

## 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 AHAVA Memory Care Center	
2. STREET ADDRESS 200 JHF Drive	
3. CITY Pittsburgh	4. ZIP CODE 15217
5. NAME OF FACILITY CONTACT PERSON Kelie Schneider, Executive Director	412-521-8299

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).
6. DATE THE FACILITY WILL ENTER THE REOPENING PROCESS 9/8/2020
7. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)
<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>

## DATE AND STEP OF REOPENING

8. 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).

9. 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](#) 7/20/2020 to 8/13/2020

10. 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

Facility has extra 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 two private labs, MAKO and Quest. Both labs have supplied NP swabs. In addition, the facility has been fortunate to have a relationship with Squirrel Hill Health Center (SHHC) a FHQC to conduct on-location testing for residents. We have also met with the Western PA RHHCP regarding testing availability for our program.

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

Facility is 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 and SHHC to provide regular testing of staff and/or residents. The RHHCP will be utilized additionally to assist with testing and development of protocols as required.

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

Facility will offer non-essential staff and volunteers the same availability as we do the AHAVA staff. Currently, AHAVA 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 caregivers and other nursing agencies to have testing completed as part of our requirements. We will require non-essential staff/volunteers to provide proof of a negative COVID test prior to their return.

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

Staff will not be given the option to decline. JAA HR policies and procedures do not permit refusal of testing; if an employee refuses the mandatory test, he or she 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.

14. 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*.

In the event of a COVID-19 breakout, AHAVA Residents will be isolated to their own rooms. If possible and necessary, Residents will be moved to cluster rooms with those who have tested positive. Appropriate ICRA barriers will be installed where appropriate and negative pressure machines will be installed in the resident windows. While caring for those Residents, specifically assigned staff will be provided break rooms within the infected area. Activities staff will provide individual, sanitary, and easily cleanable activities for each Resident to use while isolated in their rooms. Dining will be done in individual rooms and communal activities will cease.

15. 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)

Monitored daily, any concerns reported to JAA corporate office, which also maintains the ongoing burn rate for the facility and its programs. PPE is supplied to all staff at the beginning of each shift and as necessary.

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

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

Being a part of a CCRC, AHAVA has the ability to utilize support services through programs such as JAA Home Health Services if there is a staffing shortage due to COVID. Additionally, the facility has contracts with four nursing agencies to provide supplemental staffing when necessary. We have specifically worked with these agencies to provide a core group of staff rather than float different staff each day.

### 17. 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

In the case of a positive COVID-19 outbreak, all communal dining and activities will be ceased. Each Resident will be provided in-room activities by our Activities Staff and Direct Care Staff will be assigned to specific residents. Break rooms will be separate for those caring for the COVID-19 Positive Residents and those caring for COVID-19 negative. No visitors, volunteers, and non-essential vendors will be permitted in to the facility. Visits with family will only occur electronically.

## 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.

### 18. RESIDENTS

Residents temperature are taken twice a shift and at the first sign of any change in condition such as respiratory distress or temperature, a nursing assessment is done and, if applicable, their physician is notified.

### 19. STAFF

Upon arrival, staff enter via one door where they are screened for temperature and other components. If their temps are above 99.6 or they answer "yes" to a number of other symptom-related or other questions, an additional nursing screening is done. Dependent upon the screening, it will be determined if the employee is permitted to work. Staff will be instructed to notify their healthcare practitioner, and/or get tested and remain in contact with the Infection Control Practitioner (ICP) before returning to work.

### 20. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Same as staff

### 21. NON-ESSENTIAL PERSONNEL

Same as staff

### 22. VISITORS

No visitors are currently permitted inside the building. Window visits and Facetime are currently occurring.

### 23. VOLUNTEERS

No volunteers currently but they would be screened like staff.

## 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)

AHAVA Residents eat in the dining room and the sun room. Each Resident is seated at his/her own table. Each table is spread six feet apart from each other.

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

The tables will be spaced so that there is sufficient social distancing enforced.

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

Staff will wear face masks and face shields the entire time. Both residents and staff will sanitize hands before all meals. Staff will sanitize hands in-between working with different residents.

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

There will be no shareable condiments on tables. Menu choices will be done verbally by staff serving meals. Plexiglass barriers will be installed between the kitchen and serving area as a protective measure prior to redeployment of food and nutrition staff.

## 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.

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

Because of the unique needs of our memory care residents, we will maintain small social groupings of no more than 10 residents, spaced out 6 feet apart, unless outside in our large courtyard. Activities take place in our dining area, in our sun room, in the living room, and outside in our two courtyards. During all activities, Staff will be wearing masks and face shields at all times to reduce potential exposures to Residents.

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

Step 2 will look much like Step 1. Because our residents are not currently isolated to their individual rooms to avoid a decline in our memory care needs, they are moving freely within the spaces. We will continue to space residents apart during activities and use our outdoor spaces as much as possible. Staff will continue to wear masks and face shields.

### 30. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

We will allow larger groups for special events and celebrations. During Step 3, we will be able to celebrate birthdays, for example, with greater than 10 people per room and can have larger social gatherings for activities.

### 31. DESCRIBE OUTINGS PLANNED FOR STEP 3

Due to the vulnerable nature of our residents, outings are halted until further determination. At the time during which it is safe for outings, these will be discussed with families on an individual basis. Families will be asked to follow any state or federal guidance regarding public spaces, and the vulnerability of residents will be discussed with families prior to any outings. Because of the lack of understanding by our residents for their own safety, we will ideally start with suggesting outdoor activities that do not involve our Residents being taken into indoor spaces. Additionally, families will be encouraged, for example, if they would like to dine with a Resident, to order to-go food and eat it in an outdoor space on the campus. Any resident going on an outing will be accompanied by a staff member to ensure safety protocols are followed.

## 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.

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

Window visits will be permitted and encouraged.

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

We will keep up our current screening protocol including all of the above. Will revise as necessary based on additional guidance

**NON-ESSENTIAL PERSONNEL**

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

There will be no contact with non-essential personnel, as they are not permitted into the unit.

**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.

**35. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT**

We would take temps, hand out hand sanitizer, make sure masks were in place and chaperone a barrier-free visit.

**36. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**

We would start with M-W-F visit between 2p and 4p with ½ hour visits.

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

Administrator or designee would use EPA approved spray disinfectant between visits on all surfaces.

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

One

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

Allow one person per resident at first and then first-come, first-served.

<b>STEP 2</b>	<b>40. 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>
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We can do a first floor visit in the outdoor courtyard area.

<b>STEP 2</b>	<b>41. 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>
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It would be in the rear courtyard, which has access from the outside of the building so that no visitors would enter the unit. A rain tent would be placed for inclement weather. Residents and visitors would be spaced at least 6 feet apart

<b>STEP 2</b>	<b>42. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</b>
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There will be a staff person out with visitors at all times

<b>STEP 2</b>	<b>43. 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>
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In the event of extreme weather, visitation would be rescheduled

<b>STEP 2</b>	<b>44. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</b>
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Staff supervision

<b>STEP 3</b>	<b>45. 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>
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At Step 3, Residents and visitors will meet in a designated, outdoor area. Staff will be present to ensure safe distancing and proper wearing of masks, etc. Residents will be determined to be able to safely accept visitors after conversations occur with family members to take into consideration the health of the Resident, risk factors of the visitors, and overall benefit to the Resident.

<b>STEP 3</b>	<b>46. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b>
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Yes

<b>STEP 3</b>	<b>47. 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>
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There is an awning for sunlight and rain, but if inclement weather occurs, the visitation would be rescheduled.

<b>STEP 3</b>	<b>48. 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>
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### VISITATION PLAN

<b>Staff supervision</b>
<b>49. 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> During potential indoor visitation, residents will meet family members in the vestibule area of AHAVA. This area is separate from any other resident space and can be accessed from the AHAVA parking lot. This area can be easily cleaned after each visit and the 6 foot distancing will be maintained.
<b>50. 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> <b>Staff supervision</b>
<b>51. 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> We will dress the visitor in full PPE including gown, mask, and gloves.

### 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.
<b>52. 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> We would not have volunteers if someone in the building was positive.
<b>53. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</b> Activity assistants and hand holders for anxious residents. We are not bringing volunteers in until Step 3

Kelie Schneider 8/19/20  
SIGNATURE OF ADMINISTRATOR DATE