

July 31, 2020

Interim Guidance for Personal Care Homes and Assisted Living Residences and Private Intermediate Care Facilities During COVID-19

The Department of Human Services (Department) is providing the below guidance as an update to the guidance issued on June 26, 2020. To protect the residents and staff of Personal Care Homes (PCHs), Assisted Living Residences (ALRs) and private Intermediate Care Facilities (ICFs) during the COVID-19 pandemic, restrictions were put in place. To continue to protect the safety of residents of those facilities, the restrictions will be lifted in a three-step process as detailed in Section 6 of this updated guidance. **This update includes definitions for “outbreak” and “staff” to address staff who test positive for COVID-19. Further, the use of the term “outbreak” in reopening regression is employed for clarity. The “Steps to Reopen” section has been streamlined by removing references to residents admitted with COVID-19 (or in isolation due to possible exposure to COVID-19) from the table and replacing the references with a note at the beginning of that section. Other minor edits have been made for clarification.**

1. Cohorting Residents

If a PCH, ALR or ICF wishes to expand the number of beds or convert closed wings or entire facilities to support COVID-19 patients or residents, first review [PA-HAN 496](#), Universal Message Regarding Cohorting of Residents in Skilled Nursing Facilities. If the facility believes its planned strategy conforms to PA-HAN 496, submit a request to the Department’s appropriate regional office for approval. Each request will be considered on a case-by-case basis, and dialogue with the facility will occur to acquire all details needed for the Department to render a decision. To ensure the Department has the necessary information to enter into that dialogue, include at a minimum the following information for the new or expanded space (if applicable) with the request:

- Number of beds and/or residents impacted, including whether residents will be moved initially.
- Location and square footage (with floor plan and pictures, if appropriate).
- Available equipment in the residents room.
- Staffing levels and plan for having adequate staffing for the duration of the cohorting.
- Plan for locating displaced residents including care of vulnerable residents (such as dementia residents) either in the same facility or sister facility.
- Description of how residents with COVID-19 will be handled (e.g., moving within the facility, admitted from other facilities, admitted from the hospital).
- Plan for discontinuing use of any new, altered or renovated space upon the expiration of the Governor’s Proclamation of Disaster Emergency issued on March 6, 2020.

- Contact information for person responsible for the request.

Upon submission of the request, a representative from the Department will reach out to the facility's contact person to discuss next steps. Questions regarding this process can be directed to the appropriate regional office.

2. Mandatory Reporting

All ALRs and PCHs are required to use the COVID-19 Tracker to report all cases of COVID-19 in their facility. Negative and positive results are to be included. Instructions and the Tracker can be located at: <https://www.dhs.pa.gov/providers/Clearances-and-Licensing/Pages/Personal-Care-Home-Licensing.aspx> All facilities must update all data fields each day, including cumulative case counts (total counts identified in the facility since the beginning of the outbreak) where indicated.

All ICFs should follow reporting instructions issued by the Office of Developmental Programs (ODP) for residents and staff.

3. Infection Control and Personal Protective Equipment (PPE)

- a. Review PPE guidelines with all staff.
- b. Screen residents and staff for fever and respiratory symptoms (using a checklist for employees such as the one developed by the [American Health Care Association and the National Center for Assisted Living](#) or as described by the CDC <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>). Staff should be screened at the beginning of every shift, and residents should be screened daily. All other personnel who enter the facility should be screened.
- c. Staff with even mild symptoms of COVID-19 should consult with their supervisor before reporting to work. If symptoms develop while working, staff must cease resident care activities and leave the work site immediately after notifying their supervisor, in accordance with facility policy.
- d. Minimize resident interactions with other personnel and contractors performing essential services (e.g., plumbers, electricians, etc.)
- e. Arrange for deliveries to areas where there is limited person-to-person interaction.
- f. Ensure cleaning practices comport with [CDC guidance](#).

- g. Refer to the following for guidance on infection control and PPE use, including universal masking for all persons entering the facility:
 - o [HAN 497 Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus \(COVID-19\) in a Healthcare Setting](#)
 - o [HAN 492, Universal Masking of Healthcare Workers and Staff in Congregate Care Settings](#)

4. Visitor Policies

Facilities and residents of facilities that are not in the reopening process as explained in Section 6 must follow the guidance in this section for visitors.

- a. To limit exposure to residents, restrict visitation as follows:
 - o Restrict all visitors, except those listed in Section 4b below.
 - o Restrict all volunteers, non-essential health care personnel and other non-essential personnel and contractors (e.g., barbers).
 - o Restrict cross-over visitation from Skilled Nursing Facility, Independent Living Facility and Continuing Care Community residents to the PCH, ALR or ICF. Ensure cross-over staff adhere to the facility's Infection Control Plan.
- b. The following personnel are permitted to access PCHs, ALRs and ICFs and must adhere to universal masking protocols in accordance with [HAN 492](#) and [HAN 497](#):
 - o Physicians, nurse practitioners, physician assistants, and other clinicians;
 - o Home health and dialysis services;
 - o The Department of Aging/Area Agency on Aging, including the Ombudsman, *where there is concern for serious bodily injury, sexual abuse, or serious physical injury*;
 - o Hospice services, clergy and bereavement counselors, who are offered by licensed providers within the PCH, ALR and ICF; and
 - o Department of Human Services or designees working on behalf of the Department.

5. Dining Services

Facilities and residents of facilities that are not reopening as defined in Section 6 must follow the guidance in this section for dining.

- a. Provide in-room meal service for residents who are assessed to be *capable of feeding themselves* without supervision or assistance.
- b. Identify *residents at-risk for choking or aspiration* who may cough, creating droplets. Meals for these residents should be provided in their rooms with assistance. If meals cannot be provided in their rooms, the precautions outlined below must be taken for

eating in a common area in addition to ensuring the residents remain at least six feet or more from each other.

- c. *Residents who need assistance with feeding* and eat in a common area should be spaced apart as much as possible, ideally six feet or more. Where it is not possible to have these residents six feet apart, no more than one resident who needs assistance with feeding may be seated at a table.

Precautions When Meals Are Served in a Common Area
<ul style="list-style-type: none"> ➤ Stagger arrival times and maintain social distancing; ➤ Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time; ➤ Take appropriate precautions with eye protection and gowns for staff feeding the resident population at high-risk for choking, given the risk to cough while eating; and ➤ Staff members who are assisting more than one resident at the same time must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.

6. Reopening of PCHs, ALRs and ICFs

To safely lift restrictions, the reopening has two primary components:

- Reopening prerequisites, requirements, and criteria (sections 6b-d); and
- Reopening “steps” (section 6e).

These components were developed based on the [Centers for Medicare and Medicaid Services guidance on reopening nursing homes](#). The prerequisites and requirements define the capability and capacity the facility must have to enter the reopening process. The criteria for moving forward and backward among the steps are defined, and the requirements associated with visitation are specified.

The word “Step” was intentionally chosen to differentiate it from the [White House’s “Opening Up America Again” Phases](#) to reopening, as well as [Governor Wolf’s Phased Reopening Plan](#). If a county is in Governor Wolf’s Yellow or Green phase, it is considered part of the White House’s Phase 3. The “Steps” were developed to carefully allow PCHs, ALRs and ICFs to resume communal dining and activities, entry of volunteers, non-essential personnel and visitors, and outings in a measured approach. The Steps strike a balance between protecting residents’ physical health (through incrementally reopening when it is safe) with their mental and emotional health (that necessitates visitation and communal activities).

Terms used in explaining reopening are defined in section 6a. Given the interrelated nature of these sections, it is recommended that each be read in coordination with the others.

a. **Terms Used in this Section**

Terms used in section 6 are defined **for the purposes of this guidance as follows:**

- **“Cross-over visitation”** refers to visits from an individual residing in a PCH, ALR, ICF, independent living facility, skilled nursing facility or continuing care retirement community.
- **“Exposed residents”** refers to those residents with a known recent exposure to COVID-19 or who have had a positive test result for COVID-19 in the past 14 days.
- **“Neutral zone”** means a pass-through area (such as a lobby or hallway not in a red, yellow, or green zone per [HAN 509](#)) and/or an area of the facility or facility grounds not typically occupied or frequented by residents with COVID-19 or exposed to COVID-19 (such as an outside patio area or a dining or activity room).
- **“New facility onset of COVID-19 cases”** refers to COVID-19 cases that originated in the facility, and not from individuals the facility admitted from a hospital with a known COVID-19 positive status, or unknown COVID-19 status that became COVID-19 positive within 14 days after admission. In other words, if the number of COVID-19 cases increases because a facility admitted or readmitted residents from the hospital AND they are practicing effective Transmission-Based Precautions to prevent the transmission of COVID-19 to other residents, that facility may still advance through the steps of reopening. However, if a resident contracts COVID-19 within the facility without a hospitalization within the last 14 days, the facility has new facility onset of COVID-19.
- **“Non-essential personnel”** includes contractors and other non-essential personnel.
- **“Outbreak”** means either of the following:
 - A staff person who tests positive for COVID-19 and who was present in the facility during the infectious period. The infectious period is either 48 hours prior to the onset of symptoms or 48 hours prior to a positive test result if the staff person is asymptomatic before being tested; OR
 - New facility onset of a COVID-19 case or cases.
- **“Screening”** includes checking for fever and [symptoms of COVID-19](#) and asking questions about possible exposure.
- **“Social distancing”** is the practice of increasing the physical space between individuals and decreasing the frequency of contact to reduce the risk of spreading COVID-19 (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic).
- **“Staff”** means any individual employed by the facility or who works in the facility three or more days per week (regardless of their role), including contracted staff (such as therapists or PRN staff) who work in the [facility](#) three or

more days per week. Personnel who attend to healthcare needs of the residents but are not employed by the facility and do not enter the facility three or more days per week are not considered staff.

- “**Unexposed to COVID-19**” refers to an individual who has no known recent exposure to COVID-19 or has not had a positive test result for COVID-19 in the past 14 days.
- “**Universal masking**” means the protocols set forth in PA-HANs [492](#) and [497](#), with homemade cloth masks being acceptable for visitors.
- “**Visitors**” includes individuals from outside of the facility as well as cross-over visitors.
- “**Volunteer**” is an individual who is a part of the facility’s established volunteer program.

b. **Reopening Prerequisites and Requirements**

[Consistent with CMS guidelines](#), the Department may inspect those PCHs, ALRs and ICFs that experienced a COVID-19 outbreak prior to reopening to ensure the facility is adequately preventing transmission of COVID-19. In order to enter the reopening process, the facility must meet the following prerequisites and the requirements for entering either Step 1 or Step 2. Once those prerequisites and requirements are met, the facility must notify the Department’s program office Regional Director via email that they are entering the reopening process, providing the date and step at which the facility is entering. ICFs must notify ODP through RA-PWODPEMRGNCYSRQ@pa.gov

1) Prerequisites:

All the following prerequisites must be met:

- Develop a Reopening Implementation Plan. The Plan must be posted on the facility’s website, if they have an existing website, or otherwise available to all residents, families, advocates such as the Ombudsman and the Department upon request. The Implementation Plan shall include, at a minimum, the following components:
 - A testing plan that, at minimum:
 - Identifies when baseline universal testing of all residents and staff has been or will be completed;
 - Describes the capacity to administer COVID-19 diagnostic tests to all residents showing symptoms of COVID-19 within 24 hours;
 - Describes the capacity to administer COVID-19 diagnostic test to all residents and staff if the facility experiences an outbreak;
 - Describes the capacity to administer COVID-19 diagnostic tests to all staff, including asymptomatic staff;
 - Describes a procedure for addressing needed testing of non-

- essential staff and volunteers; and
 - Describes a procedure for addressing residents or staff that decline or are unable to be tested.
- A plan to cohort or isolate residents diagnosed with COVID-19 in accordance with [PA-HAN 509](#) pursuant to Section 1 of this guidance.
- A written protocol to screen all staff **at the beginning of** each shift, each resident on a daily basis, and all persons (visitors, volunteers, non-essential personnel, and essential personnel) entering the facility or facility grounds.
- A plan to maintain a current cache of an adequate supply of PPE for staff (based on the type of care expected to be provided).
- A plan to ensure and the current status of adequate staffing to avoid staffing shortages, and confirmation that the facility is not under a contingency staffing plan.
- A plan to allow for communal dining and activities to resume pursuant to the guidance provided in Section 6e “Step to Reopen.”
- A plan to allow visitation to begin, pursuant to the guidance provided in Section 6d “Visitation Requirements,” no later than 28 days after the date the county in which the facility is located moved into the green phase and all other prerequisite criteria are met. An additional 10 days is allowable, if needed to address the risks and complications of the facility’s current situation.
- A plan to halt all reopening of facilities if the county in which the facility is located is reverted to the [Red Phase of the Governor’s Reopening Plan](#).
 - To begin reopening, a facility must be in a Yellow or Green county per the Governor’s Reopening Plan.

2) Requirements for Initial Reopening:

- To **enter** the reopening process at **Step 1**, the facility must meet all the prerequisites.
- To **enter** the reopening process at **Step 2 (that is, the PCH, ALR or ICF skips Step 1 and moves immediately into Step 2)**, the facility must meet all the prerequisites AND have no new facility onset of COVID-19 cases (resident or staff) for 14 consecutive days since baseline COVID-19 testing.

c. **Criteria for Advancing to and Regressing from Next Step**

The following criteria will be applied to determine movement among steps of the reopening process. Each time a facility moves from one step to another, the PCH or ALR

must notify the Department's program office Regional Director. ICFs must notify ODP through RA-PWODPEMRGNCYSRQ@pa.gov

- 1) From the date the facility enters Step 1, if there is no new facility onset of COVID-19 cases for 14 consecutive days the facility may move to Step 2.

If at any point during Step 1 (14 consecutive days) there is a new facility onset of COVID-19 cases the facility must cease Step 1 reopening and return to the guidance described in Sections 4 and 5 relating to visitors and dining, respectively. Moving back to the guidance described in Sections 4 and 5 restarts the 14-day period. After the new 14-day period, if there is no new facility onset of COVID-19 cases the facility may reinitiate Step 1.

- 2) From the date the facility enters Step 1, if there is no new facility onset of COVID-19 cases for 14 consecutive days the facility may move to Step 2.

If at any point during Step 2 (14 consecutive days) there is a new facility onset of COVID-19 cases the facility must cease Step 1 and Step 2 reopening and return to the guidance described in Sections 4 and 5 relating to visitors and dining, respectively. Moving back to the guidance described in Sections 4 and 5 restarts the 14-day period. After the new 14-day period, if there is no new facility onset of COVID-19 cases the facility may reinitiate Step 1.

- 3) From the date the facility enters Step 2, if there is no new facility onset of COVID-19 cases for 14 consecutive days the facility may **move to Step 3**.

If at any point during Step 3 there is a new facility onset of COVID-19 cases, the facility must cease Step 1, 2, and 3 reopening and return to the guidance described in Sections 4 and 5 relating to visitors and dining, respectively. Moving back to the guidance described in Sections 4 and 5 restarts the 14-day period. After the new 14-day period, if there is no new facility onset of COVID-19 cases the facility may reinitiate Step 1.

- 4) If a county in which a facility is located returns to the Red Phase, the PCH, ALR or ICF must return to the guidance described in Sections 4 and 5 relating to visitors and dining, respectively. When the county moves back to the Yellow Phase, the facility may enter reopening again only when the prerequisites and requirements in Section 6b are also met.

d. **Visitation Requirements**

For visitation to be permitted under Steps 2 and 3 (as described in Section 6e), a facility must establish and enforce a visitation plan that meets the following requirements while ensuring that visitation and the facility's operations remain safe:

- 1) Establish a schedule of visitation hours.
- 2) Designate a specific visitation space in a neutral zone, ensuring that visitors can access that area passing only through other neutral zones. Where possible, use a specified entrance and route for visitors.
 - a) Outdoor visitation is strongly preferred when weather and resident appropriate. The facility should have a plan for how visitation will safely occur in neutral zones in the event of severe weather (e.g., rain, excessive heat or humidity, etc.).
- 3) For the outdoor visitation area, ensure coverage from inclement or excessive weather, such as a tent, canopy, or other shade or coverage.
- 4) Ensure adequate staff or volunteers to schedule and screen visitors, assist with transportation and transition of residents, monitor visitation, and wipe down visitation areas after each visit. The facility may leverage technology to use volunteers to perform scheduling activities remotely.
- 5) Establish and maintain visitation spaces that provide a clearly defined six-foot distance between the resident and the visitor(s).
- 6) Determine the allowable number of visitors per resident based on the facility's capability to maintain social distancing and infection control protocols.
- 7) Use an EPA-registered disinfectant to wipe down visitation area between visits.
- 8) Determine those residents who can safely accept visitors at Steps 2 and 3.
- 9) Prioritize scheduled visitation for residents with diseases that cause progressive cognitive decline (e.g., Alzheimer's disease) and residents expressing feelings of loneliness.
- 10) Provide facemask to resident (if they are able to comply) to wear during visit.
- 11) Children are permitted to visit when accompanied by an adult visitor, within the number of allowable visitors as determined by the facility. Adult visitors must be able to manage children, and children older than 2 years of age must wear a facemask during the entire visit. Children must also maintain strict social distancing.

12) Ensure compliance with the following requirements for visitors:

- a) Establish and implement protocols for screening visitors for signs and symptoms of COVID-19. Do not permit visitors to access facility or facility grounds if they do not pass screening.
- b) Provide alcohol-based sanitizer to each visitor and demonstrate how to use it appropriately, if necessary.
- c) Visitors must:
 - Wear a face covering or facemask during the entire visit;
 - Use alcohol-based sanitizer before and after visit;
 - Stay in designated facility locations;
 - Sign in and provide contact information;
 - Sign out upon departure; and
 - Adhere to screening protocols.

e. **Steps to Reopen**

The following steps provide an incremental lifting of restrictions. The prerequisites and requirements to enter the reopening process are detailed in Section 6b, and the criteria for advancing (or retreating) a Step are detailed in Section 6c. Further detail on visitation requirements is provided in Section 6d.

NOTE: If a resident has been admitted or readmitted to the facility with a known COVID-19 positive status (or unknown COVID-19 status that became COVID-19 positive within 14 days after admission), that resident may not participate in the following Steps until completion of Transmission-Based Precautions as outlined in [PA-HAN-517](#). The facility must ensure that such residents adhere to the restrictions in this guidance for Sections 4 on Visitor Policies and 5 on Dining Services.

	Step 1	Step 2	Step 3
Dining¹	Communal dining is limited to residents unexposed to COVID-19. Those residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least six feet). Adhere to the Precautions When Meals Are Served in a Common Area in Section 5 of this guidance.		
Activities	Limited activities may be conducted with <i>no more than five</i> residents	Limited activities may be conducted with <i>no more than ten</i> residents unexposed to COVID-	Activities may be conducted with residents unexposed to COVID-19. Social distancing,

¹ Communal dining is the same for all steps of reopening.

	Step 1	Step 2	Step 3
	unexposed to COVID-19. Social distancing, hand hygiene, and universal masking are required.	19. Social distancing, hand hygiene, and universal masking are required.	hand hygiene, and universal masking are required.
Non-Essential Personnel	Adhere to restrictions in Section 4, Visitor Policies when not in the reopening process.	Non-essential personnel are allowed as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and universal masking.	Non-essential personnel are allowed as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and universal masking.
Volunteers	Adhere to restrictions in Section 4, Visitor Policies when not in the reopening process.	Volunteers are allowed only for the purpose of assisting with outdoor visitation protocols ² and may only conduct volunteer duties with residents unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required.	Volunteers are allowed but may only conduct volunteer activities with residents unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required.
Visitors	Adhere to restrictions in Section 4, Visitor Policies when not in the reopening process.	Outdoor visitation (weather permitting) is allowed in neutral zones to be designated by the facility. If weather does not permit outdoor visitation, indoor visitation is allowed in neutral zones to be designated by the facility	Indoor visitation is allowed in neutral zones to be designated by the facility. Visitation is limited to residents unexposed to COVID-19. Visiting in a resident's room (within facility's established protocols) is permitted

² Outdoor visitation protocols could include scheduling of visits, transporting (but not lifting) residents and monitoring visitation.

	Step 1	Step 2	Step 3
		and defined in the Implementation Plan. Visitation is limited to residents unexposed to COVID-19. Review Section 6e for additional requirements.	only if the resident is unable to be transported to designated area. Screening and additional precautions including hand hygiene and universal masking are required. Space between visitor(s) and resident (and other groups of visitors/resident) must be at least six feet. Visitation time is scheduled, and facility determines appropriate number of visitors to meet visitation requirements. Visitation is not permitted during mealtimes. Cross-over visitation is only permitted if there is no new facility onset of COVID-19 in the facility in which the cross-over visitor resides.
Outings	Adhere to restrictions in Section 4, Visitor Policies when not in the reopening process.	Adhere to restrictions in Section 4, Visitor Policies when not in the reopening process.	Outings are allowed only for residents unexposed to COVID-19. Outings limited to no more than the number of people where social distancing between residents can be maintained. Appropriate hand hygiene, and universal masking are required.

With the Governor’s authorization as conferred in the disaster proclamation issued on March 6, 2020, as renewed on June 3, 2020, all statutory and regulatory provisions that would impose an

impediment to implementing this guidance are suspended. Those suspensions will remain in place while the proclamation of disaster emergency remains in effect.

This updated guidance will be in effect **immediately** and through the duration of the Governor's proclamation of disaster emergency. The Department may update or supplement this guidance as needed.

RESOURCES

Department's Guidance, FAQs, and Orders for Skilled nursing Facilities:

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Nursing-Homes.aspx>

Department of Health's Health Alerts, Advisories, and Updates:

<https://www.health.pa.gov/topics/prep/PA-HAN/Pages/2020-HAN.aspx>

CDC Reopening FAQ

<https://www.cms.gov/files/document/covid-nursing-home-reopening-recommendation-faqs.pdf>

CDC Reopening Memo

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/nursing-home-reopening-recommendations-state-and-local-officials>