

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 Harry and Jeanette Weinberg Terrace	
2. STREET ADDRESS 5757 Bartlett Street	
3. CITY Pittsburgh	4. ZIP CODE 15217
5. NAME OF FACILITY CONTACT PERSON Rena Becker	412-421-5757

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 8/19/2020
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"/> Step 1 <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"/> Step 2 <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 June 26, 2020, Order of the Secretary of Health)</i> AND <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)

Weinberg Terrace had 4 residents and 3 staff. First staff was tested positive on July 10 the two others on July 20th. The first two residents tested positive on July 17-18, the other two on July 20th.

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

We have 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 MAKO Lab and Quest Lab. Both swabs are NP swabs.

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

We are working with an independent lab company in addition to the Squirrel Hill health Center and CVS. 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 CVS and 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.

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

We will offer them the availability as we do the Weinberg Terrace staff. Currently, WBT 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.

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

They will not be 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 him or her into quarantine transmission precautions as we would with a positive and have employees wear all PPE when caring for the resident.

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

They will stay isolated in their own apartments.

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)

We check it daily and our Director of Resident Care is in touch with JAA corporate office to keep us supplied.

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

We are working with the JAA continuum to provide backup should we have a shortage through JAA Home Health; nursing agencies.

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

All communal dining and activities will be ceased; residents will be maintained in their own apartments.

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 temperatures and pulse oximeter readings 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. 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.

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 face time 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)

We plan on having each floor eat separately, two residents at a table. If someone needs help they will be alone at a table with assistance of staff. They will use hand sanitizer prior to entering dining room and wear masks entering and leaving the dining room. Any staff in the area will always wear masks and face shields(when in direct contact to assist).

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 the entire time.

27. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Menus will be simplified at first to accommodate transition back to communal dining. We will be using paper disposable menus. There will be no shareable condiments on tables.

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)

Select activities such as exercise, bingo and discussion groups in groups of 5 with social distancing. Masks and hand sanitizing will be mandatory and supervised.

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

Same but in groups of 10, may expand upon activities dependent on circumstances.

30. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

More activities but socially distanced and wearing masks

ACTIVITIES AND OUTINGS

31. DESCRIBE OUTINGS PLANNED FOR STEP 3

tbd

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

Family visitation with a physical barrier such as a plastic sheet attached to door frame will still be in the routine.

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

34. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-1

If there was visitation of any kind without a barrier, a staff chaperone would be employed.

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-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 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 serve. This will be accomplished by asking residents who they would choose as their first visitors and then will e-mail families of decisions.

STEP 2	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)
	We can do a 1st floor visit in the private dining room and maintain social distancing.
	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
	It would be the front terrace with seating spaced at least 6 feet apart under an awning.
42. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS	
There will be a staff person out with visitors at all times	
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	
Private dining room space	

VISITATION PLAN

	<p>44. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>We will again have staff supervising</p>
STEP 3	<p>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)</p> <p>tbd</p>
	<p>46. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes</p>
	<p>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")</p> <p>Again there is an awning for sunlight, if weather inclement indoor visitation would be the preferable mode.</p>
	<p>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")</p> <p>Staff supervision</p>
	<p>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")</p> <p>Front entrance or door to private dining room opened directly to the room.</p>
	<p>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")</p> <p>Staff supervision</p>
	<p>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</p> <p>We will dress the visitor in full PPE including gown, mask and gloves.</p>

VOLUNTEERS

<p>In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols and may only conduct volunteer duties with residents unexposed to COVID-19. In Step 3, all volunteer duties may be conducted, but only with residents unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required for volunteers.</p>
<p>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</p> <p>We would not have volunteers if someone in the building was positive.</p>
<p>53. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</p> <p>Activity assistants and hand-holders for anxious residents. We are not bringing volunteers in until Step 3</p>

_____ Rena Becker _____ 8/18/20 _____
 SIGNATURE OF ADMINISTRATOR DATE