

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	
Meadow View Memory Support	
2. STREET ADDRESS	
800 Kraybill Ave	
3. CITY	4. ZIP CODE
New Holland Pa	17557
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Melody Karick, Director of PC Memory Support	717-355-6136

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
9/2/2020 Laurel View Memory Support & 9/29/2020 Meadow View Memory Support

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](#)

8/4/2020 to 8/19/2020

11. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINISTERED TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITHIN 24 HOURS

The GSC Infection Control Preventionist, the Memory Support Nurse Coordinators have been trained and are able to administer the Covid-19 diagnostic tests to all residents showing symptoms of Covid—19 and are able to do so within 24 hours.

GSC also has a contract with Clarity Lab. Clarity is able to provide the test kits (i.e. swabs, test tube, collection bags, labels) and transport of specimens through Phoebe Pharmacy.

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

GSC has the capacity to administer Covid-19 tests to all residents and staff through the contract with Clarity Lab. Per the contract, Clarity provides the test kits with all the necessary supplies. They are also able to provide assistance with administering the Covid-19 tests.

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

Non-essential staff and volunteers will need to be tested through their primary care physician's (PCP) office or at a location determined by their PCP.

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

Residents who refuse or are unable to be tested will be assumed to be positive and therefore will be under quarantine for 14 days.

Per the Garden Spot Communities HR Policy 1.123, due to the extreme safety and risk to all, testing is mandatory for all staff as a condition of employment.

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

15. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH [PA-HAN-509](#) PURSUANT TO SECITON 1 OF THE *INTERIM GUIDANCE FOR Personal Care Homes, Assisted Living Residences and Intermediate Care Facilitiess DURING COVID-19.*

Residents who are asymptomatic with possible exposure will be quarantined to their apartment for 14 days. A yellow (zone) sticker or tape will be placed on and by the door to alert team members of resident status. Residents who test positive will have a red (zone) sticker or tape placed on and by the door. Only assigned team members are permitted to enter an apartment in the yellow or red zone.

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)

GSC continues to purchase and maintain an adequate supply of Personal Protective Equipment (PPE) in a designated emergency supply storage area. A PPE inventory list is maintained to continually track supply levels.

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

GSC currently has a contract with Mediquest Staffing to assist should there be a staffing shortage.

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

If Lancaster County reverts back to Red Phase, GSV will stop all reopening plans and revert back to Step 1. Families and/or POA's and staff will be contacted via phone with a recorded message detailing the plan for moving back to step 1 and the GSV website will be updated. Residents will be notified in person and postings will be placed at each entrance.

SCREENING PROTOCOLS

In each block below, describe the screening protocol to be used including where screening occurs, method of determining symptoms and possible exposure, and action taken if screening reveals possible virus. Include how the data will be submitted to the Department.

19. RESIDENTS

Residents are screened at least 2 shifts a day for temperature, pulse ox and are asked and observed for possible signs and symptoms of Covid-19. If temperature of 100.0 or greater is noted and symptoms of Covid-19 are identified, the resident is placed in droplet isolation precautions and the PCP is notified for next steps.

20. STAFF

All staff complete screening upon entering back of house (prior to entering care area). Each staff member must wear a mask, protective eyewear, use hand sanitizer and have their temperature taken prior to the start of the shift. (If temperature exceeds 100.0 employee may not work) Employees are then asked a series of questions pr CDC guidelines. If the employee has had possible exposure they may not work. If screening reveals the employee has possible virus they are instructed to go home and contact their healthcare provider for next steps and not able to work until cleared by a provider.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare personnel who are not staff are required to follow the same steps as indicated in #20.

22. NON-ESSENTIAL PERSONNEL

Non-essential personnel are required to follow the same steps as indicated in #20.

SCREENING PROTOCOLS

23. VISITORS

In step 1 there are no visitors permitted unless under compassionate care situation. In step 2 & 3 visitors will only be permitted in the designated "neutral zone". All visitors must follow the same screening process as staff. See #20. Masks must be worn properly covering both the mouth and nose completely and a social distance of at least 6' must be maintained at all times. In a compassionate care situation: visitors (2 at a time max) will be permitted to go directly to the resident's room post screening, hand sanitizing and donning a surgical mask.

24. VOLUNTEERS

In steps 2 & 3, when volunteers are permitted to return for the purpose of visitation procedures, they will be required to follow the same steps as all staff. See #20.

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)

Our household kitchens will be staffed for a selection of made to order meals 24/7. We will also provide additional meal options for lunch and supper.

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

Tables and chairs in Dining room are spaced apart for appropriate social distancing. Residents who share a room (couples) are permitted to dine together. Additional seating in the attached secured 5 outside courtyards will also be encouraged.

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

All staff will follow appropriate infection control measures and wear masks and eye protective wear at all times when in resident care areas including the dining room. Tables/chairs are sanitized w/EPA approved cleanser between each seating.

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Staff members will use hand sanitizer when switching assistance between residents. Residents will be provided the opportunity to sanitize their hands prior to the meal and after the meal.

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)

Activity programming will continue to occur on a one to one basis, but will also include small groups of 5 or less residents unexposed to Covid-19. These activities will occur in the resident's room or a common area on their floor. At least 6 feet of social distance will be maintained between residents. Bingo (and similar activities) will be modified to ensure residents are provided their own supplies, (i.e bingo chips) and the supplies are cleaned by the staff at the end of the program. Staff will also disinfect the area after the program. Residents will be provided with opportunities to use hand sanitizer and/or hand washing. All residents are provided a mask and encouraged to use their mask when outside of their apartment as tolerated.

ACTIVITIES AND OUTINGS

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

As described in #29, with the exception of allowing 10 or less residents per group.

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities will occur in locations where proper social distancing can occur for those residents not exposed to Covid-19. The location will determine the size of the group based on the amount of residents in the area with proper social distancing. As stated in #29, residents will be provided masks to use when outside their rooms and will practice hand hygiene prior to after an activity.

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Group outings off-campus are not anticipated at this time. Residents will instead utilize the multiple outdoor space areas while maintaining proper social distancing. Bus ride outings may be offered to individual resident(s) who do not enjoy group programs. The ride would be provided in the GSV small bus with no more than 3 residents at a time for appropriate social distance. Masks and hand hygiene (for both staff and resident) will be performed prior to and after the ride. The bus will be cleaned/disinfected after the ride.

NON-ESSENTIAL PERSONNEL

In Step 2, non-essential personnel deemed necessary by the facility are allowed (in addition to those already permitted in Section 4 of *Interim Guidance for Personal Care Homes, Assisted Living Residences and Intermediate Care Facilities During COVID-19*). In Step 3, all non-essential personnel are allowed. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for non-essential personnel.

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

Non-essential personnel that have been determined necessary at Step 2 include OT, PT & Speech Therapy, MD, CRNP, Chaplains, Podiatrist- the stated disciplines have been included to ensure residents remain at the highest functioning level physically, emotionally and spiritually. In the event of beautician and barber usage these services will be utilized as necessary for emotional health of residents one person at a time.

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

Care areas are utilizing one entrance to enter and exit. Each team member (essential and non-essential) is required to have their temperature taken, answer a series of questions regarding symptoms and potential exposure and sanitize hands prior to entering a care area. Masks are mandatory of all persons entering the campus at large and the mask must be of surgical quality when entering a health care area. Signs are posted at the check-in station reminding individual to keep a 6' social distance. When close proximity to a resident is required to provide service/care, residents living with dementia will be strongly encouraged to wear a mask.

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

Residents potentially exposed to Covid-19 are isolated to their rooms. Yellow tape/stickers clearly identify the room and only specifically assigned team members are permitted to enter the room. Individuals are also informed visually through signage when they are entering a potentially Covid-19 restricted area. Non-essential personnel may not enter.

VISITATION PLAN

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Personal Care Homes, Assisted Living Facilities and Intermediate Care Facilities During COVID-19*), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.

36. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT

Visitation hours will occur by appointment only for the agreed upon amount of time each time between the hours of 9 am and 5 pm. For example, if visitation is for 1 hour that day, volunteers and/or staff will have at least 20 minutes to sanitize the areas of visitation to ensure proper infection control.

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitation will be conducted by appointment only. Families and friends will be able to visit a website (www.gardenspotvillage.org/meet) to schedule visits or contact our chaplin at mhickson@gardenspotvillage.org. Guidelines regarding visitation will be located on the website. If a family member or friend lives a significant distance away from the facility or cannot use the website to schedule a visit, special pre-scheduled visitation can occur by contacting our chaplin or our Personal Care Social Services.

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

Between each visit, any tables, doors or high contact services will be cleaned, with the use of an EPA approved cleaner, by the volunteers or staff member overseeing the visitation.

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

1-5 visitors (including children) may visit at one time in order to maintain social distancing and proper infection control. Children are only permitted to visit when accompanied by an adult. Adult visitors must be able to manage children and children older than 2 years must wear a mask during the time of visit. Children must also maintain strict social distancing guidelines.

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

Compassionate Care visitation will occur, as needed based on the situation. All other non-Compassionate Care visitation will occur based on the order family members/friends sign up. Again, special consideration will be made for those that live a significant distance from the community and cannot arrive during the prescheduled times. It is up the family member/friend to contact Personal Care Social Services to prearrange these. Under no circumstances will non prescheduled visitation occur.

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)

Residents will need to be in good health, not showing signs of Covid-19 (fever, cough, SOB, etc.) and able to be transported to a designated area protected by the weather.

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

Meadow View Memory Support outdoor visitation will be held in one of the 4 outside private courtyards with private entrances. Masks and hand hygiene (for both staff and resident) will be performed prior to and after visitation. Mask worn by resident during visit will be removed after visit and given a fresh mask.

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

STEP 2

VISITATION PLAN

	<p>Furniture will be used to define six foot distances. Our residents all have dementia. Family and person monitoring visit will be heavily relied on to help the person with dementia maintain social distancing.</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>Town Square will be used for indoor visitation. TS is a beautiful indoor hallway connecting our stand alone memory support. In TS there is a beauty shop, general store, chapel/multipurpose room, 2 restrooms, a small gym and a training room that is set up with table and chairs. All of those rooms as well as the wide hallway with 3 round tables and chairs will be utilized depending on the number of visitors and visits that day. Each household has an entrance to TS. Our front secured door, which is located at a separate part of the hallway will be used for our visitors.</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>Same as #43</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>Same as #41</p>
	<p>47. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Outdoor and indoor visitation will be utilized during step 3.</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 as #42</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 as #43</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 as #44</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 as #43</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 (2 at a time max) are permitted to go directly to the resident's room post screening, hand sanitizing and with a surgical quality mask. Visitor's will be educated to maintain safe social distancing during their time of visit. Masks must be worn properly (mouth and nose fully covered) and worn throughout the entire visit.</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

All volunteers will be required to complete a Covid-19 infection control training program prior to returning to volunteer duties. Volunteers will be educated on the following: Screening guidelines, proper hand hygiene, required face mask use, protective eye wear, and infection control guidelines. Per Step 2 & 3, volunteers are only able to return for the purpose in assistance of visitation procedures to those residents unexposed to Covid-19. Only designated personnel will be permitted to be in any areas where there is facility onset of Covid-19.

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

Volunteers may be utilized for the purpose of visitation procedures.

Melody Karick

11/12/2020

SIGNATURE OF ADMINISTRATOR

DATE