

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 Fitzmaurice Community Services, Inc.	
2. STREET ADDRESS 5 Elm Street	
3. CITY Stoudsburg	4. ZIP CODE 18360
5. NAME OF FACILITY CONTACT PERSON Lisa Eisenbach	6. PHONE NUMBER OF CONTACT PERSON 570-213-4335

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 We will open in Step 2 on 9/7/2020.
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE) <input 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 checked="" 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

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

8/20/2020 to 8/24/2020

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

Any residents showing symptoms of COVID-19 will be tested within 24 hours of showing signs/symptoms. Their physician will be notified ASAP and an order for testing will be obtained. The resident will then be taken to a local lab to have the testing done.

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

In the event of an outbreak, ALL residents or staff, including those who are asymptomatic will be tested. Their physician will be notified ASAP and an order for testing will be obtained. The resident will then be taken to a local lab to have the testing done.

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

If any non-essential staff were present in the home around the time of the discovery of a positive COVID-19 case, that staff would be notified and required to be tested within 24 hours.

14. DESCRIBE THE PROCEDURE FOR ADDRESSING RESIDENTS OR STAFF THAT DECLINE OR ARE UNABLE TO BE TESTED
Attached is the HR policy which addresses staff that decline COVID-19 testing.

If a resident refuses to be tested, the resident will be cared for as potentially exposed until at least 14 days after refusal.

15. 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*.

In the event a resident is diagnosed with COVID-19, the whole home will be closed and all residents will be assumed to be exposed. All residents and staff will be tested within 24 hours.

For the resident with a positive COVID-19 test, they will be relocated to the single bedroom in the home to isolate away from roommates. They will be asked to remain in their room as much as possible with the door closed. Anything the resident may need to leave the room for, such as food or water, will be brought to the resident so they can avoid the use of the common areas such as kitchen, dining room and living room. One of the 2 bathrooms in the home will be designated for the COVID-positive resident and other COVID-19 negative residents will be discouraged from using it.

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)

The current cache of PPE includes items such as gloves, N95 respirator masks, face shields, disposable lab coats and shoe covers. In the event of a positive COVID-19 case in the PCH residence, all staff will immediately be supplied with the proper PPE.

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

The current staffing status is sufficient. In the event a staff is diagnosed with COVID-19 or has to quarantine, other PCH staff will be called in to cover the open shifts. In the event a resident is diagnosed with COVID, we will identify 2-3 staff who are willing to "live in" and quarantine in the home for the duration of the outbreak.

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

Immediately upon discovery of a positive COVID-19 case in the home, staff or resident, the home will immediately return to step one and the home will be closed to ensure the health and safety of others.

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 will have their temperature taken twice daily at 8am and 8pm during medication administration times. Their temperatures are documented on the electronic MAR. Any resident who has a temperature of >100F will be asked if they are experiencing any respiratory symptoms such as new or worsening cough, shortness of breath or sore throat? The resident's physician will be notified immediately and an order for COVID-19 testing will be obtained if the physician feels it is warranted. The resident will be isolated, to the fullest extent possible, pending the COVID-19 test results.

20. STAFF

All staff will have their temperatures taken at the start of their shift. They will answer the COVID-19 questionnaire questions before providing any care to a resident. For any staff who has a temperature of >100F, or answers "yes" to any of the screening questions, they will be asked to leave the program and call their physician for further instruction. HR will be notified.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Any healthcare personnel who have to visit the home will have their temperatures taken and they will be asked the screening questions on the COVID-19 questionnaire questions before entering the home. Anyone who has a temperature of >100F, or answers "yes" to any of the screening questions will not be allowed to enter the home.

22. NON-ESSENTIAL PERSONNEL

All non-essential personnel will have their temperatures taken and will be asked the questions on the COVID-19 questionnaire before entering the home. For any staff who has a temperature of >100F, or answers "yes" to any of the screening questions, they will be asked to leave the program and call their physician for further instruction. HR will be notified.

SCREENING PROTOCOLS

23. VISITORS

All visitors will be asked to call the home within 24 hours of the planned visit. Staff will ask all visitors who will have contact with the resident the COVID-19 questionnaire questions. If they answer any question with a "yes" they will not proceed with the visit. If they answer "no" to all questions, they will be allowed to visit the next day. When they arrive for their visit, they will have their temperature taken and will again be asked the screening questions. For any visitor who has a temperature of >100F, or answers "yes" to any of the screening questions, they will be asked to leave the home and the visit will not take place.

24. VOLUNTEERS

n/a – there are no volunteers in the PCH

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)

The meal schedule is 7-9a for breakfast, 12-1 for lunch and 5-6 for dinner.

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

All meals are served in different areas of the home to allow for social distancing. The dining room contains one table with 8 chairs. Only 3 residents shall eat at the dining room table on opposite ends. Three residents will eat in the living room and 2 will eat their meals in the sitting area (foyer).

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

Staff will follow all CDC recommendations with regard to infection control measures. Proper food handling will take place, including the wearing of masks during meal prep and serving.

28. 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.

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

Word Puzzles, Soduku, Crossword Puzzles (individual activity available to all residents at a time of their choosing). Virtual field trips/tours (many options available online- tours of museums, zoos, etc. – activity will take place in the house with residents social distancing in the living room, 5 resident limit at a time) In-house movie matinee or movie night (activity will take place in the living room, social distancing encouraged, 5 resident limit at a time)

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

Magazine scavenger hunt – each individual given their own magazine, scissors, glue with a list of items to find and glue on a sheet of paper. Coloring Pages – residents choose a coloring page, use their own personal crayons/colored pencils and pages are displayed around the program. Online video presentations with topics of interest chosen by residents (cooking, health and exercise, gardening, etc.)

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Ring toss in back yard with pool rings (rings will be sanitized between residents, hand washing encouraged, etc. available to all 7 residents) Walking to music around the house – staff will lead and play music on their phone to encourage movement. Residents will keep social distance from other residents during the activity- available to all 7 residents

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Neighborhood walk led by staff (residents will follow social distancing guidelines when in the community, care will be taken to avoid any contact with others in the community so that masks can be optional. Handwashing and sanitization of shoes will be practiced upon return to the house- available to all 7 residents. Picnic in the park – pre-packaged meals prepared by staff and all sanitizing/protection provided with same other precautions as listed above- available to all 7 residents.

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

The non-essential personnel would consist of FCS Facilities management Department or outside repair personnel. The residents will be asked to not be in the areas that the maintenance staff or repair individuals are.

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

All non-essential staff will have their temperature taken and will be asked the Covid questions prior to entering the home. They will be directed to wash their hands upon entering the home and will be required to wear face masks at all times.

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

Non-essential personnel will not be allowed to enter the home if any staff or resident has a positive or suspected positive case of 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.

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

Visitation hours will be between the hours of 9am-12pm, 1pm-5pm and 6p-8p. To allow for multiple residents to have visits in the same day, the length of each visit will be limited to 1 hour. Visitation will not be allowed during scheduled mealtimes.

VISITATION PLAN

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

All visitors will be asked to call the home within 24 hours of the planned visit. Staff will ask all visitors who will have contact with the resident the COVID-19 screening questions. If they answer any question with a “yes” they will not proceed with the visit. If they answer “no” to all questions, they will be allowed to visit the next day. When they arrive for their visit, they will have their temperature taken and will again be asked the screening questions. For any visitor who has a temperature of >100F, or answers “yes” to any of the screening questions, they will be asked to leave the home and the visit will not take place.

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

Visitation areas will be properly sanitized between each visit. Staff will follow CDC protocols for proper infection control.

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

To allow for proper social distancing, no more than 2 visitors per resident will be allowed to enter the home. Visit will be staggered throughout the day so that only one resident receives visitors at a time.

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

All visits will be scheduled on a first-come, first-serve basis.

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)

All residents who have not been diagnosed with COVID-19, who have not been exposed to someone with COVID-19 in the 14 days prior to the visit, or those who are not displaying symptoms of COVID-19 will be allowed to accept visitors.

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

The outdoor visitation space includes the covered front porch or the back yard. All visitors will be asked to conduct the visit outside whenever possible. For backyard visits, the visitor will be asked to walk along the side of the home to the backyard, so as to limit the risk of contact with others in the home.

STEP 2

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

A tape measure is available in the home and the administrator and/or staff will ensure that tables and chairs are spaced apart to allow for 6 foot social distancing. Residents and their visitor will be advised to maintain that distance and to wear masks for the entirety of the visit.

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

In the event of excessively severe weather, indoor visitation will be permitted. The resident will meet with their visitor in the living room or dining room and social distancing will be maintained, including with all other residents in the home.

VISITATION PLAN

STEP 3	<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>A tape measure is available in the home and the administrator and/or staff will ensure that tables and chairs are spaced apart to allow for 6 foot social distancing. Residents and their visitor will be advised to maintain that distance and to wear masks for the entirety of the visit.</p>
	<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>All residents who have not been diagnosed with COVID-19, who have not been exposed to someone with COVID-19 in the 14 days prior to the visit, or those who are not displaying symptoms of COVID-19 will be allowed to accept visitors.</p>
	<p>47. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Even in Step 3, outdoor visitation will still be highly encouraged to reduce the amount of risk of contact with other residents in the home.</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</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</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</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</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>N/A – All residents in the home are mobile and can ambulate independently to the visitation areas.</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>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</p> <p>n/a</p>
<p>54. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</p> <p>n/a</p>



 SIGNATURE OF ADMINISTRATOR



 DATE



Policy and Procedures

Fitzmaurice Community Services

Name of Policy:	Personal Care Home COVID-19 Testing Policy
Policy Number:	
Department Responsible:	BH Department
Purpose:	To provide guidance on COVID-19 Testing for Personal Care Homes.
Effective Date:	
Revision Dates:	

Policy

Fitzmaurice Community Services, Inc will comply with government health organizations polices to protect the health and wellbeing of all staff and the individuals it serves.

Procedure

Working in PCH there may be times where a COVID-19 test may be required for staff and individuals. Supervisors will discuss the importance of the COVID-19 testing to staff and individuals. Testing is being done to promote wellness and stop the spread of COVID-19.

Reasons for staff or individuals that would be required to be tested are:

- Individuals exhibiting symptoms
- Staff exhibiting symptoms
- Being exposed to COVID-19
- A positive COVID-19 Test (personally or exposure)
- State mandated testing

Any staff displaying any symptoms should not report to work and should follow the Contagious Disease Plan. For example, “they should discuss symptoms with a medical provider and follow the guidance in accordance to what their provider says in combination with the guidelines set forth by the CDC.”

Individuals exhibiting symptoms must wear proper PPE to reduce risk of spreading COVID-19 until cleared from a medical professional or after completing the steps for stopping quarantine. Staff will also be required to wear proper PPE while providing services to individuals exhibiting symptoms or diagnosed with COVID-19.

You can be around others after:

- 10 days since symptoms first appeared and
- 24 hours with no fever without the use of fever-reducing medications and



Policy and Procedures Fitzmaurice Community Services

- Other symptoms of COVID-19- are improving

Note: These recommendations don't apply to persons with severe COVID-19 or with severely weakened immune systems (immunocompromised).

Staff and individuals not willing or able to be tested should document reasoning on the FCS COVID-19 Testing Refusal Form. Any staff refusing to test is not eligible to work with unexposed individuals without clearance from a medical professional.

Refusal of COVID-19 testing enacts undue hardship because it poses a direct threat to all staff and individuals.

Workers who refuse to undergo required disease-prevention measures such as:

- temperature checks
- COVID Testing
- Symptom based/exposure Questionnaire

May be denied entrance to the workplace in order to protect the safety of other staff and individuals. Disciplinary actions for non-compliance may also be enacted.

CEO/President signature:

Date:

8/26/2020