

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 Village at LifeQuest	
2. STREET ADDRESS	
2100 Cherry Blossom Lane	
3. CITY	4. ZIP CODE
Quakertown	18951
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Dee Jones	267-424-2096

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)

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

7/28/2020 to

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 Resident Care Director RN, and LPN staff are trained to administer the COVID 19 Nasal, Oral, and Nasalopharyngeal test on site. In addition, we are part of a nursing center who can also do the testing for us. We use St. Lukes laboratory to send the tests too.

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

St. Lukes hospital lab is the testing site that we use. We have the test kits in house, we test and send it to the St. Lukes Lab, who test in house as well as outsource to labcorp.

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

Everyone has been tested in house, if they are hired (going to start work)after mass testing they need to be tested before they start and have a negative result. We are doing this as part of the pre-employment process.

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

Staff that decline will no longer be able to work or be hired. Residents would be required to quarantine for 14 days on admission or if they display symptoms or test positive quarantine until the guidelines are met, and they and staff would be required to wear N95 masks at all times.

15. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH PAHAN-509 PURSUANT TO SECITON 1 OF THE *INTERIM GUIDANCE FOR Personal Care Homes, Assisted Living Residences and Intermediate Care Facilities DURING COVID-19.*

We have a 16 bed wing of our nursing center that is on its own air filter system and has been set up for an outbreak of COVID. We also have one half of our community that is unoccupied and could be used for isolation if need be.

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

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)

We have PPE on supply if need be. We have isolation masks, N95 masks, face shields, disposable gowns, wipes, santizers, safety goggles, eye shields and gloves in a stock pile based on census. There is enough for two weeks in stock ready to go.

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

We are fully staffed and have new hires in the pipeline. All but 2 clinincal employees are trained to pass medications and do care. Professional Nursing staff and Med Techs. As well as the Administrator is a trained Med Tech.

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

Immediately stop any kind of visitation by calling and emailing families, friends, outside vendors and any non essential personelle or continue to implement social distancing and universal masking of staff and residents. Do mass testing, quarantine as necessary

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

Temperatures are taken and documented twice a day in the community on a Daily Temperture log. Signs and symptoms are being monitored closely. And Hand Hygiene is encouraged frequently. If a resident needs to go to an appointment for an urgent reason and has had possible exposure, the resident is required to quarantine in their room for 14 days after the appointment.

20. STAFF

Staff are directed to A sanitizing dispenser which is accessed by staff prior to temperature being taken. Temperatures are taken at the main entrance whenever a staff member enters the community. Any staff member that is exhibiting any signs or symptoms or has had a possible exposure is sent home ****until**** testing or quarantine period is over.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

HC Personnel who are not staff are directed to A sanitizing dispenser which is accessed by them prior to temperature being taken. Temperatures are taken as anyone enters the building and a screening document is completed. Anyone outside of the guidelines is asked to leave immediately. Any who is exhibiting any symptoms is not permitted into the community. Anyone who refuses to complete the screening is not permitted into the community.

22. NON-ESSENTIAL PERSONNEL

Temperatures are taken as anyone enters the building and a screening document is completed. Anyone outside of the guidelines is asked to leave immediately. Anyone who is exhibiting any symptoms is not permitted into the community. Anyone who refuses to complete the screening is not permitted into the community.

23. VISITORS

Visitors are directed to A sanitizing dispenser which is accessed by them prior to temperature being taken. Temperatures are taken as visitors enters the building and a screening document is completed. Anyone outside of the guidelines is asked to leave immediately. Any who is exhibiting any symptoms is not permitted into the community. Anyone who refuses to complete the screening is not permitted into the community.

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SCREENING PROTOCOLS

24. VOLUNTEERS

Volunteers are directed to A sanitizing dispenser which is accessed by them prior to temperature being taken. We do not have any volunteers coming in at this time, if we do, temperatures are taken as a visitor enters the building and a screening document is completed. Any volunteer exhibiting any symptoms is not permitted into the community. Any volunteer who refuses to complete the screening is not permitted into the community. Volunteers will be tested before they can enter the community.

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)

Each of our residents have their own table that they sit at alone. Tables are placed six feet apart

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

Tables are arranged to ensure all residents are six feet apart.

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

Dining and wait staff wear masks and use gloves. Tables are disinfected after meal, as well as chairs and counter tops

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

We do not have any other communal dining happening during the reopening

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)

We use different areas in the community, we have approximately 17 residents, 10 of which participate in various activities. 4-5 residents attend at a time. We have a large community with a lot of space our residents can sit at individual tables during activities and dining. We also have sinks available and hand sanitizer in each room. We have sanitizing wipes to wipe that common areas down. Masks are being worn when necessary by residents without breathing issues.

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

We use different areas in the community, we have approximately 17 residents, 10 of which participate in various activities. 4-5 residents come at a time. We have a large community with a lot of space our residents can sit at individual tables during activities and dining. We also have sinks available and hand sanitizer in each room. We have sanitizing wipes to wipe that common areas down. Masks are being worn when necessary by residents without breathing issues. Entertainment will be done outside with social distancing

ACTIVITIES AND OUTINGS

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

We use different areas in the community, we have approximately 17 residents, 10 of which participate in various activities. 4-5 residents come at a time. We have a large community with a lot of space our residents can sit at individual tables during activities and dining. We also have sinks available and hand sanitizer in each room. We have sanitizing wipes to wipe that common areas down. Masks are being worn when necessary by residents without breathing issues. Entertainment will be done outside. Activities such as chair yoga, porch prayer groups, Trivia, current events, resident council;-all take place in small groups of 4-5 residents at a time while maintaining social distancing occurring in large spaces both inside and outside the community on property.

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Our residents enjoy walking to the daycare on our campus and waving to the kids. The residents are also going to be going to church with family. Residents also sit on the porches and patios as the children walk by on campus at a safe distance of 10-12 feet or greater.

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

If there is any resident that needs a companion or is actively ill and requests pastoral care. Exercise programs and salon services

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

Everyone is required to do the COVID screening and *demonstrate proof of a negative result before they enter the community, there is sanitizer at the desk. Everyone is monitored to ensure that they are wearing masks when in the community. If they do not have one we will provide one. If someone is seen with a mask off we ask them to put one on, if they do not we ask them to leave.

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

Residents exposed to COVID will be in quarantine in the COVID ready section of the community. COVID staff will be assigned. Non essential personnel will not be permitted. Staff and residents in this COVID designated area will be required to wear Full PPE, to include N95 masking.

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

Visits are permitted outside. Two people per visit, no children or pets at this time. Visitors are to come in to the front desk, complete the questionnaire and have their temperature taken. We have hand sanitizer at the front desk that they are asked to use pre visit. Visitors and residents are wearing masks during the visit and six feet apart as marked. Visits are limited to 30-45 minutes each.

VISITATION PLAN

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitors call the front desk, we have a calendar that the appointments are documented in. The visits last 30 to 45 minutes.

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

Tables and chairs are disinfected with a peroxide disinfectant. We have ordered an electrostatic sprayer to be used, that should arrive by the 20th of August.

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

Two adults

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

First to call and schedule the appointment, priority.

STEP 2
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)

We have one visiting room inside for any resident that cannot go outside in the humidity due to respiratory issues or hospice. Hospice residents that cannot leave the room will have two scheduled visitors to their room and the room will be safely disinfected post visit.

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

We have a covered porch where residents visit. We are also adding a covered area in the back of the community. There is a road that visitors can drive up and walk to the visiting area or walk directly in the door, get screened and go out the back door for a visit.

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

We have markings on the ground and chairs are placed on the markings.

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

We have set up one of our studio rooms to be used for visiting in case we cannot get outside or the resident is not able to go outside. The visitors will use the main door to come in, go through the screening process and then on to the visiting room.

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

We have clear markings on the floor, fabric colored dots that the furniture is placed on. *We have signage with Safety Guidelines outlines at all visitation sites, both indoor and outdoor.

STEP 3
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)

Any resident that is healthy and is determined not to go out by the doctor will be able to visit. Any resident on hospice that cannot come out of the room will have two visitors allowed to their room with the same precautions in place.

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

yes

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")

same

VISITATION PLAN

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")

same

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")

same

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")

same

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

The same precautions that are used for indoor visiting in the visitation room will be used in the residents rooms. The room will be disinfected after each visit, two people at a time after the screening process, resident and visitor masked. We have fabric dots to mark six feet in the resident rooms.

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

We do not have volunteers coming into the community at this time.

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

We are not going to be utilizing volunteers at this time.


SIGNATURE OF ADMINISTRATOR

8/13/20
DATE

