

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	
Suites at Rouse	
2. STREET ADDRESS	
615 Rouse Avenue	
3. CITY	4. ZIP CODE
Youngsville	16371
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Ashley Moski, PCHA	(814) 563-1650

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
9/8/2020

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](#)

[Click or tap to enter a date.](#) to [Click or tap to enter a date.](#)

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

Upon detection of symptomatic resident or staff, facility will contact Regional Response Health Collaboration Program (RRHCP), specifically LECOM Health. COVID-19 diagnostic test kits are on hand and available for in house administration immediately following physician order.

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

Upon detection of symptomatic resident or staff, facility will contact Regional Response Health Collaboration Program (RRHCP), specifically LECOM Health. Facility will notify RRHCP of the current amount of COVID-19 diagnostic test kits in house.

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

In step 1-2 facility does not allow non-essential staff or volunteers within the building. Transition to step 3 will require non-essential staff and volunteers to screen prior to entering building. If screen indicates they are potentially symptomatic, access will be denied and they are unable to return without providing a negative COVID test result.

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

Residents not tested will be required to isolate and self quarantine within their personal apartment for 14 days. Staff who are not tested will be unable to work as COVID testing is considered a condition of employment per Rouse Estate policy.

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*.**

The Suites at Rouse provides all residents with their own, independent apartments. This allows cohorting to singular rooms and isolation is specific to such determined condition. All residents within the RED PHASE and YELLOW PHASE will be monitored for signs and symptoms per shift.

1. Direct resident with positive test result back into their apartment. This apartment will be considered in the RED PHASE.
2. Call Administrator directly.
 - a. Administrator will contact emergency management team.
 - b. Identified staff member will obtain proper PPE and deliver to the identified apartment.
 - c. Specific staff will be identified by Administrator/RN Supervisor for caring for residents in the identified apartment on each shift per day.
 - d. Specific staff will be required to utilize 1:1 staff measure and proper PPE as identified above.
3. Emergency management team will direct all residents on the hall of identified apartment in RED PHASE to remain in their rooms and on their hall until otherwise notified. This hall will be considered in the YELLOW PHASE.
4. Administrator or RN Supervisor will notify residents Primary Care Physician of the positive COVID case.
5. Apartments in the RED and YELLOW PHASE will be completely cleaned and disinfected by housekeeping.
6. Administrator/RN Supervisor is responsible for reporting appropriately to DOH/DHS of situation.

- 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)**

Regional Response Health Collaboration Program (RRHCP) facility assessment was completed on 8/26/2020 and will be contacted in emergency situations requiring supply of PPE.

Current cache of PPE for staff use is at a week's burn rate.

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

Staffing is above the required DHS ratio for all required direct care hours per resident. Contact to RRHCP would be made if staffing shortages became critical.

- 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**

Administration will immediately communicate notice of positive COVID 19 case and revoke all facility visitation. Notification would be sent to all residents, families and staff via electronic call blast, text, phone calls, emails and also via written communication. The facility would regress to step one in all contexts. Administration team would be required to be present in building upon notice to support facility needs and communicate immediate changes effectively.

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.

SCREENING PROTOCOLS

19. RESIDENTS

All residents are screened on a daily basis for temperature and signs or symptoms of respiratory changes. Use of written screening tool/questionnaire is completed if entering building from return of leave of absence from facility. Use of Safe Space Electronic Screener is also utilized to capture temperature, use of mask and provides immediate notification to Administration if abnormal readings/screening are detected.

20. STAFF

Upon entering building and prior to working scheduled shift, the use of written screening tool/questionnaire is completed. Use of Safe Space Electronic Screener is also utilized to capture temperature, use of mask and provides immediate notification to Administration if abnormal readings are detected.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Upon entering building and if considered essential worker, the use of written screening tool/questionnaire is completed. Use of Safe Space Electronic Screener is also utilized to capture temperature, use of mask and provides immediate notification to Administration if abnormal readings are detected.

22. NON-ESSENTIAL PERSONNEL

In the current step, non-essential personnel are not permitted inside the facility. Progression to step 3 would require non-essential personnel to complete the written screening tool/questionnaire. Use of Safe Space Electronic Screener is also utilized to capture temperature, use of mask and provides immediate notification to Administration if abnormal readings are detected.

23. VISITORS

In the current step, visitors are not permitted inside the facility. Progression to step 3 would require visitors to complete the written screening tool/questionnaire. Use of Safe Space Electronic Screener is also utilized to capture temperature, use of mask and provides immediate notification to Administration if abnormal readings are detected.

24. VOLUNTEERS

In the current step, volunteers are not permitted inside the facility. Progression to step 3 would require volunteers to complete the written screening tool/questionnaire. Use of Safe Space Electronic Screener is also utilized to capture temperature, use of mask and provides immediate notification to Administration if abnormal readings are detected.

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)

Breakfast 8:00am, Lunch 12:00pm, Dinner 5:00pm in the Dining Room and Atrium. Tables have assigned seating and provide residents with ability to sit 6 feet apart to maintain social distancing. Room meals are provided upon request and delivery times may vary.

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

Assigned seating to each table. Tables are 6 feet apart and seating is limited at each table.

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

Staff required to wear gloves and masks at all times. Tables and chairs are sanitized using disinfectant between meals or between table use.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Communal dining has been restricted prior to Step 2 and providing residents with in room meal service. Step 2-3 will allow residents to participate in communal dining following all rules and perquisites as stated above.

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)

Activities provided from room to room basis. Sanitization of all items is completed between use. Activities staff must wear masks when entering resident room.

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

Small groups of 10 or less must remain 6 feet apart at all times. Residents and staff must wear masks during all activities. Sanitization of all high contact areas and supplies completed between use. Residents must sign up for group activities to control and limit group size.

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities will be planned with out restrictions on group size yet continue to follow all recommendations for proper social distancing. All activity items and high contact areas will be sanitized after use. Activities calendar will be updated to reflect location of activities and access to various locations inside and outside building is permissible.

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Various outings may be scheduled by the Activities staff including resident shopping, restaurants, trips to the library and other public accessible areas. Residents and staff will be screened upon return to building. Universal masking and proper hand hygiene will be required.

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

In groups of less than 3 per visit, contractors and other professional based services.

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

All non-essential personnel must complete screening protocol prior to entering building and must schedule ahead of visit for permission to enter facility. Non-essential personnel must wear mask and complete hand hygiene at hand washing station.

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

Non-essential personnel will be granted access to GREEN UNITS within facility.

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

Visit can be scheduled on weekdays (Monday thru Friday): 9 am to 4 pm and weekends (Saturday and Sunday): 1 pm to 4 pm. Visits are to be held for 30 minutes - maximum. Exceptions to date and time can be made if granted by Administrator ahead of scheduling visit.

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

To schedule a visit, call Activities at (814) 563-6703 between the hours of 8am and 4pm. You must call at least one weekday ahead to schedule a visit. Please do not call to schedule on the same day you wish to visit. Please leave a message if no answer and you will receive a call back as soon as possible

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

Use of PHQ7 or other accepted sanitization solution will be used to spray/wipe down visitation areas. MSDS is available upon request. Visits are scheduled at staggered times between the two visitation units to allow proper time for sanitization, social distancing and privacy.

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

2 visitors to 1 resident

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

First come first serve basis unless otherwise directed by Administration. Hospice visits will be accepted at any time with notice.

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)

Visitors will be screened through the Activities department upon scheduling. Activities will advise Administration of concern with visit if deemed necessary. Activities provides scheduled list of visitors to reception and direct care staff to assist with transporting/reminding resident of scheduled visit. Should weather be concerning, staff will assist with rescheduling or relocating visit to a safe area. All residents residing on GREEN units will be considered acceptable for visitation.

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

Both visitation units are under a covered patio and have direct access to the call bell ring system. The entrance to visitation unit is off main reception and visits occur during business hours when reception desk is staffed.

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

Large plexi-glass separation walls have been built and installed at visitation units. Resident and visitor sit on opposite sides of plexi-glass separation wall during visit.

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

Directly off of the main reception area is a private dining room with a large table. Use of this space and table to accommodate for 6 feet of social distancing will be provided. Sanitization will be provided after each visit and visits will be scheduled allowing enough time for sanitization

STEP 2

VISITATION PLAN

	<p>between visits to occur.</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>Use of a large formal dining table creates more than 6 feet of social distancing between resident and visitor. A chair for the resident and visitors will be provided and no additional seating. Signs will be placed on table to identify assigned seating/spacing.</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>Visitors will be screened through the Activities department upon scheduling. Activities will advise Administration of concern with visit if deemed necessary. Activities provides scheduled list of visitors to reception and direct care staff to assist with transporting/reminding resident of scheduled visit and location of visit. All residents residing on GREEN unit will be approved for visitation.</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>
	<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>Visitors must complete screening tool/form upon entering building for scheduled visit. Visitor must wear a mask and complete hand hygiene at hand washing station. Visitor will be escorted to resident room and must practice proper social distancing during visit. Visit will be scheduled for 30 minutes. Upon exit of visit, facility will sanitize the residents room with Ally Spray Concentrated solution via misting machine and follow all MSDS safety recommendations and directions.</p>

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.

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 schedule with Activities prior to arrival to ensure the resident they will be assisting is on a GREEN UNIT. Volunteers will not be permitted to visit or come in contact with a resident or unit that is considered YELLOW or RED.

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

Volunteers in step 2 will be allowed to assist residents with outdoor visits and in neutral zones which will be assigned by Activities prior to attending.

Ashley C. Moski, PCHA

September 3, 2020

SIGNATURE OF ADMINISTRATOR

DATE