

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	
Rittenhouse Village at Lehigh Valley	
2. STREET ADDRESS	
1263 S Cedar Crest BLVD	
3. CITY	4. ZIP CODE
Allentown	18103
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Douglas Cressman	610-433-9220

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
8/25/2020

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)

no

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](#)

7/29/2020 to 8/11/2020

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

The facility has contracted with HealthNetwork Laboratories to provide test kits and two external Nurse Practitioners to administer the tests to residents. Facility LPN staff trained to administer tests as well.

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

The facility has contracted with HealthNetwork Laboratories to provide test kits and two external Nurse Practitioners to administer the tests to residents. Facility LPN staff trained to administer tests as well.

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

Non – essential staff must be tested prior to coming to community. They can obtain testing through their primary care physician or use testing process here at the community. A negative test must be obtained before entering the community. Any non-essential staff or volunteer who has been exposed must then also produce a negative test or self-isolate and not visit the community for 14 days.

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

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

Residents who decline or are unable to be tested will be asked to self isolate for 14 days in their apartment.

Any staff who declines :

If you have any extenuating circumstances that do not allow you to attend this mandatory testing, please let your manager know immediately. Rittenhouse Village at Lehigh Valley will evaluate possible solutions with you. If you are unable to participate on your scheduled test date, you will be removed from the schedule until an independent test is completed by a state-approved lab and a negative result is provided to the community. Please see your Executive Director to determine which labs are state-approved. The independent testing is required to take place no later than three days from your scheduled testing at the community and all costs associated with the independent test are your responsibility. If you choose not to comply by the testing deadline or refuse testing, the community will consider this a voluntary resignation.

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.*

SYMPTOM-BASED STRATEGY FOR DISCONTINUING TRANSMISSION-BASED PRECAUTIONS

Residents with mild to moderate illness who are not severely immunocompromised:

- ☐ At least 10 days have passed *since symptoms first appeared and*
- ☐ At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- ☐ Symptoms (e.g., cough, shortness of breath) have improved

Note: For residents who are **not severely immunocompromised** and who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Residents with severe to critical illness or who are severely immunocompromised¹:

- ☐ At least 20 days have passed *since symptoms first appeared and*
- ☐ At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- ☐ Symptoms (e.g., cough, shortness of breath) have improved

Note: For **severely immunocompromised** residents who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.

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)

Currently a 30 day supply of PPE on hand.

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

The community is currently adequately staffed. The community has contracts with four staffing agencies if additional staff is needed due to a shortage.

STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND 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

If contact tracing reveals no direct contact with residents and/or staff, the resident will quarantine and all other residents and staff will be monitored daily.

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

Prior to admission new residents are required to complete covid-19 testing. A negative result is required. Current residents temperatures will be taken daily and monitored for covid-19 symptoms. If a resident has covid-19 symptoms or has had exposure; the nursing staff will communicate this information to the respective residents PCP. Staff will report to the department of human services any positive cases. The covid tracker will also be emailed to the department. Any current resident who has been admitted to the hospital or a snf will require a negative covid-19 test prior to returning to the community.

20. STAFF

Pre-employment testing is completed through HNL. Current staff are screened and have their temperature taken at the beginning of their shift.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

All essential healthcare personnel will be screened and have their temperature taken prior to entering the community.

22. NON-ESSENTIAL PERSONNEL

All non-essential healthcare personnel will be screened and have their temperature taken prior to entering the community. All non-essential personnel will be required to practice universal masking and social distancing.

23.

24. VISITORS

All visitors will be screened and have their temperature taken prior to entering the community.

25. VOLUNTEERS

All volunteers will be screened and have their temperature taken prior to entering the community. All volunteers will be required to practice universal masking and social distancing.

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.

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

Personal Care – The second and third floor will alternate meal service in the dining room and room trays. Each resident will sit individually per table in the dining room to maintain social distancing. Memory Care – Two seatings in the dining area. Chairs and tables will be disinfected in between each seating.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

Social distancing floor signs are placed in the community to indicate the location of tables and chairs to maintain social distancing.

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

All staff are required follow universal masking guidelines. Staff turn in their walkie talkie at the end of their shift to be disinfected. All staff are required to wash their hands at the beginning of their shift and frequently during the course of their shift. Hand sanitizer is also readily available throughout the community. Universal masking is required at all times.

29. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

n/a

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.

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

All group activities will be required to sign up in advance. Activity area (tables, chairs, high touch areas) will be sanitized in between activities. Masks will be required and hand sanitizer will be available for staff and resident use. Examples of activities = Exercise, walking club, prayers circle, writing, crafts, bingo, trivia, word games. Items used for activities (for example bingo cards) will be disposable.

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

All group activities will be required to sign up in advance. Activity area (tables, chairs, high touch areas) will be sanitized in between activities. Masks will be required and hand sanitizer will be available for staff and resident use. Examples of activities = Exercise, walking club, prayers circle, writing, crafts, bingo, trivia, word games, entertainment, meditation. Items used for activities (for example bingo cards) will be disposable.

32. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

All group activities will be required to sign up in advance. Activity area (tables, chairs, high touch areas) will be sanitized in between activities. Masks will be required and hand sanitizer will be available for staff and resident use. Examples of activities = Exercise, walking club, prayers circle, writing, crafts, bingo, trivia, word games, entertainment, meditation. Items used for activities (for example bingo cards) will be disposable.

33. DESCRIBE OUTINGS PLANNED FOR STEP 3

To maintain social distancing a maximum of six riders will be allowed to travel on the bus. After transportation the bus seats, handrails, driver area, and floors will be sanitized. Examples of outings will include but not limited to scenic rides, ice cream trips and park excursions.

NON-ESSENTIAL PERSONNEL	
In Step 2, non-essential personnel <u>deemed necessary</u> by the facility are allowed (in addition to those already permitted in Section 4 of <i>Interim Guidance for Personal Care Homes, Assisted Living Residences and Intermediate Care Facilities During COVID-19</i>). In Step 3, <u>all</u> non-essential personnel are allowed. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for non-essential personnel.	
34. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2	
Non-essential personnel may enter the community for purposes of life safety, sanitation and essential maintenance of the community.	
35. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3	
Non-essential personnel are required to practice social distancing, proper hand hygiene, and universal masking.	
36. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19	
Non-essential personnel will not be permitted to enter an area/come in contact with a resident who has been exposed to covid-19.	

VISITATION PLAN	
For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of <i>Interim Guidance for Personal Care Homes, Assisted Living Facilities and Intermediate Care Facilities During COVID-19</i>), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.	
37. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT	
Scheduled visitation will be between the hours of 9:30am -11am and 1:00pm to 4pm (7days/week). Each scheduled visitation appointment will be 30 minutes in length. 15 minutes will be allotted in between each appointment to allow for staff to disinfect the visitation area. Social distancing, masking, and hand hygiene will be required. All visitors will be screened and temperature taken prior to visit.	
38. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR	
Visitors will be directed to call the concierge desk to reserve an appointment. An appointment book (with specific appointment times) will be available for the concierge to schedule visits.	
39. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT	
The chairs and tables of the visitation area will be disinfected with cleaning products effective against covid. The use a namco fogger with cleaning chemicals effective against covid will also be used.	
40. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?	
Two visitors will be allowable at each visitation space.	
41. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED	
Scheduling will be on a first come first serve basis. No standing appointments will be permitted. In order to accommodate all residents only one visit per 7 days will be allowed. Extenuating circumstances can be brought to the attention of the Executive Director to review.	
STEP 2	42. 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)

VISITATION PLAN	
	<p>Staff will assist the resident to the outdoor visitation area. At the present time all residents are able to safely travel to the outdoor visitation space with the assistance of a staff member.</p>
	<p>43. 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>Outdoor visitation will be held in three areas. 1. Personal care: Location 1- visits will be held under the covered patio on the front of the building. The patio is accessible from the sidewalk outside leading to the parking lot for family members. Resident access through the main entrance of the community. The patio furniture is readily available for the visit. The patio is large enough to maintain appropriate social distance. The patio is covered and will provide cover from the elements. Location 2 visitation area will be held under a 16x16 outdoor tent. The tent will be located at the back of the community property on the designated parking lot area. This area is accessible from the parking lot for visitors and from walking path that leads to the rear of the community for residents. The parkinglot will ensure stable ground for residents (this will accommodate any ambulation equipment such as walkers and wheelchairs). Seating locations will be indicaed on the ground of the parking lot with spraypaint. All chairs for seating will be six feet apart to maintain social distance. Location 3- Memory Care. The Memory Care courtyard has an existing gazebo. An outdoor tent will be installed against the gazebo to allow cover and provide a large enough space to maintain social distance. This area is accessible for family members through the gate that leads to the rear of the Memory Care courtyard. This area is accessible for residents from the exit that comes from the memory care neighborhood. There is a concreate sidewalk that leads to the gazebo from the exit.</p>
	<p>44. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p>All areas will have markings indicated on the ground to indicate the designated visitation space. Markings will also be on the ground to indicate the resident seat and visitor seating. All of which will maintain six foot social distance. Reminder signs will be posted as well.</p>
	<p>45. 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>Indoor visitation space will be in the library which is close to the main lobby and entrance of the community. The space has comfortable seating and is private. It is large enough to arrange seating to maintain social distance. A plexiglass divider will also be installed to divide the visitors from the resident. A second visitation space located in the Memory Care section will be in the serenity room. The space has comfortable seating and is private. It is large enough to arrange seating to maintain social distance. A plexiglass divider will also be installed to divide the visitors from the resident.</p>
	<p>46. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>Social distancing floor indicators will be used to indicate the location of the resident seating and visitor seating. All seating will maintain a six foot social distance.</p>
STEP 3	<p>47. 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>Visitors will be screened and temperature taken prior to allowing visitation. Staff will assist a resident to the designated visitation location.</p>
	<p>48. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes</p>
	<p>49. 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>

VISITATION PLAN	
	Same
	50. 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")
	Same
	51. 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
	52. 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
	53. 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
	Visitors will be screened and temperature will be taken. Visitors will be required to wear a mask, practice proper hand washing and maintain social distance at all times.

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.
54. 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 volunteers will be used during step two. In step three volunteers will be screened and temperatures taken prior to entering the community. They will be required to practice universal masking, hand hygiene and social distancing. Volunteers will not be permitted to be exposed to a resident who was exposed to covid-19. They will not be permitted to enter the resident apartment.
55. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2
No volunteer duties will be performed during step 2. Volunteers may assist with facilitating activities and overall socialization with residents.

SIGNATURE OF ADMINISTRATOR

DATE