

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	
Traditions of Lansdale	
2. STREET ADDRESS	
1800 Walnut Street	
3. CITY	4. ZIP CODE
Lansdale	19446
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Brian Schad, Executive Director	2158551235

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
8/31/2020

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](#)

7/30/2020 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 national lab (AccessDx) that is supporting baseline testing has the capacity to provide 48 hour test results for ongoing testing of residents or staff who are showing symptoms of COVID 19. Testing materials are onsite and available to execute same day testing as needed.

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

Testing materials are onsite and available to execute same day testing as needed. If there is an outbreak at the community, the same lab (AccessDx) can provide support for widespread testing of all residents and staff, including those who are asymptomatic.

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

Nonessential staff and volunteers will be tested by the national lab (AccessDx) using the inventory of testing material available at the community. Testing materials are onsite 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 Facilitiess 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 PPE inventory at the community includes Gloves, Gowns, N95 Masks, Surgical Masks, Face Shields, Goggles and Sanitizer. Inventory reviewed weekly and appropriate supply levels maintained with weekly replenishment from centralized stock maintained by Management Company. All staff are trained in the proper use, donning and doffing of PPE.

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

Routine staffing schedules are in place, utilizing staff who have completed baseline testing. Symptomatic staff will not report to work and will follow the Community Employee Exposure Guidelines. If the community has staffing challenges that need to be addressed due to the a COVID 19 outbreak among staff, all Managers will be trained to provide care and necessary care needs will be prioritized per the Strategies to Mitigate Healthcare Personnel Staffing Shortages published by the CDC April 13, 2020. Agreements are in place for additional per diem contract staffing if the need arises.

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 time in 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 with wellness checks that include screening for any signs and symptoms associated with COVID 19 including daily temperature checks. Residents are educated on proper hand hygiene, including using hand sanitizer and encouraged to wear surgical masks when out of their room.

SCREENING PROTOCOLS

20. STAFF

The community has a formal screening process at the front desk for all staff entering the community. All staff have temperatures checked and must answer screening questions when they report to work. Any staff with a temperature of over 100 degrees Fahrenheit or symptoms of any illness are sent home and are not allowed to return to work until the symptoms or fever have resolved. When staff are working in the community, they are required to wear surgical masks or N95 masks if working with positive or exposed COVID residents per the community cohorting plan.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare personnel who are medically necessary (physicians, hospice, therapy) who are not staff, 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 not be permitted until Step 2 and 3, on an as needed basis. 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

Visitors will not be permitted until Step 2 and Step 3. All visitors must check in at the outside station for outdoor visits or front desk for indoor visits. Visitors will be screened before their appointment, to have their temperature checked and to answer the screening questions. Visitors who do not pass the screening process will not be allowed to visit that day.

24. VOLUNTEERS

When the community enters into Step 2, the community will allow volunteers only to assist with outdoor visitation, on an as needed basis. They must check in at the front desk to have their temperature checked and to answer the screening questions. Volunteers who do not pass the screening process will not be allowed to assist at the community that day. When the community enters into Step 3, the community will allow volunteers only to assist with indoor and outdoor visitation on an as needed basis following the same screening process used in Step 2.

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)

As the community enters Step 1 of reopening, we will implement a dining plan that ensures safe social distancing at all tables between residents. This will require multiple seating times with staggered hours for dining in the main dining room. A resident survey will be conducted to determine if individual residents will choose to continue with room service.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

As the community enters Step 1 of reopening, we will implement a dining plan that ensures safe social distancing between residents at all tables. The Arrangement Plan is available upon request. There will be 8 (4-top) tables accommodating two people per table and five (2-top) tables accommodating one person for a total of 21 people per meal. For lunch and dinner meals Hallways A and D would eat at one seating and Hallways E and F at the other seating. Breakfast will continue to be delivered to residents room.

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

All dining staff will follow the proper infection control measures including wearing appropriate PPE at all times, and sanitizing the tables and chairs after each seating. Pre-packaged, individual condiments utilized for salt, pepper, and sweeteners, etc. No linens will be used. Plates and silver will be used. All meals will be plated in the kitchen.

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

For residents who are identified as at-risk for choking or aspiration who may cough and create droplets, residents are fed in the common area dining room, taking appropriate precautions to allow for social distancing with staff wearing appropriate PPE and disinfecting the area after dining. Staff also take appropriate precautions with eye protection and gowns when feeding the resident population at high-risk for choking.

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.

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

Resident activities will be restricted to specific activity areas that will be set up to ensure social distancing can be maintained. In Step 1 of reopening, resident activities will be limited to no more than 5 residents at a time in a neutral zone. Programs will include, exercise classes, arts and crafts classes, cognitive programming and other outdoor activities weather permitting. All residents will be required to wear a mask during activities and maintain social distancing.

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

Resident activities will be restricted to specific activity areas that will be set up to ensure social distancing can be maintained. In Step 2 of reopening, resident activities will be limited to no more than 10 residents at a time in a neutral zone. Programs will include, exercise classes, arts and crafts classes, cognitive programming and other outdoor activities weather permitting. All residents will be required to wear a mask during activities and maintain social distancing.

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Resident activities will be restricted to specific activity areas that will be set up to ensure social distancing can be maintained in a neutral zone. Programs will include, exercise classes, arts and crafts classes, cognitive programming and other outdoor activities weather permitting. All residents will be required to wear a mask during activities and maintain social distancing.

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Resident outings will be scheduled for locations that can be monitored to ensure social distancing (preferably outdoor spaces). The bus transporting residents will only carry the number of residents that can be safely socially distanced in the existing seating configuration.

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

Non-essential personnel including contractors, barbers and other salon services will be allowed when the community enters Step 2 and 3. The community will allow non-essential personnel in the community on an as needed basis, following appropriate screening.

34. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT 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. For barbers and those providing salon services, they must follow the Salon Infection Control Procedures established by the community.

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 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 10:00 AM to 5:00 PM, and Saturday from 10:00 AM to 1:00 PM. This schedule could be subject to change based on individual community staff availability. Each visit will be limited to 30 minutes, until such time as all families have had the opportunity to reconnect with their loved ones.

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

All visits must be scheduled with the community in advance. There will only be one visit scheduled per hour, so that community staff can appropriately sanitize and disinfect the area after each visit.

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

Staff will use approved sanitation chemicals and processes to clean and disinfect the visitation space, including chairs and tables, before the next family is escorted to the visitation area.

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

For the initial period of visitation, the maximum number of visitors will be limited to 2. This will be re-evaluated on a routine basis in an attempt to accommodate everyone's desire to visit with their loved one.

VISITATION PLAN

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.

STEP 2	<p>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)</p> <p>Residents will be assessed to ensure they are safe and comfortable, including memory care residents. Residents who would not like to have in-person visitation will continue to have access to video conferencing.</p>
	<p>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</p> <p>The community will use outdoor courtyard space and other accessible spaces that are covered from the weather. We will attempt to schedule visits near the entrance area to allow for ease of monitoring and screening.</p>
	<p>43. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p>Signage, postings, clear markings, and furniture placement will be established at six feet intervals.</p>
	<p>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</p> <p>Until a neutral zone can be identified inside the building, we will not allow indoor visitation.</p>
	<p>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>Signage, postings, clear markings, and furniture placement will be established at six feet intervals.</p>
STEP 3	<p>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)</p> <p>Residents will be assessed to ensure they are safe and comfortable, including memory care residents. Residents who would not like to have in-person visitation will continue to have access to video conferencing.</p>
	<p>47. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes</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>

VISITATION PLAN

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

Visitors who can only visit residents in their rooms due to resident restrictions will be escorted by a staff member to the resident room after screening. The visit will be limited to the same time as outdoor visits, 30 minutes. A staff member will escort the visitor from the resident room at the end of the visit to the exit.

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.

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

Volunteers must check in at the front desk to have their temperature checked and to answer the screening questions, as would any staff or visitor. Volunteers who do not pass the screening process will not be allowed to assist at the community that day. Volunteers will be limited to the duties noted below, which would preclude any contact with residents exposed to Covid-19.

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

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 only to assist with indoor and outdoor visitation, on an as needed basis, following the same screening process used in Step 2.

SIGNATURE OF ADMINISTRATOR

DATE