

Guidance on COVID-19 for Skilled Nursing Facilities in Pennsylvania

Distributed September 3, 2020



September 3, 2020

Introduction

The Pennsylvania Department of Health (Department) is providing the below guidance as an update to guidance issued on July 20, 2020 to all Skilled Nursing Facilities (SNF). **As the Commonwealth – along with the nation – has obtained more data, deepened our scientific understanding of the COVID-19 virus, and contemplated innovative policy options, our guidance continues to evolve. This revision includes a recommended routine or “screening” testing plan for facilities not experiencing an outbreak, safe access for Compassionate Care, access to the facility for resident advocates, and a revised timeline to lifting restrictions after a mitigated outbreak. The order of the sections has changed, and other minor revisions are included in red text. In addition to these changes, other edits have been made and some information has been removed. The Department recommends facilities read the guidance thoroughly in its entirety. Facilities that are certified by the Centers for Medicare and Medicaid Services (CMS) should also continue to follow all relevant CMS guidelines available now and in the future.**

1. Terms Used in this Guidance

Terms are defined for the purposes of this guidance as follows:

- a. **“Compassionate care”** refers to caregiver access necessitated to maintain or improve a resident’s health and well-being based on two or more documented “significant changes” in the resident’s care plan.
- b. **“Compassionate Caregiver”** (or “Caregiver”) refers to a family member, friend, volunteer, or other individual identified by a resident, the resident’s family or facility staff to provide the resident with Compassionate Care.
- c. **“Cross-over visitation”** refers to visits from an individual residing in a personal care home, continuing care retirement community, or assisted living facility.
- d. **“Neutral zone”** means a pass-through area (such as a lobby or hallway not in a red, yellow, or green zone per [HAN 509](#)) and/or an area of the facility and facility grounds not typically occupied or frequented by residents with COVID-19 or residents isolated due to possible exposure to COVID-19 (such as an outside patio area or a dining or activity room).
- e. **“New facility onset of COVID-19 cases”** refers to COVID-19 cases that originated in the facility. This does not include cases when a facility admitted an individual from a hospital with a known COVID-19 positive status, or unknown COVID-19 status but became COVID-19 positive within 14 days after admission.
- f. **“Non-essential personnel”** includes contractors and other non-essential personnel.
- g. **“Outbreak”** means either of the following:
 - A staff person tests positive for COVID-19 and was present in the facility during the infectious period. The infectious period is either 48 hours prior to the onset of symptoms or 48 hours prior to a positive test result if the staff person is otherwise asymptomatic; OR
 - New facility onset of a COVID-19 case or cases.

- h. **“Screening”** includes checking for fever and [symptoms of COVID-19](#) and asking questions about possible exposure.
- i. **“Screening testing”** refers to regular testing of staff, and in some cases residents, when an outbreak is not occurring in the facility. The frequency of testing is based on intervals commensurate with the level of short-term COVID activity occurring in the community.
- j. **“Social distancing”** is the practice of increasing the physical space between individuals and decreasing the frequency of contact to reduce the risk of spreading COVID-19 (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic).
- k. **“Staff”** means any individual employed by the facility or who works in the facility consistently three or more days per week (regardless of their role). Contracted staff (such as therapists or PRN staff) who enter the facility consistently three or more days per week are also considered staff. Personnel who attend to health care needs of the residents but are not employed by the facility and do not enter the facility consistently three or more days per week are not considered staff.
- l. **“Universal masking”** means the protocols set forth in PA-HANs [492](#) and [520](#), with homemade cloth face covering or face shield being acceptable for visitors.
- m. **“Visitors”** includes individuals from outside of the facility as well as cross-over visitors who will be interacting with residents.
- n. **“Volunteer”** is an individual who is a part of the facility’s established volunteer program.

2. Screening Testing

The level of COVID-19 activity in the community surrounding a long-term care facility has a direct impact on the risk of COVID-19 introduction into the facility. The following table outlines CMS and the Department’s recommended approach to continued testing in SNFs not experiencing an outbreak to increase detection and prevent transmission of COVID-19. This recommendation applies only to testing of asymptomatic individuals. Individuals with a prior confirmed diagnosis of COVID-19 do not need to be retested. Prompt testing of any resident or staff experiencing COVID-19 compatible symptoms is required. Facilities experiencing an outbreak should immediately begin universal testing, ideally of all staff and residents, but unit, wing, or floor specific testing is acceptable, if the facility has dedicated staff to units, wings, or floors.

Per CMS¹, the facility not experiencing an outbreak should begin testing all staff at the frequency prescribed in the table below “based on the county positivity rate reported in the past week. Facilities should monitor their [county positivity rate](#) every other week (e.g., first and third

¹ “Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool.” Department of Health & Human Services Centers for Medicare and Medicaid Services. August 26, 2020.

Monday of every month) and adjust the frequency of performing staff testing according to the table [below].

- If the county positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table [below] as soon as the criteria for the higher activity are met.
- If the county positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.”

In addition to this regular screening testing, all previously provided guidance on testing of symptomatic and exposed individuals as indicated in [PA-HAN-509](#) should be followed regardless of activity level.

Per CMS, residents who leave the facility routinely should be considered for regular testing. The Department refers to this as “outside contact,” which could include but is not limited to outpatient health care visits including dialysis treatment, social visits in the community, receiving visitors within the facility or on facility property, and return after admission to another health care facility.

Facilities should follow all other applicable guidance provided by CMS in [QSO-20-38-NH](#) or its successor.

Routine Testing Intervals Vary by Community COVID-19 Activity Level			
Level of Community COVID-19 Activity	County % Positivity	Routine Testing of Asymptomatic Residents	Routine Testing of Asymptomatic Staff
<u>LOW</u>	<5%	Not recommended	Test all staff members every 4 weeks
<u>MODERATE</u>	≥5% to <10%	Weekly testing is encouraged of all residents with outside contact in the last 14 days, if they have not otherwise been tested during that period.	Test all staff members once per week
<u>SUBSTANTIAL</u>	≥10%	Weekly testing is recommended of all residents with outside contact in the last 14-days, if they have not otherwise been tested during that period.	Test all staff members twice per week

3. Restricted Visitor Policies

SNFs not in the lifting restrictions process as defined in Section 5 must follow the guidance in this section for visitors. If facilities encounter regression criteria outlined in Section 5b, they must resume the visitation policies described in this section.

- a. To limit exposure to residents, restrict visitation as follows:
 - Restrict all visitors, except those listed in Sections 3b and 3c below.
 - Restrict all volunteers, non-essential health care personnel and other non-essential personnel and contractors (e.g., barbers).
 - Restrict cross-over visitation from personal care home (PCH), Assisted Living Facility, and Continuing Care Community residents to the SNF. Ensure cross-over staff adhere to the facility's Infection Control Plan.

- b. The following personnel are permitted to access SNFs and must adhere to universal masking protocols in accordance with [HAN 520](#):
 - Physicians, nurse practitioners, physician assistants, Emergency Medical Services, and other clinicians;
 - Home health and dialysis services;
 - Department of Aging Older Adult Protective Services investigators;
 - Department of Human Services Adult Protective Services investigators;
 - Long-Term Care Ombudsman;
 - Visitors to include but not be limited to family, friends, clergy, and others during end of life situations;
 - Compassionate Caregivers (refer to 3c for further information on Compassionate Care visitation);
 - Hospice services, clergy and bereavement counselors, who are offered by licensed providers within the SNF; and
 - Department of Health, designees working on behalf of the Department, and local public health officials; and
 - Law enforcement.

Despite these restrictions, residents' rights should be honored while adhering to all applicable public health and regulatory guidance.

- c. Compassionate Care visitation is allowed in limited situations per [CMS's FAQs on Nursing Home Visitation](#). The Department recognizes the connection between mental and emotional health and physical health, and that the effects of prolonged isolation may have such significant mental and emotional health impacts that a resident's physical health becomes impaired. In such instances, the Department expects facilities to work with the resident, family and staff to provide the resident with access to care needed to maintain or improve their health status. That care can be provided by Compassionate Caregivers and providing such care may be considered if there are two or more

documented “significant change[s]” in a resident’s condition. A significant change is defined in 42 CFR § 483.20(b)(2)(ii) as:

A major decline or improvement in a resident’s status that: 1) will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; the decline is not considered “self-limiting ...”; 2) impacts more than one area of the resident’s health status; and 3) requires interdisciplinary review and/or revision of the care plan.

While all residents must have a care plan, residents who qualify for Compassionate Caregiving should have it added to their care plan pursuant to these regulations, to develop comprehensive, individualized, person-centered care plans with resident participation (42 CFR § 483.21):

The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at § 483.10(c)(2) and § 483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following: (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under § 483.24, § 483.25, or § 483.40.

To ensure the safety of all residents and staff, Compassionate Caregivers should adhere to the following steps and recommended safety precautions:

- Caregivers are to show proof of a negative COVID-19 test that was administered within the prior 7 days, preferably 72 hours if testing turn-around times allow, before initiating Caregiver duties. The Caregiver is subject to all ongoing testing requirements that apply to facility staff pursuant to all guidance and Orders.
 - Caregivers are responsible for arranging and covering the cost of testing.
- All Caregivers are to be screened (as defined in Section 1) prior to entering the facility, adhere to universal masking with a cloth face covering or face shield, frequently practice hand sanitization, and social distancing from staff and other residents.
 - Social distancing (as defined in Section 1) from the resident receiving Caregiving is strongly preferred but not required if distancing would not achieve the intended health outcomes of the visit.
- Caregivers should not visit more than 2 hours per day, and there should not be more than 2 Caregivers per resident at a time.

If a Caregiver does not comply with one or more of these public health practices, they should be asked to leave the facility, and their Caregiver status should be reassessed by the facility in order to protect staff and other residents.

As well, the facility should comply with the following steps related to Compassionate Caregivers to ensure the safety of all residents and staff:

- Update the resident's care plan with measurable objectives and timeframes for action related to Compassionate Caregiving.
 - The resident is not limited to a certain total number of Caregivers or number of days per week visits occur; however, the care plan decision makers should carefully consider who is needed and at what frequency to maintain or improve the resident's health status without introducing unnecessary risk posed by an increased number of individuals entering the facility. As well, the resident may not have more than 2 Caregivers present at a time.
- The first Compassionate Care visit for each Caregiver should be observed by facility staff in the setting in which Caregiving will typically happen (e.g., the resident's room) to orient Caregivers to specific safety measures the Caregivers need to take to protect residents and staff.
 - For example, during the first visit, staff should show the Caregiver where facility hand sanitizer stations are, instruct them on how to use hand sanitizer properly, check if a cloth mask or face shield is being worn incorrectly, identify demarcations in the resident's room that should not be crossed to ensure social distancing from a roommate, etc. Staff should correct any deficiencies. Staff only need to observe the visit until the Caregiver is fully oriented and any deficiencies are remediated.
- Upon subsequent visits, staff should check-in, as possible, to ensure safety measures are being adhered to.
 - For example, staff should intermittently check-in to ensure adherence to universal masking, hand sanitizer has been used recently, distancing from other residents is being practiced, etc.
- The facility should have a policy and procedure for how to handle instances in which a Caregiver refuses to take a COVID-19 test prior to initiating Caregiver duties.
- Facilities should keep a log of all Caregivers who enter the facility to include their name, address, phone number, e-mail address, date, time in, and time out, in the event contact tracing is necessary.

4. Restricted Dining Services

SNFs or residents not part of the lifting restrictions process as defined in Section 5 must follow the guidance in this section for dining. If facilities encounter regression criteria outlined in Section 5b, they must resume the dining policies described in this section.

- a. Provide in-room meal service for residents who are assessed to be *capable of feeding themselves* without supervision or assistance.
- b. Identify *residents at-risk for choking or aspiration* who may cough, creating droplets. Meals for these residents should be provided in their rooms with assistance. If meals cannot be provided in their rooms, the precautions outlined below must be taken for eating in a common area in addition to ensuring the residents remain at least six feet or more from each other. **If residents cannot be spaced six feet or more apart, roommate residents may be seated together.**
- c. *Residents who need assistance with feeding* and eat in a common area should be spaced apart as much as possible, ideally six feet or more. Where it is not possible to have these residents six feet apart, then no more than one resident who needs assistance with feeding may be seated at a table. **If residents cannot be spaced six feet or more, roommate residents may be seated together.**

Precautions When Meals Are Served in a Common Area
<ul style="list-style-type: none"> ➤ Stagger arrival times and maintain social distancing; ➤ Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time; ➤ Take appropriate precautions with eye protection and gowns for staff feeding the resident population at high-risk for choking, given the risk to cough while eating; and ➤ Staff members who are assisting more than one resident at the same time must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.

5. Lifting Restrictions on SNFs

During times of significant community transmission of COVID-19, facilities should restrict visitation in order to protect residents and staff from outbreaks. The Department has issued such guidance previously because of the direct connection between community transmission and outbreaks in facilities. There are times, however, when community transmission and facility outbreak status allow for safe visitation, and at that time, safe visitation should resume.

To safely lift restrictions, there are two primary components:

- Prerequisites, requirements, and criteria (sections 5a-b); and
- “Steps” (section 5c).

These components were developed in consultation with the [Centers for Medicare and Medicaid Services guidelines on reopening nursing homes](#). The prerequisites and requirements define the capability and capacity an individual facility must have to safely lift restrictions. The criteria for moving forward and backwards among the “Steps” is defined, and the requirements associated with visitation are specified.

The word “Step” was intentionally chosen to differentiate it from the [White House’s “Opening Up America Again” Phases](#) to reopening, as well as [Governor Wolf’s Phased Reopening Plan](#). If a county is in Governor Wolf’s Yellow or Green phase, it is considered part of the White House’s Phase 3. The “Steps” were developed to carefully allow SNFs to resume communal dining, activities, volunteers, non-essential personnel, visitors and outings in a measured approach.

Terms used are defined in Section 1. Given the interrelated nature of the paragraphs in Section 5, it is recommended that each is read in close consultation with each other.

a. **Prerequisites and Requirements**

1) Prerequisites:

All prerequisites must be met before entering Step 1 and maintained throughout Step progression:

- **Develop an Implementation Plan for Lifting Restrictions.** The Plan must be posted on the facility’s website, if it has an existing website, or available to all residents, families, advocates such as the Ombudsman, and the Department upon request. The Implementation Plan shall include, at a minimum, the following components:
 - A testing plan that, at minimum:
 - **Includes a statement of when the facility completed their Universal Testing baseline;**
 - Includes the capacity to administer screening testing as described in Section 2 and outlined in the ***Routine Testing Intervals Vary by Community COVID-19 Activity Level*** table.
 - Includes a procedure for addressing needed testing of non-essential staff and volunteers; and
 - Includes a procedure for addressing residents or staff that decline or are unable to be tested.
 - A plan to cohort or isolate residents diagnosed with COVID-19 in accordance with [PA-HAN 509](#) pursuant to Section 6 of this guidance.
 - A written protocol for screening all staff at the beginning of each shift, each resident daily, and all persons (visitors, volunteers, non-essential

personnel, essential personnel, and Compassionate Caregivers) entering the facility.

- A plan to ensure an existing cache and a current cache of an adequate supply of personal protective equipment for staff.
- A plan to ensure adequate staffing and a current status of adequate staffing – no staffing shortages and the facility is not under a contingency staffing plan.
- A plan to allow for communal dining and activities to resume pursuant to the guidance provided in Section 5c “Steps to Lift Restrictions.”
- A plan to allow for visitation pursuant to the guidance provided in Section 5d “Visitation Requirements.”

b. Criteria for Advancing to and Regressing from Next Step

The following criteria will be applied to determine movement among steps in Section 5c.

- 1) **STEP 1:** To enter Step 1, the facility must meet all Prerequisites. If at any point during Step 1 there is a new outbreak (as defined in Section 1), the facility must cease Step 1 and return to the guidance described in Sections 3 and 4 relating to visitors and dining, respectively. Moving back to the guidance described in Sections 3 and 4 restarts the 14-day period count. If after a 14-day period, no new outbreak is detected in the facility, the facility may initiate Step 2.
- 2) **STEP 2:** To initiate Step 2, the facility must have been in Step 1 for 14 consecutive days without a new outbreak. If at any point during Step 2 there is a new outbreak, the facility must cease Step 2 and return to the guidance described in Sections 3 and 4 relating to visitors and dining, respectively. Moving back to the guidance described in Sections 3 and 4 restarts the 14-day period count. Upon an outbreak, after 14 consecutive days, if no new cases are detected in the facility, the facility may reinitiate Step 2. The facility may initiate Step 3 after 14 consecutive days in Step 2, if no new outbreak (as defined in Section 1) is detected in the facility during the 14-day period.
- 3) **STEP 3:** To enter Step 3, the facility must have been in Step 2 for 14 consecutive days without a new outbreak. If at any point during Step 3 there is a new outbreak, the facility must cease Step 3 and return to the guidance described in Section 3 and 4 relating to visitors and dining, respectively. Moving back to the guidance described in Sections 3 and 4 restarts the 14-day period count. If after a 14-day period, there is no new outbreak in the facility, the facility may reinitiate Step 2.

c. **Steps to Lift Restrictions**

The following Steps provide an incremental lifting of restrictions. The prerequisites and requirements are detailed in Section 5a, and the criteria for advancing (or regressing) a Step are detailed in Section 5b. Further detail on visitation requirements is listed in Section 5d.

Upon admission or readmission, a resident may not participate in the following Steps for 14 days, or until completion of Transmission-Based Precautions as outlined in [PA-HAN-517](#). The facility must ensure that residents not participating in the following Steps adhere to the restrictions in Sections 3 and 4 of this guidance.

Compassionate Caregivers are excluded from the Steps and are allowed as the resident's Care Plan specifies.

	Step 1	Step 2	Step 3
Dining	Residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least six feet). If residents cannot be spaced six feet or more apart, roommate residents may be seated together. Implement the Precautions When Meals Are Served in a Common Area in Section 4, Restricted Dining Services.	Residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least six feet). If residents cannot be spaced six feet or more apart, roommate residents may be seated together. Implement the Precautions When Meals Are Served in a Common Area in Section 4, Restricted Dining Services.	Residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least six feet). If residents cannot be spaced six feet or more apart, roommate residents may be seated together. Implement the Precautions When Meals Are Served in a Common Area in Section 4, Restricted Dining Services.
Activities	Limited activities may be conducted with <i>five or fewer</i> residents. Social distancing, hand hygiene, and universal masking are required.	Limited activities may be conducted with <i>ten or fewer</i> residents. Social distancing, hand hygiene, and universal masking are required.	Activities may be conducted with residents. Social distancing, hand hygiene, and universal masking are required.
Non-Essential Personnel	Adhere to restrictions in Section 3, Restricted Visitor Policies.	Non-essential personnel are allowed as determined necessary by the	Non-essential personnel are allowed with screening and additional precautions including social distancing,

	Step 1	Step 2	Step 3
		facility, with screening and additional precautions including social distancing, hand hygiene, and universal masking.	hand hygiene, and universal masking.
Volunteers	Adhere to restrictions in Section 3, Restricted Visitor Policies.	Volunteers are allowed only for the purpose of assisting with visitation protocols such as scheduling of visits, transporting (but not lifting) residents and monitoring visitation. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required.	Volunteers are allowed. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required.
Visitors	Adhere to restrictions in Section 3, Restricted Visitor Policies.	Outdoor visitation (weather permitting) is allowed in neutral zones to be designated by the facility. If weather does not permit outdoor visitation, indoor visitation is allowed in neutral zones to be designated by the facility and defined in their Implementation Plan. Cross-over visitation is only permitted if there is no new outbreak in the facility in which the cross-over visitor resides. Review Section 5d for additional requirements.	Indoor visitation is allowed in neutral zones to be designated by the facility and defined in their Implementation Plan. Visiting in a resident's room (within facility's established protocols) is permitted only if the resident is unable to be transported to designated area. Cross-over visitation is only permitted if there is no new outbreak in the facility in which the cross-over visitor resides. Review Section 5d for additional requirements.
Outings	Adhere to restrictions in Section 3,	Adhere to restrictions in Section 3,	Outings limited to no more than the number of people

	Step 1	Step 2	Step 3
	Restricted Visitor Policies.	Restricted Visitor Policies.	where social distancing between residents can be maintained. Appropriate hand hygiene, and universal masking are required.

d. **Visitation Requirements**

For visitation to be permitted under Steps 2 and 3 (as described in Section 5c), a facility must establish and enforce a visitation plan within their Implementation Plan that meets the following requirements while ensuring the safety of visitation and the facility's operations:

- 1) Establish a schedule of visitation hours.
- 2) Designate a specific visitation space in a neutral zone, ensuring that visitors can access that area passing only through other neutral zones. Where possible, use a specified entrance and route for visitors.
 - a) Outdoor visitation is strongly preferred when weather and resident appropriate. Facilities should have a plan for how visitation will safely occur in neutral zones in the event of severe weather (e.g. rain, excessive heat or humidity, etc.).
- 3) For the outdoor visitation area, ensure coverage from inclement weather or excessive sun, such as a tent, canopy, or other shade or coverage.
- 4) Ensure adequate staff or volunteers to schedule and screen visitors, assist with transportation and transition of residents, monitor visitation, and wipe down visitation areas after each visit. Facilities may leverage technology to use volunteers to perform scheduling activities remotely.
- 5) Establish and maintain visitation spaces that provide a clearly defined six-foot distance between the resident and the visitor(s).
- 6) Determine the allowable number of visitors per resident based on the facility's capability to maintain social distancing and infection control protocols.
- 7) Use an EPA-registered disinfectant to wipe down visitation area between visits.
- 8) Determine those residents who can safely accept visitors at Steps 2 and 3.

- 9) Prioritize scheduled visitation for residents with diseases that cause progressive cognitive decline (e.g., Alzheimer’s disease) and residents expressing feelings of loneliness. **These residents should also be evaluated for Compassionate Caregiving.**
- 10) Provide a facemask to each resident (if they can comply) to wear during the visit.
- 11) Children are permitted to visit when accompanied by an adult visitor, within the number of allowable visitors as determined by the facility. Adult visitors must be able to manage children, and children older than 2 years of age must wear a **cloth face mask or face shield** during the entire visit. Children must also maintain strict social distancing.
- 12) Ensure compliance with the following requirements for visitors:
 - a) Establish and implement protocols for screening visitors for signs and symptoms of COVID-19. Do not permit visitors to access facility or facility grounds if they do not pass screening.
 - b) Provide alcohol-based hand rub (hand sanitizer) to each visitor and demonstrate how to use it appropriately, if necessary.
 - c) Visitors must:
 - Wear a face covering or facemask during the entire visit;
 - Use alcohol-based hand rub (hand sanitizer) before and after visit;
 - Stay in designated facility locations;
 - Sign in and provide contact information;
 - Sign out upon departure; and
 - Adhere to screening protocols.

6. Cohorting Residents

If a SNF wishes to expand the number of beds or convert closed wings or entire facilities to support COVID-19 patients or residents, first review [PA-HAN 496](#), Universal Message Regarding Cohorting of Residents in SNF. If the facility’s planned strategy appears to conform with PA-HAN 496, submit a request to the Department’s appropriate field office for approval. Each request will be considered on a case-by-case basis, and dialogue with the facility will occur to acquire all details needed for the Department to render a decision. To ensure the Department has the necessary information to enter that dialogue, include at a minimum the following information for the new or expanded space (if applicable) with the request:

- Number of beds and/or residents impacted, including whether residents will be moved initially.

- Whether the beds are Medicare or Medicaid (including proof of approval from the Department of Human Services to expand the number of Medical Assistance beds, if applicable).
- Location and square footage (with floor plan and pictures, if appropriate).
- Available equipment in the room.
- Staffing levels and plan for having adequate staffing for the duration of the cohorting.
- Plan for locating displaced residents including care of vulnerable residents (such as dementia residents) either in the same facility or sister facility.
- Description of how residents with COVID-19 or unknown COVID-19 status will be handled (e.g., moving within the facility, admitted from other facilities, admitted from the hospital).
- Plan for discontinuing use of any new, altered or renovated space upon the expiration of the Governor's Proclamation of Disaster Emergency issued on March 6, 2020.
- Contact information for person responsible for the request.

Upon submission of the request, a representative from the Department will reach out to the facility's contact person to discuss next steps. Questions regarding this process can be directed to the appropriate field office.

7. Mandatory Reporting through Corvena (previously known as Knowledge Center) and Survey123

In accordance with the [Order of the Secretary of Health issued on April 21, 2020](#), all SNFs licensed in the Commonwealth must complete the SNF Capacity Survey in Corvena (formerly Knowledge Center) at 0800 daily. All fields indicated as mandatory must be completed. If any non-mandatory field has changed from the initial submission, the facility must update that field on the next calendar day's submission.

Additionally, in accordance with the [Order of the Secretary of Health issued on May 14, 2020](#), all SNFs licensed in the Commonwealth must complete the survey data collection tool daily. All facilities must update all data fields each day, including cumulative case counts (total counts identified in the facility since the beginning of the outbreak) where indicated.

8. Infection Control and Personal Protective Equipment (PPE)

- a. The infection control specialists designated by the facility must review PPE guidelines with all staff.
- b. Screen residents and staff for fever and respiratory symptoms. Staff should be screened at the beginning of every shift, and residents should be screened daily. All other personnel who enter the facility should be screened.

- c. Staff with even mild symptoms of COVID-19 should consult with occupational health before reporting to work. If symptoms develop while working, staff must cease resident care activities and leave the work site immediately after notifying their supervisor or occupational health services, in accordance with facility policy.
- d. Minimize resident interactions with other personnel and contractors performing essential services (e.g., plumbers, electricians, etc.)
- e. Arrange for deliveries to areas where there is limited person-to-person interaction.
- f. Ensure cleaning practices comport with [CDC guidance](#).
- g. Refer to the following for guidance on infection control and PPE use, including universal masking for all persons entering the facility:
 - o [HAN 492, Universal Masking of Health care Workers and Staff in Congregate Care Settings](#)
 - o [HAN 520, Infection Prevention Update](#)

This updated guidance will be in effect **immediately** and through the duration of the Governor’s COVID-19 Disaster Declaration. The Department may update or supplement this guidance as needed.

RESOURCES

Department’s Guidance, FAQs, and Orders for SNFs:

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Nursing-Homes.aspx>

Department’s Health Alerts, Advisories, and Updates:

<https://www.health.pa.gov/topics/prep/PA-HAN/Pages/2020-HAN.aspx>

CMS Nursing Home Reopening Recommendations Frequently Asked Questions:

<https://www.cms.gov/files/document/covid-nursing-home-reopening-recommendation-faqs.pdf>

CMS Memo: Nursing Home Reopening Recommendations for State and Local Officials:

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfopolicy-and-memos-states-and/nursing-home-reopening-recommendations-state-and-local-officials>