

## 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	
Arc Housing of Lawrence County	
2. STREET ADDRESS	
1111 1/2 S. Cascade Street	
3. CITY	4. ZIP CODE
New Castle	16101
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Kelly Gonzales	724-730-1434

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

7/31/2020

to

8/3/2020

**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**

If an individual presents with symptoms, they will be tested within 24 hours. The facility contact person will immediately contact Family First Swiftcare to do the testing once a symptom of COVID 19 is present.

**Contingency Plan:**

If Family First Swiftcare is unable to provide the testing within 24 hours, the facility contact person will contact UPMC Jameson and any other potential local testing locations to have a test done. If the facility is unable to find a testing company to perform the test, the facility will email [rahcovidtesting@pa.gov](mailto:rahcovidtesting@pa.gov) for guidance.

In the event that the test results won't or haven't been returned within three business days, the facility will conduct testing as if there is an outbreak of COVID 19 per HAN 509 guidance.

**11A. DESCRIBE HOW THE FACILITY WILL HANDLE A NEW ADMISSION, READMISSION, AND RECOMMENDED TESTING OF ASYMPTOMATIC RESIDENTS BASED UPON THE LAWRENCE COUNTY COVID-19 POSITIVITY RATE.**

If a resident is admitted to the facility or readmitted from another health care facility, they will be quarantined 14 days in the Yellow Zone unless they are tested 72 hours prior to discharge or 3-5 days after admission and the test result is negative. If they develop symptoms while in quarantine they will be tested and will remain in the yellow zone until the test result is negative for COVID-19 and they are symptom free for 72 hours without symptom reducing medication. If the test is positive, then the resident will be moved to the Red zone.

Per updated guidance from the PA Department of Human Services, the director (or employee assigned by the director) will monitor the Lawrence County COVID-19 positivity rate on Monday on a bi-weekly basis. This positivity rate will be utilized to determine the action the facility will take to mitigate risk to prevent an outbreak of COVID-19 in the facility.

Residents who leave the facility routinely will be considered for regular testing based on the chart below. These individuals would include but not be limited to outpatient care visits including dialysis treatment, social visits in the community, day programs, employment, and return after admission to another health care facility.

**Recommended Testing Intervals for PCHs, ALRs, and ICFs Vary by Community COVID-19 Activity Level**

<b>Level of Community COVID-19 Activity</b>	<b><u>County % Positivity</u></b>	<b>Routine Testing of Asymptomatic Residents</b>	<b>Routine Testing of Asymptomatic Staff</b>
<b><u>LOW</u></b>	<5%	Testing will not occur unless warranted.	Testing will occur of all staff member every 4-6 weeks

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

<u>MODERATE</u>	≥5% to 10%	Weekly testing of all residents with outside contact in the last 14 days will occur, if they have not otherwise been tested during that period.	Testing of all staff that have not been tested in the past 30 days and repeat testing every 30 days will occur
<u>SUBSTANTIAL</u>	≥10%	Weekly testing of all residents with outside contact in the last 14-days will occur, if they have not otherwise been tested during that period.	Testing of all staff members once per week will occur

**12. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINSTERED TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK, INCLUDING ASYMPTOMATIC STAFF**

An outbreak is defined as: 1. A staff person who tests positive for COVID 19 and who was present in the facility during the infectious period (either 48 hours prior to the onset of symptoms or 48 hours prior to a positive test result if the staff person is asymptomatic before being tested) OR 2. New facility onset of COVID 19 case or cases.

In the event of an outbreak , the facility contact person will contact Family First Swiftcare to test all residents and staff on a weekly basis through at least 14 days since the most recent positive result.

Contingency Plan:  
If Family First Swiftcare is unable to provide the testing, the facility contact person will contact UPMC Jameson and any other potential local testing location to have the tests done. If the facility is unable to find a testing company to perform the tests, the facility will email [ra-dhccovidtesting@pa.gov](mailto:ra-dhccovidtesting@pa.gov) for guidance.

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

Prior to the COVID 19 pandemic, we did not utilize non essential workers or volunteers and will not make any changes to this plan during the COVID 19 pandemic.

## 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

If a potentially exposed resident refuses to be tested for COVID 19, they will be cared for by the facility in a COVID 19 potentially exposed area (yellow zone) until at least 14 days after any known exposure. If the resident should develop symptoms that are consistent with COVID 19, testing is recommended per HAN 509 and a testing request will be re-visited with the resident or responsible party. If the resident refuses to be tested and displays symptoms, they will remain in the yellow zone until at least 14 days after any known exposure and are symptom free for 72 hours without symptom reducing medication. Furthermore, if the resident was in contact with any other resident or staff during a potential infectious period, the potentially infected individual(s) will be tested.

If an employee refuses to get a test, they are unable to work and will be required to self quarantine at home for 14 days per company procedures. The facility Human Resource department will coordinate the employees return per company procedure. If during the time of quarantine, the employee develops symptoms consistent with COVID 19, the employee will be instructed by Human Resources to see their primary care physician (PCP) to obtain a test (preferably) and will not be allowed to return until the doctor provides a signed notice clearing them to return. If the PCP does not order a test but instead directs the employee to quarantine, the employee will not be allowed to return until after 14 days and the doctor provides a signed notice clearing them to return. Furthermore, if the staff was in contact with any resident or staff during a potential infectious period, the potentially infected individual(s) will be tested.

**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.**

Our Personal Care facility will cohort resident's into three cohort groups. Those three groups will be green, yellow, and red.

The Red zone is the zone with residents that have a positive SARS-CoV-2 PCR test and is still within the parameters for transmission-based precautions.

On the second floor of the Personal Care Home, rooms #5 and #6 will be designated the "red zone". These rooms will be clearly marked with limited access signs and a temporary barrier to prevent foot traffic. There will be personal protective equipment (PPE) dedicated to the red zone. PPE consists of N95 masks (or FDA approved KN95 masks if N95 masks are unavailable), isolation gowns, gloves, and face shields. Staff working in the red zone must always wear full PPE and must remove and dispose of all worn PPE and use proper hand hygiene if there is a need to leave the red zone for any reason. The red zone will be as far away from the green zone as possible.

If a resident is in the red zone, they will:

- Not be permitted to leave their bedroom for any reason unless to seek medical or emergency care.
- Have a portable potty to use in their room while quarantined
- Receive all their meals and medications in their room
- Have a designated staff to care for them while they are in the red zone
- All equipment designated for the red zone will remain in the red zone and will only be shared between units in the red zone after being disinfected.
- Wear a mask when staff are in the room providing services if they are able to safely.

The Yellow zone is the zone with residents with a negative SARS-CoV-2 PCR test who remain asymptomatic but are within 14 days of possible exposure of COVID 19. This zone is also utilized in the event that a resident refuses to be tested for COVID 19.

On the second floor of the Personal Care Home, rooms #7 and #8 will be designated the "yellow zone". These rooms will be clearly marked with limited access signs and a temporary barrier to prevent foot traffic. There will be PPE dedicated to the yellow zone. PPE consists of N95 masks (or FDA approved KN95 masks if N95 masks are unavailable), isolation gowns, gloves, and face shields. Staff working in the yellow zone must always wear full PPE and must remove and dispose of all worn PPE and use proper hand hygiene if there is a need to leave the yellow zone for any reason.

If a resident is in the yellow zone, they will:

- Not be permitted to leave their bedroom for any reason unless to seek medical or emergency care.
- Have a portable potty to use in their room while quarantined
- Receive all their meals and medications in their room
- Have a designated staff to care for them while they are in the yellow zone
- All equipment designated for the yellow zone will remain in the yellow zone and will only be shared between units in the yellow zone after being disinfected.
- Wear a mask when staff are in the room providing services if they are able to safely.

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

The Green zone is the zone with any residents in the facility who has not been tested and is thought to be unexposed to COVID 19.

All staff that work in the green zone will be required to wear surgical masks and gloves to prevent infection. Furthermore, proper hand hygiene and social distancing is to be practiced while in the green zone.

If a resident is in the green zone, they will:

- Not be allowed in the Red or Yellow zones
- Be able to access the neutral areas of the facility
- Have designated staff to care for them that have not been in the Yellow or Red zones
- Be able to participate in dining services that are listed below.

In the case of an emergency, the Personal Care Home requires more rooms for the red and yellow zones, they will expand those zones as necessary. The intent to keep the green zone as far away as possible from the red zone will still be maintained as best as possible.

The three zones should remain separate in respects to any common areas such as communal bathrooms and showers and should not be shared by any other zone.

To minimize the risk of exposure between zones, staff should be designated by zone as much as possible. If necessary, using staff in more than one zone should be prioritized as below from best option to least desirable:

- Staff always work on the same unit and units do not include more than one zone. Staff do not cross over into other units.
- Staff always work in the same zone and do not cross over to the other zones.
- Staff are assigned to specific zones but must occasionally cover other staffing needs in other zones. Staff should not work in a red zone and then return to a yellow or green zone.
- Staff always work in the same zone during one shift but may work in different zones on different shifts.
- Occasionally staffing needs require that certain staff need to work in more than one zone during a single shift. If this is to happen, the staff must change all PPE and perform hand hygiene when going from one zone to the other.

## 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)

Red and Yellow zones at the Personal Care Home have enough PPE for each staff on hand to cover the initial need to care for a resident in these zones. The PPE that will be used in these zones include N95 masks, (FDA approved KN95 masks if N95 masks are unavailable), face shields, isolation gowns, and gloves.

In the event that a resident displays symptoms of COVID 19, the initial supply of PPE is on site and available for immediate use. All PPE, other than the initial supply at the facility, is stored offsite at the LCARC Main Office to ensure adequate inventory availability for the specialized items. As soon as staff from the facility don the PPE, they will notify the PCH Administrator that an ongoing supply is needed. The PCH Administrator will notify designated staff at the LCARC main office who will pack and deliver all of the PPE that is necessary to care for the resident(s) before the initial supply is used completely. This method of storage and delivery ensures that the PPE is not wasted and is able to be distributed in a timely manner.

When a resident is in the Red or Yellow zones, staff that are scheduled to work in one of those zones will be provided with the appropriate PPE for that zone upon arrival to the facility. The PPE will be given to them by the administrator (or someone designated by the administrator) so that the staff will be able to put on the PPE before entering the Red or Yellow zone. The PPE to be used for this procedure will be kept in the staff computer room.

In the green zone the PPE that will be utilized includes surgical masks and gloves. These items have been readily available for use since the beginning of the pandemic and are supplied weeks at a time.

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

Current facility staffing exceeds regulatory requirements.

In order to continue to ensure adequate staffing during an outbreak, the facility will consider changing the facility shift times from 8 hour shifts to twelve hour shifts to cover the needs of the facility and to mitigate unnecessary exposure. Along with changing the scheduled shifts, the facility will also offer facility employees hazard and heroes pay while there is a suspected or active case of COVID 19 in the facility. There are designated employees currently working in other agency programs outside of the facility who have been cross trained to work at the Personal Care Home. In the event that staffing becomes an issue, they will be utilized at the facility to ensure adequate care.

## 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

### 18. RESIDENTS

Each resident is screened twice daily (in a common area at staggered times) for their temperature and their pulse ox. If their temperature is over 100 degrees or they experience any of the symptoms of COVID 19 (based on symptoms and screen questions identified by the CDC and PA Department of Health), the individual should be quarantined in a yellow zone room until a test can be completed by a facility identified in the testing section above and the results are back. The resident's PCP will be contacted, however, if the symptoms are serious in nature, the resident must go to the emergency room. The resident must be tested within 24 hours of exhibiting symptoms. If a pulse ox reading is below 90, that can indicate a serious problem and the resident must go to the emergency room.

### 19. STAFF

Each staff are screened prior to their shift in the sunporch location. This includes taking their temperature and answering questions based on symptoms and screening questions identified by the CDC and PA Department of Health. If the staff would have a fever over 100 degrees or answer yes to any of the symptom questions, then the staff will not enter the facility and will immediately contact the Human Resource department for instructions. The employee will be instructed by Human Resources to see their primary care physician (PCP) to obtain a test (preferably) and will not be allowed to return until the doctor provides a signed notice clearing them to return. If the PCP does not order a test but instead directs the employee to quarantine, the employee will not be allowed to return until after 14 days and the doctor provides a signed notice clearing them to return. Furthermore, if the staff was in contact with any resident or staff during a potential infectious period, the potentially infected individual(s) will be tested.

### 20. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

We don't currently use contracted healthcare personnel. In the event that a resident is transported to the emergency room via ambulance, the facility will waive all visitor screening of the emergency personnel due to the seriousness and time sensitivity of the situation being an emergency.

### 21. NON-ESSENTIAL PERSONNEL

Prior to the COVID 19 pandemic, we did not utilize non essential workers or volunteers and will not make any changes to this plan during the COVID 19 pandemic. Therefore, screening protocols are not applicable.

### 22. VISITORS

Each visitor will be required to be screened by staff before having a visit with their resident. They will have their temperature taken and answer questions based on symptoms and screening questions identified by the CDC and PA Department of Health. If a visitor has a fever over 100 degrees or answers yes to any of the symptom questions, they will not be permitted to stay and visit with their resident. If the visitor does not have a fever over 100 degrees and answers no to all of the symptom questions, the facility will allow the visitation in accordance with the visitation procedures below. A record of each visitor and their screening will be kept. Compassionate Caregivers are considered a visitor for screen purposes.

Visitation Guidance was updated on 4/5/2021, please refer to the visitation section below for the updated plan.

## SCREENING PROTOCOLS

### 23. VOLUNTEERS

Prior to the COVID 19 pandemic, we did not utilize non essential workers or volunteers and will not make any changes to this plan during the COVID 19 pandemic. Therefore, screening protocols are not applicable.

## 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.

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

For residents that are in the green zone, meal times for the facility are at approximately 7:45 am, 11:30 am, and 4:30 pm. There is also a snack time for the residents to use the dining area at 7:30 pm. During the COVID 19 emergency each meal is completed in shifts of 8 residents at a time in the facility's dining area. Once a table of residents is done eating, the staff will clear the plate/glass/utensils/etc and clean and sanitize the chairs and table before the next residents come to eat.

If a resident has a known choking or aspiration risk, we will provide their meals in the dining area at the end of the meal shift.

The shifts will be done as follows: 8 residents will eat in the first shift of each meal, followed by the next 8 residents. These residents will eat with two at each table and are not considered at-risk for choking or aspiration. Once, these two shifts are complete, the 4 residents that are considered at-risk for choking or aspiration will have their meal each at their own table.

If a resident is in a red or yellow zone, their meals will be provided to them in their room and will be assisted as necessary by the staff that is assigned to that zone. If there is an outbreak in the facility, communal dining will be suspended until the first round of outbreak testing is completed and reveals no additional COVID-19 cases in the facility. Meals will be provided in-room for those assessed to be capable of feeding themselves without supervision or assistance.

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

There are four six and a half foot rectangular tables in the dining room that are designated for the residents to eat their meal at (in the first two shifts, two residents will sit at a table at a time, in the last shift each at-risk choking or aspiration resident will have their own table). When there is more than one resident at a table, one resident will sit at the end of the table and the other resident will sit on the other end but will be positioned 90 degrees from the resident at the end to avoid residents facing each other. All positioning of the tables and chairs in the dining area have been placed to allow for six feet of social distancing on any side of the seat in which the resident will use while having their meal.

There is one more table in the dining area that is used to organize and administer medications at the appropriate time for each resident. This table is not used for a resident to eat a meal at.

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

Each resident will perform hand hygiene before entering the dining room and prior to exiting the dining room.

Infection control measures for residents that are not at-risk for choking or aspiration:

Staff wears surgical masks and gloves at all times during meals. Each staff performs hand hygiene before they put on a pair of gloves. Staff members who are assisting more than one resident at the same time must remove gloves, perform hand hygiene with at least hand sanitizer, put on new gloves each time when switching assistance between residents. Once a table of residents is done eating, the staff will clear the plate/glass/utensils/etc and clean and sanitize the chairs and table and use hand hygiene and put on new gloves before the next residents come eat.

Infection control measures for residents that are at-risk for choking and aspiration:

Staff wears surgical masks, gloves, isolation gown, and a face shield at all times during meals with residents that are at-risk for choking and aspiration. Each staff performs hand hygiene before they put on a pair of gloves. Staff members who are assisting more than one resident at the same time must remove gloves, perform hand hygiene with at least hand sanitizer and put on new gloves each time when switching assistance between residents. Once a resident is done eating, the staff will clear the plate/glass/utensils/etc and clean and sanitize the chair and table.

Once the scheduled meal time is completed, all tables, chairs, floors, and frequently touched areas will be cleaned and sanitized.

### 27. 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.

Guidance updated on 4-5-2021 no longer mentions reopening Steps.

## ACTIVITIES AND OUTINGS

### 28. DESCRIBE ACTIVITIES PLANNED IF THERE IS NOT AN OUTBREAK IN THE FACILITY

All activities planned can include all residents, that are unexposed to COVID 19, with the intent to have fun while maintaining proper infectious control measures such as proper hand hygiene, social distancing, and mask wearing.

The facilities three indoor common areas are not large enough to safely accommodate a group setting of more than 5 residents during the COVID 19 health emergency. If an activity will be done indoors with more than 5 residents, it will be done in multiple rooms (using the procedure found above for indoor activities for five or less residents) and can be connected virtually by using the facilities chromebooks to provide interaction between rooms.

The facility will also provide activities outdoors. Regardless of the activity, all equipment (if any) will be sanitized before being used for the activity. Residents and staff will sanitize their hands before and after the activity. All residents and staff will wear masks. Residents will be positioned and monitored by staff to ensure proper social distancing. All items given to the resident for the activity will not be shared between residents whenever possible. If the activity requires items to be shared between residents, all staff that are supervising the activity will monitor the residents to see if they do something that may lead to a potential exposure (e.g. if a resident puts their hand to their mouth, nose, eye, or ear). In the event that this occurs the staff will sanitize the potential activity item and the resident's hands before they continue playing. At the conclusion of the activity, all equipment (if any) will be sanitized.

### 29. DESCRIBE OUTINGS PLANNED IF THERE IS NOT AN OUTBREAK IN THE FACILITY

All facility outings are allowed only for residents unexposed to COVID 19 and will be done outdoors. Outings will be limited to no more than three residents to ensure social distancing while transporting. Residents and staff will sanitize their hands, wear masks and maintain social distancing. Staff will ensure that the infectious disease measures are taken by residents while on the outing.

As per PA-HAN 559, fully vaccinated residents in healthcare settings, including PCHs, should continue to quarantine following prolonged contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hours period) with someone with COVID-19 infection, including the use of Transmission-Based Precautions for COVID-19.

In the event of any new onset of positive COVID-19 cases, any close contacts by residents (either vaccinated or unvaccinated) to any employee/resident that is positive with COVID-19 will be quarantined in the yellow zone, tested, and monitored for symptoms until the quarantine expires. If the resident tests positive for COVID-19, they will be moved to the red zone.

## 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.

## NON-ESSENTIAL PERSONNEL

### 30. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2

Prior to the COVID 19 pandemic, we did not utilize non essential workers or volunteers and will not make any changes to this plan during the COVID 19 pandemic.

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

Prior to the COVID 19 pandemic, we did not utilize non essential workers or volunteers and will not make any changes to this plan during the COVID 19 pandemic.

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

Prior to the COVID 19 pandemic, we did not utilize non essential workers or volunteers and will not make any changes to this plan during the COVID 19 pandemic.

## 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.

### 33. UPDATED VISITATION GUIDANCE AND THE SCHEDULE OF VISITATION HOURS AND LENGTH OF EACH VISIT

Visitors are able to schedule visits during business hours of 8am-4pm on any day of the week. Visits will be 30 minutes each with time blocked out in-between to sanitize the visitation area.

We will not restrict visitation without a reasonable clinical or safety cause and will allow indoor visitation at all times and for all residents, regardless of the vaccine status of the resident or visitor except for in the following circumstances:

- Unvaccinated residents, if the COVID-19 county positivity rate is Substantial (>10%) and < 70% of residents in the facility are fully vaccinated;
- Residents with confirmed COVID-19 infection, whether fully vaccinated or not until they have met the criteria to discontinue Transmission-Based Precautions, or
- Residents in quarantine, whether fully vaccinated or not, until they have criteria for release from quarantine.

Please note that outdoor visitation is strongly preferred when appropriate over indoor visitation.

Visits will not occur in any resident's room if the room is shared by two residents.

Note: all visitors, including healthcare workers and other personnel will be notified about any potential exposure to COVID-19 due to an outbreak in the facility and should adhere to infection control procedures.

Residents who are on Transmission-Based Precautions for COVID-19 will only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to Transmission-Based Precautions. However, this restriction will be lifted once Transmission-Based Precautions are no longer required.

## **VISITATION PLAN**

### **34. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**

Those who wish to make a scheduled visit will call the facility contact at 724-658-8615 to schedule a day and time slot that works for them. The facility contact will screen the visitor(s) over the phone before setting up the visit to mitigate risk. Visits will occur in 30 minute time slots with time in-between blocked out to clean the visitation area. If a time slot is taken, then the facility contact will work with the visitor to see if there is another slot available that will work for all parties. All visitors will have their temperature taken and will be screened for symptoms of COVID-19 when they arrive for the visit. If someone has a fever or symptoms of COVID-19, the visit will be cancelled.

### **35. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT**

Prior to each visit, the staff will sanitize all furniture and equipment that will be used in the designated visitation area. The visitor and the resident will perform proper hand hygiene before entering the visitation area. Alcohol-based hand sanitizer will be available for the visitor, staff, and resident to use. After each visit is completed, the staff will sanitize all furniture and equipment and refill the hand sanitizer if needed before another visit takes place. Each visitor and each resident will be required to wear a face mask and maintain social distance throughout the entire visit. If wearing a face mask will cause a medical issue with the resident, a face shield can be used instead of a mask.

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

Only two visitors are allowed to visit at a time and must wear a mask and maintain social distancing throughout the visit. Children are permitted to visit when accompanied by an adult visitor. Adult visitors must be able to manage the child, and children older than 2 years of age must wear a cloth facemask and maintain strict social distancing the entire visit.

**37. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED**

Residents with progressive cognitive decline and/or have expressed feelings of loneliness will be prioritized first for their scheduled visits. All other residents will be scheduled visits based upon availability. The facility contact person will prioritize each resident. Conflicting visitation schedules are not anticipated.

**40A DESCRIBE WHO CAN ACCESS THE FACILITY EVEN IF THERE IS AN ACTIVE COVID-19 OUTBREAK IN THE FACILITY:**

The following personnel are permitted to access the facility, regardless of the step the facility is in, and must adhere to universal masking protocols in accordance with HAN 520:

- Physicians, nurse practitioners, physician assistants, Emergency Medical Services, and other clinicians;
- Home health and dialysis services;
- Department of Aging Older Adult Protective Service investigators;
- Department of Human Services Adult Protective Services investigators;
- Long-Term Care Ombudsman;
- Hospice services, clergy and bereavement counselors, who are offered by licensed providers within the facility;
- Visitors to include but not limited to family, friends, clergy, and others during end of life situations;
- Compassionate Caregivers
- Department of Health, designees working on behalf of the Department of Health, and local public health officials;
- Federal and state surveyors;
- Department of Human Services representatives or designees working on behalf of the Department; and
- Law enforcement.

**40B DESCRIBE THE REQUIREMENTS TO BECOME AND VISIT AS A COMPASSIONATE CAREGIVER.**

Compassionate Care visitation is allowed while visitation is otherwise restricted. Care provided by Compassionate Caregivers may be considered only if there is a documented "significant change" in a resident's condition, an end-of-life situation, bereavement due to the loss of a loved one, or emotional support for a resident who has just moved into a licensed setting and is adjusting to their new surroundings. A significant change is defined as:

A major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.

The facility, resident and family will coordinate to identify the need for Compassionate Caregiving. For the facility, the support plan required by 55 Pa. Code §§ 2600.227 and 2800.227 must be updated to reflect the identified need for Compassionate Care and the circumstances under which such care will continue.

To ensure the safety of all residents and staff, Compassionate Caregivers must adhere to the following safety precautions:

## VISITATION PLAN

- Caregivers must show proof of a negative COVID-19 test that was administered within the prior 7 days, preferably 72 hours (if testing turn-around times allow), before initiating Caregiver duties. If the Caregiver refuses to take a COVID-19 test, they will not be allowed to initiate Caregiver duties. The Caregiver is subject to all ongoing testing guidelines that apply to facility staff pursuant to all guidance, as well as Orders issued by the Secretary of Health.
- Caregivers are responsible for arranging for and covering the cost of testing.
- All Caregivers are to undergo screening (see #23 above) prior to entering the facility, adhere to universal masking with a cloth face covering, practice frequent hand sanitization and social distancing from staff and other residents (Social distancing from the resident receiving Compassionate Care is strongly preferred but not required if distancing would not achieve the intended health outcomes of the visit).
- Caregivers cannot visit more than 2 hours per day, and there can only be one Caregiver per resident at a time.

If a Caregiver does not comply with one or more of these public health practices, they will be asked to leave the facility, and their Caregiver status will be reassessed by the facility in order to protect staff and other residents.

Furthermore, the facility will comply with the following steps related to Compassionate Caregivers to ensure the safety of all residents and staff:

- Update the resident's care or support plan with measurable objectives and timeframes for action related to Compassionate Caregiving.
- The first Compassionate Care visit for each Caregiver will be observed by facility staff in the setting in which Caregiving will typically happen to orient the Caregiver to specific safety measures the Caregiver needs to take to protect residents and staff. Any deficiencies will be corrected by the facility staff.
- Upon subsequent visits, staff will occasionally check-in, as possible, to ensure safety measures are being adhered to.

**38. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS (CONSIDERING SUCH SAFETY FACTORS AS EXPOSURE TO OUTDOOR WEATHER AND TRANSPORTING RESIDENT TO VISITOR LOCATION)**

Visitation will be offered to all residents. However, CMS, CDC, and the Department of Health continue to recommend that residents and families adhere to the core principals of COVID-19 infection prevention practices, including physical distancing regardless of vaccination status. Masks must be worn at all times. If a resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after (per CMS updated guidance).

**39. DESCRIBE THE OUTDOOR VISITATION SPACE TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE**



## VISITATION PLAN

The facility will have two picnic tables with an umbrella set up to shelter the visitor(s) and resident in case of severe weather. One picnic table will be used by the visitor(s) and the other will be used by the resident. The tables will be located in the grass outside of the front of the building and will be positioned so that social distancing will be maintained. To get to the space the resident will exit the facility and will walk or be helped to the location. The visit location will be at least ten feet away from the entrances to avoid anyone coming in contact with someone else entering or exiting the facility.

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

The picnic tables designated for visits will be positioned six feet apart from each other. A staff member will ensure that the tables are six feet apart when they do the pre visit sanitizing. Also, during the visit, a staff member will monitor the visit to ensure that the six foot social distance is maintained.

**41. 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**

In the event of extreme weather, the visit will occur in either the sunroom or the garage in the back of the building. The seating locations in either location will be positioned to allow for six feet of social distancing. The resident will enter the area through the door attached to the main facility and the visitor will enter through the outside door to the area. Both the resident and visitor(s) will wear masks and a fan will provide ventilation that will move the air away from the resident.

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

The facility will put tape on the ground of the visitation area to indicate where each party will be located at during the visitation. The marks will be set up at least six feet apart to ensure that everyone knows how to maintain social distancing during the visit. Also, during the visit, a staff member will monitor the visit to ensure that the six foot social distance is maintained.

## VOLUNTEERS

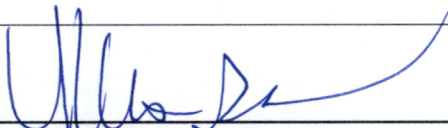
In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols and may only conduct volunteer duties with residents unexposed to COVID-19. In Step 3, all volunteer duties may be conducted, but only with residents unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required for volunteers.

**43. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**

Prior to the COVID 19 pandemic, we did not utilize non essential workers or volunteers and will not make any changes to this plan during the COVID 19 pandemic.

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

Prior to the COVID 19 pandemic, we did not utilize non essential workers or volunteers and will not make any changes to this plan during the COVID 19 pandemic.

  
SIGNATURE OF ADMINISTRATOR

updated 4/30/2021 original signed 8/17/2020  
DATE