility Entry
 - a. No restrictions at this time.
3. Screening
 - a. All individuals permitted entry.
 - b. Signage will be posted discouraging visitors with acute respiratory disease signs and symptoms to postpone their visit.
4. Universal Source Control
 - a. Practice good hand hygiene at all times
 - b. Disinfect surfaces and objects regularly
 - c. Testing of symptomatic staff and residents
 - d. Communal Dining and Activities will resume.
5. Medically necessary appointments will resume.