

Reopening Implementation Plan for the Pennsylvania Department of Human Services's Interim Guidance for Personal Care Homes, Assisted Living Residences and Private Intermediate Care Facilities During COVID-19

This template is provided as a suggested tool for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities to use in developing their Implementation Plan for reopening in accordance with the Pennsylvania Department of Human Service's *Interim Guidance for Personal Care Homes, Assisted Living Residences and Private Intermediate Care Facilities During COVID-19*. This (or another version of an Implementation Plan) is to be posted on the facility's website (if the facility has a website) or available to all residents, families, advocates such as the Ombudsman and the Department upon request. This is NOT to be submitted to the Department. The facility will progress to the next step of reopening only when the criteria are met as described in the *Interim Guidance for Personal Care Homes, Assisted Living Residences and Intermediate Care Facilities During COVID-19*. If at any point during reopening the facility fails to meet the criteria for reopening or is operating under a contingency staffing plan, the facility will cease reopening immediately.

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 Administrator but should be someone available to respond to questions regarding the Implementation Plan.	
1. FACILITY NAME	
The Birches at Newtown	
2. STREET ADDRESS	
70 Durham Road	
3. CITY	4. ZIP CODE
Newtown	18940
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Kim Cahill Yannuzzi	215-497-7400

DATE AND STEP OF REOPENING
The facility will identify the date upon which all prerequisites will be met to begin the reopening process 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 THE REOPENING PROCESS
8/17/2020

DATE AND STEP OF REOPENING

8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)

Step 1

The facility must meet all the Prerequisites included in the Interim Guidance for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities During COVID-19

Step 2

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 26, 2020, Order of the Secretary of Health](#))

AND

Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing

9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)

Yes

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 enter the reopening process).

10. DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN JUNE 14, 2020 AND AUGUST 31, 2020) IN ACCORDANCE WITH THE [JUNE 26, 2020, ORDER OF THE SECRETARY OF HEALTH](#)

7/28/2020 to 7/31/2020

11. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINISTERED TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITHIN 24 HOURS

Contract with private laboratory, Access DX, was entered into for baseline and ongoing testing. Allows for overnight shipment and results within 48 hours. Testing and mailing supplies are on-site and available for immediate testing of any resident showing symptoms of Covid 19.

12. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINISTERED TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK, INCLUDING ASYMPTOMATIC STAFF

Same as above. Access Dx is able to provide this service to all residents and staff, including asymptomatic staff.

13. DESCRIBE THE PROCEDURE FOR TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS

If non-essential staff or volunteers require testing, we will follow the same procedure using our contracted laboratory, and not allow them to enter the community until a negative result is confirmed. Testing materials are on-site and available to execute same day testing as needed.

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

Staff that refuse to be tested or refuse to allow the results to be provided to the community may not report to work until such time they agree to sign the release and have the test. Resident who refuse to be tested or are unable to be tested will be quarantined for 14 days.

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

15. 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 Personal Care Homes, Assisted Living Residences and Intermediate Care Facilities DURING COVID-19*.

A resident that tests positive for COVID-19 (symptomatic or asymptomatic) will immediately be isolated to the appropriate Cohort when available, or their private room. All direct care staff providing care to COVID-19 positive residents will be trained in CDC PPE guidelines. Appropriate PPE (per CDC guidelines) will be worn during any interaction/care of the resident. To the extent possible, a designated "COVID" team will provide care to any COVID positive residents, limiting contact with COVID negative residents. Community will follow CDC guidelines for COVID-19 positive recovery before moving resident out of positive cohort.

16. 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)

Current inventory of PPE includes adequate supply of surgical masks, N95 masks, gowns, gloves, face shields, goggles and sanitizer. Inventory reviewed and reported to Management Company weekly, with Management Company replenishing supplies as needed.

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

Appropriate staffing levels in place at this time. Staffing also includes Full time RN and LPN Supervisors, Full time Memory Care Coordinator, and Executive Director who is also a nurse. This allows for additional staffing in the event any staff become symptomatic and unable to report to work. Additionally, Mangers will be utilized for dining services if needed. Contracts in place with Premier and Grapevine Staffing, should we need additionally staffing.

18. DESCRIBE THE PLAN TO HALT ALL REOPENING FACILITIES AND RETURN TO STEP 1 IF THE FACILITY HAS ANY NEW ONSET OF POSITIVE COVID-19 CASES

The Reopening Process is mandated by State guidelines. If at any step, new cases of COVID-19 are confirmed, the community will cease reopening, revert back to all restrictions in place prior to Step 1, execute all cohort and outbreak protocols and monitor until such time as there are no new community onset cases for 14 consecutive days. At that time, the community may reinitiate Step 1.

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. Include how the data will be submitted to the Department.

19. RESIDENTS

Residents are monitored daily for signs or symptoms of Covid 19. This includes temperature checks and response by nursing, should any issues arise. Signs have been placed on the back of all residents doors that remind them to wear their mask and the proper way to put it on. Additionally, residents are encouraged to use sanitizer located throughout community, as well as to wash their hands.

20. STAFF

We have a formal system (Accusheield) that employees are required to utilize when entering for their shift. The process begins with temperature being taken and series of questions answered. Should any employee record a temperature over 100, or experience a symptom, they will be sent home and not permitted to return to work until asymptomatic. Staff is also to required to wear masks and appropriate PPE.

SCREENING PROTOCOLS

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

We have a formal system (Accusheield) for Healthcare personnel who are medically necessary (physicians, hospice, therapy) but are not staff, who are screened in the same manner as staff. These visitors must follow the same screening process at the front desk of the community which includes answering screening questions and having their temperature checked. They will not be allowed in the community if they don't meet the screening criteria.

22. NON-ESSENTIAL PERSONNEL

Non-essential personnel (contractors, barbers and other salon services) will only be permitted in Steps 2 and 3. When entering the community, they must check in at the front desk to have their temperature checked and to answer the screening questions. Non-essential personnel who do not pass the screening process will not be allowed to enter into the community that day.

23. VISITORS

Visitation will only be permitted in Steps 2 and 3, and will be by scheduled appointments. Visitors must check in and have their temperature checked and answer the screening questions. Visitors who do not pass the screening process will not be permitted to visit.

Click or tap here to enter text.

Click or tap here to enter text.

24. VOLUNTEERS

Volunteers will be permitted during Step 2 and 3, and will be held to the same formal screening as non-essential personnel.

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.

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

Our dining room is large enough to accommodate most of the residents at the required safe 6 feet distance. We are adding 4 additional tables in the living room area (across from dining room), to allow for safe distancing and only 1 seating for each meal.

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

As above, we have spread the tables to required distancing and added tables in living room to allow for social distancing at meal time.

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

Staff will continue to wear proper PPE during meal preparation and serving. Staff will clean and disinfect tables and chairs in between meals.

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Residents will be required to wear a mask to the meal and may remove it when they are seated at table for meal.

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.

ACTIVITIES AND OUTINGS

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

Activities will be planned and offered by neighborhood and or interest, in groups of 5; and will include exercise, art programs, and cognitive programs. Areas will be identified and explained to residents. Sanitation of chairs and tables will be completed after each activity.

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

Ten person groups will consist of scheduled programs consistent with following monthly calendar that will include, physical, spiritual, and cognitive programming, with sanitizing completed after each program.

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Community will follow monthly calendar of events, including the spiritual, cognitive, physical, and creative programs; while maintaining social distancing and sanitizing after each activity.

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings, per resident choice, will be planned and defined to ensure the location is appropriate and safely accessible to maintain social distance. Outings will be limited to half of usual bus capacity to ensure safe distance on bus rides. Sanitation procedures will be followed before, during, and after outing.

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 Personal Care Homes, Assisted Living Residences and Intermediate Care 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.

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

All mandatory inspections will be permitted in step 2. This will include, but not all inclusive list: Fire Safety, sprinkler, extermination, elevator, and repair contractors. Beauty salon personnel will also be permitted. All non-essential personnel will be screened per policy, and denied access should they not meet the requirements for admittance.

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

Contractors and salon operator will wear mask and any other required PPE for the job, such as gloves, and or eye protection. Additionally, hand washing and sanitation will be expected. Salon will not have any more than 2 residents at a time, and will be distanced as required. Salon infection control procedures will be implemented and followed.

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

Any resident exposed to Covid-19, as well as any resident who has tested positive and has not yet recovered, will not be allowed to schedule non-essential services. In the event of emergency work requiring close proximity to any such resident, the resident will be temporarily moved within their cohort to an appropriate socially distanced area to allow the work to be completed.

VISITATION PLAN

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Personal Care Homes, Assisted Living Facilities and Intermediate Care Facilities During*

VISITATION PLAN

COVID-19), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.

36. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT

Visitation hours will be Monday to Friday from 9:00 AM to 7:00 PM, and Saturday and Sunday from 10:00 AM to 4:00 PM. This schedule could be subject to change, based on individual community staff availability. Each visit will be limited to 30 minutes

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

The receptionist will maintain the schedule for the visits and families will be made aware of policy on how the visit will be monitored to maintain social distancing.

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

Staff will sanitize chairs and tables after each visit.

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

Our policy will limit the visit to 2 people per resident at one time. We will evaluate the number and increase if appropriate.

40. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED

If there are residents assessed as showing signs of significant effects of isolation, we will attempt to prioritize them in the visitation plan. Otherwise, visitation will be on a first-come, first-served basis.

41. 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)

Residents will be assessed to ensure they are safe and comfortable for outdoor visits, and we will continue to offer virtual visits if preferred.

42. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE

For memory care residents, we have set up an area under our front porch, which is accessible from the unit. Personal Care residents will utilize covered area to the right of front door.

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

Both areas will have chairs and table and taped to indicate the proper distance between resident and visitor.

44. 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

Residents and families will be notified of cancellation of outdoor visits in the event of inclement weather. At this time we will not allow indoor visitation.

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

N/A

46. 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)

As above. Residents who need assistance getting to the area will be assisted as needed. Visitors and resident will be screened per policy at that time.

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

VISITATION PLAN

	<p>Same</p>
	<p>48. 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>49. 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>50. 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>51. 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>
	<p>52. 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</p>
	<p>The community will work with each of those families and residents regarding the need to visit in the resident room. If this is the only option, both resident and visitor will be screened through our process, and we would limit it to 1 visitor at a time. Visitor will need to don PPE, mask, gloves and sanitize prior to room visit. Visitor will not be permitted to roam throughout community, only visit in resident apartment, and would be escorted to and from by our staff.</p>

VOLUNTEERS

	<p>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.</p>
	<p>53. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19</p>
	<p>As in above response to volunteers, screening will be performed and masks will be required, as well as handwashing. No volunteers will be permitted to enter if they are experiencing symptoms or temperature above 100 degrees.</p>
	<p>54. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</p>
	<p>When the community enters into Step 2, the community will allow volunteers only to assist with outdoor visitation, on an as needed basis. When the community enters into Step 3, the community will allow volunteers to assist with visits following the same screening process used in Step 2.</p>

SIGNATURE OF ADMINISTRATOR

DATE