

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	19438
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](#)

Click or tap to enter a date. to 7/28/2020

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

We are part of nursing center who can 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 is the testing that we use. We have the test kits in house, we test and send it to the St. Lukes Lab

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

Everyone has been tested in house, if they are 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

15. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH [PA-HAN-509](#) PURSUANT TO SECTION 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, 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

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, outside vendors, continue to implement social distancing and masks. 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. Signs and symptoms are being monitored closely.

20. STAFF

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

Temperatures are taken as anyone enters the building and a screening document is completed. 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

Non_Essential personnel are not permitted inside the community at this time due to the rise in cases in Bucks County

23. VISITORS

Temperatures are taken as anyone enters the building and a screening document is completed. 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. We are not allowing families to visit inside the community at this time due to the increase in cases in Bucks County.

24. VOLUNTEERS

We do not have any volunteers coming in at this time, if we do, temperatures are taken as anyone enters the building and a screening document is completed. 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.

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.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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 places 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

Two residents are eating at a table with social distancing in place

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 27 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.

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 27 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

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

We use different areas in the community, we have approximately 27 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.

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

We have no outings planned due to the increase in COVID cases in the community

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 patorial 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 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 personelle will not be permitted.

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 Facilites 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

There is no visitation in the community at this time due to the increase in cases in the community

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 a half hour to 45 minutes. They will be held with the resident in the dining room and the vistor outside the dining room window. We can use a telephone for communication.

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

Tables and chairs are disinfected we a peroxide disinfectant. We also have an electrostatic spayer

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

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)
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No indoor visitation at this time. Residents can visit through the dining room window.

STEP 2	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
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We have a covered area where families can sit outside and residents inside to visit.

VISITATION PLAN	
	<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>Click or tap here to enter text.</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>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>Click or tap here to enter text.</p>
	<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>Any resident that is healthy and is not 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.</p>
STEP 3	<p>47. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>no</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>Click or tap here to enter text.</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>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>The dining room by the window</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>We will have a window separating the resident and visitor</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 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.</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>We do not have volunteers coming into the community at this time.</p>	

VOLUNTEERS

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

DATE