

## 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 Weinberg Village – Personal Care	
2. STREET ADDRESS 300 JHF Drive	
3. CITY Pittsburgh	15217 PA
4. NAME OF FACILITY CONTACT PERSON Pearl Averbach	412-521-8988

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).
5. DATE THE FACILITY WILL ENTER THE REOPENING PROCESS 09/08/2020
6. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 ( <b>CHECK ONLY ONE</b> )
<input checked="" type="checkbox"/> <b>Step 1</b> <i>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</i>
<input type="checkbox"/> <b>Step 2</b> <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <a href="#">June 26, 2020, Order of the Secretary of Health</a>)</i> <b>AND</b> <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>
7. 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).

**8. 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 (100 % of the residents were tested )

**9. 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 have test kits to test residents showing any symptoms of COVID-19. Nursing staff have been taught how to perform testing correctly. Testing kits are available through MAKO Lab and Quest Lab. Both of these labs utilize the NP swabs. In addition, we are fortunate to be involved with the Squirrel Hill Health Center (a FQHC) who provides on-site testing capabilities for staff and or residents on a weekly basis. This initiative has been funded through the ACHD as a community initiative.

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

We are working with an independent lab company in addition to the Squirrel Hill Health Center. The JAA has been successful in negotiating a contract with MAKO Lab for real-time testing needs of both residents and staff. Additionally, we have partnered with SHHC to provide regular testing of staff and/or residents. The RRHCP will be utilized additionally to assist with testing and development of protocols as required.

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

We will offer them the availability as we do the Weinberg Village staff. Currently, WBV is not using non-essential staff and volunteers. However, as we begin to reopen, we will provide testing resources as with our current staff. Arrangements have been made with private duty caregiver and other nursing agencies to have testing completed as part of our requirements.

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

Staff are not given the option to decline. JAA HR policies and procedures do not allow for refusal of testing; if an employee refuses the mandatory test, they will be suspended until testing is completed with results returned. The suspension will be for a period of 10 days and will result in termination if the employee does not comply.

For residents, if they decline, we would provide education regarding why the testing is important and address any concerns. If someone declined and was symptomatic in any way, we would place them into quarantine transmission precautions as we would with a positive case and have employees wear all PPE when caring for the resident.

**13. 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.***

All accommodations within our community are private rooms. Residents would remain in their room with isolation precautions put into place. If needed and more than one resident tested positive, residents would be moved to a private room on a dedicated unit. In addition, the facility has the capability to install negative pressure window units into the room of a resident who may be positive and the use of Well-Air machines in the corridor of the unit impacted for additional precautions. Depending on the location of the resident, facility maintenance staff would be requested to install ICRA type barriers in the corridor to provide additional isolation. Cluster care would be provided by dedicated staff with appropriate PPE performing all care tasks. Discreet notification and tracking would be provided by Infection Control Specialist.

**14. 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)**

COVID Task force of the JAA monitors the acquisition and utilization of PPE throughout the continuum. PPE burn rates are consistently monitored.

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

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

A contingency staffing plan has been developed that identifies minimal staffing needs. All staff has been advised to develop their own emergency plans with their families. The implementation of alternative staffing patterns of 12 or 16 hour shifts as well as shorter shifts of 4-hours duration would be utilized. Utilization of Agency staffing to meet required hours of resident care, Weinberg Village has 7 agency contracts. In addition, JAA Home Health Services staff may be utilized to provide direct care on a contingency basis if necessary.

### 16. 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

All communal activity of programming and dining would cease immediately. Residents would remain in their own rooms. Window visits would stop.

## 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.

### 17. RESIDENTS

Daily monitoring of residents symptoms, temperature and pulse –ox are taken 2x daily. Any elevation or change in condition is reported to nursing for further assessment and findings are reported to residents PCP for further guidance and direction, which may include testing of the resident and more frequent monitoring. Resident is placed on isolation precautions and continues to be closely monitored. Staff are educated on the isolation precautions and PPE required.

### 18. STAFF

Upon arrival, all staff enter through one central location, where they are asked to sanitize their hands, provided with a mask, are screened for temperature, and screened for pertinent symptoms and information related to COVID. If temperatures are 99.6 and above or a "Yes" response is provided, an additional screening tool is completed by nursing. Dependent upon the results of this screening, it will be determined if the employee will be permitted into the facility and permitted to work. If the employee is not permitted to work, the ICP is notified for additional follow up.

### 19. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Screening protocols are the same as indicated above. Also all equipment that is entering the facility is disinfected before taken to the units. Essential healthcare personnel are instructed on proper PPE requirements prior to entry.

### 20. NON-ESSENTIAL PERSONNEL

Screening protocol are the same as indicated for staff

### 21. VISITORS

At this time no visitors are permitted into the building. Once visitors are permitted they will follow the same screening requirements as outlined above.

### 22. VOLUNTEERS

At this time no Volunteers are permitted into the building. Once volunteers are permitted they will follow the same screening requirements as outlined above.

## 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

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

Weinberg Village is a 3-floor residential community, currently comprised of 15 residents on the 2<sup>nd</sup> floor, 15 residents on the 3<sup>rd</sup> floor and 14 residents on the 4<sup>th</sup> floor. The 4<sup>th</sup> floor is a memory support secured unit. On the 4<sup>th</sup> floor, there is a satellite kitchen and dining room. Dining on this unit will continue with socially distanced dedicated space allowing for 2 residents/table – 6 feet apart and monitoring of all residents during meals time for additional assistance. (Floors will be marked with red tape to indicate placement of chairs and tables). Those residents requiring assistance or feeding during meal time will have a designated staff member with the appropriate PPE and the staff member will sanitize between each resident assisted.

All surfaces are disinfected prior to meal time and after the conclusion of the meal. Resident hands are sanitized before and after meals. No shareable condiments on tables. All staff wear masks and face shields at all times while on this unit. Food will be delivered to the unit via a tray rack, by a designated dietary staff, wearing appropriate PPE. Trays will be distributed by direct care staff and at no time will dietary staff come in direct contact with residents. Food trays will be prepared in the first floor Dietary kitchen from steam tables.

Our reopening plan for dining for our residents on the 2/3 floor units is as follows. Second floor residents will be brought down to the first floor main dining room for the lunch meal daily. Residents will be seated one resident/table and tables will be socially distanced 6 feet apart. Direct care staff will serve the meals and will have the appropriate PPE of mask, face shield and gloves on at all times. Hand sanitizer will be used between assisting each resident during the meal time. Hand sanitizer will be distributed for use by each resident before and after entry into the dining room. For those residents who will require additional assistance with meal time, the adjacent room to the dining room will be used with the noted protocol followed.

The third floor will be brought down to the main dining for the dinner meal daily. Residents and staff will follow the same protocol as noted above. At no time will there be mixing of resident population during meal time. Meals will be served from the Dietary/kitchen adjacent to the dining room. This is a satellite kitchen. Food from the main kitchen will be brought to the satellite kitchen and placed in the steam tables by designated dietary staff. Meals will be plated and placed onto a food rack and taken by direct care staff into the dining room. Direct care staff from the designated unit will serve and assist with the resident meal service. At no time will the dietary staff come into direct contact with the resident and or the direct care staff.

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

Main dining room has the capacity for 40 residents, if dining is provided by floors this will allow for appropriate social distancing and movement of only 15 residents from each floor. We anticipate 1 residents/ table. Adjacent to the dining room is the TV room which would allow for residents who require additional assistance by direct care staff. Direct care staff will sit and assist the resident while having the appropriate PPE on and hand sanitize as they assist each residents and each table. All will follow the same protocol that was identified in #23

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

All staff will wear mask and face shields. Hand sanitizer and gloves will be available at all times. They will use hand sanitizer prior to entering dining room and wear masks entering and leaving the dining room. All staff in the area will always wear masks and face shields when in direct contact to assist any residents. Staff will hand sanitize between each resident assisted. All tables will be equipped with hand sanitizer.

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

### 26. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

All meals will be served on disposables. Menu selection will be provided on paper menus that will be filled out weekly by the resident. All staff will have the appropriate PPE on while in the dining area and will hand sanitize upon entry and between assisting each resident. Residents will hand sanitize and be seated one resident/ table.

## 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.

### 27. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)

Lounge area on each floor and program area on first floor are spacious and allow for social distancing of residents during program attendance in programs such as exercise, discussion group, board games (disposable/wipe off pieces). Residents, if able, wear mask/tissue and sanitize before entering a program area. Those residents that cannot wear masks are provided with one-on-one programming and utilization of Zoom and written materials. All activities are supervised.

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

Same as described above, but with increased number of residents participating, incorporating additional programming.

### 29. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Increased opportunity for programming while maintaining social distancing and masking

### 30. DESCRIBE OUTINGS PLANNED FOR STEP 3

To be determined

## 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.

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

To be determined

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

Non essential personnel will be provided with the appropriate PPE and educated on usage of and infection control protocol.

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

## 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.

### 34. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT

Visitation will be scheduled Monday through Friday from the hours of 3:30p – 5:30p. visits are ½ in duration and are coordinated and supervised, monitored by the activity department.

VISITATION PLAN	
	<p><b>35. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR</b>            Email and phone number are provided to families / friends for use to schedule with the activity department</p>
	<p><b>36. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT.</b>            Both resident and family are required to wear masks. Chairs, barriers, touch areas are disinfected between each visit. All visitation is monitored</p>
	<p><b>37. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?</b>            2 visitors per resident.</p>
	<p><b>38. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED</b>            All requests will be accommodated. We ask that special occasions be identified as soon as possible in order to meet that accommodation. Those residents that emotionally have identified concerns are prioritized. Weekly scheduling of visitation for the memory support unit is prioritized through window visits as well as using FaceTime and Zoom platforms.</p>
<b>STEP 2</b>	<p><b>39. 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)</b>            A weekly visitation schedule is provided by the activity department for nursing review. All visits are supervised and assisted by staff. Residents are escorted by staff and staff remain for the duration of the visit in order to address any concerns that may emerge for visitors and or residents.</p>
	<p><b>40. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE</b>            Outdoor visitation space allows for 6-foot social distance on the back patio of facility. It also provides a overhang for inclement weather.</p>
	<p><b>41. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</b>            Markings will be provided on the ground to ensure the appropriate distance is maintained . All visits are monitored for the duration of the visit to ensure all protocol is followed.</p>
	<p><b>42. 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</b>            First floor library area has two entries that would allow the family to enter through one door and the resident to enter through another door. Also there is table (measuring 7 feet) that would allow for a physical barrier and provide the appropriate social distancing required. This room also is surrounded with windows that will allow for monitoring of visitation. Hand sanitizer and masks to be provided to both parties at each entry before entering designated area.</p>
<b>STEP 3</b>	<p><b>44. 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)</b>            All visits are assisted through the Activity Department with the review of Nursing and are supervised by staff for the duration of the visit.</p>
	<p><b>45. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b>            To be determined</p>
	<p><b>46. 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")</b>            Same</p>
	<p><b>47. 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")</b>            Same</p>

## VISITATION PLAN

	Click or tap here to enter text.
48.	<b>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")</b> Same
49.	<b>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")</b> Same
50.	<b>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</b> All screening and PPE protocol would be ensured. Visits to only unexposed COVID-19 residents would be permitted

## 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.	
51.	<b>DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19</b> When reestablished, volunteers will adhere to all measures in place regarding COVID mitigation. Their involvement will be limited and assessed for respective residents
52.	<b>DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</b> Volunteers to provide supervision and emotional support while maintaining appropriate social distancing in designated areas and adhering to all screening protocols and PPE.

**SIGNATURE OF ADMINISTRATOR**

**Pearl Averbach LCSW, PCHA      9/3/2020 - DATE**