**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** | |
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| 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**   Click or tap here to enter text. | |
| 1. **STREET ADDRESS**   Click or tap here to enter text. | |
| 1. **CITY**   Click or tap here to enter text. | 1. **ZIP CODE**   Click or tap here to enter text. |
| 1. **NAME OF FACILITY CONTACT PERSON**   Click or tap here to enter text. | 1. **PHONE NUMBER OF CONTACT PERSON**   Click or tap here to enter text. |

| **DATE AND STEP OF REOPENING** |
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| 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). |
| 1. **DATE THE FACILITY WILL ENTER THE REOPENING PROCESS**   Click or tap to enter a date. |
| 1. **SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)**   **Step 1**  *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*  **Step 2**  *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*](https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf)*)*  ***AND***  *Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing* |
| 1. **HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)**   Click or tap here to enter text. |

| **STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING** |
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| 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). |
| 1. **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 2**6**, 2020, ORDER OF THE SECRETARY OF HEALTH**](https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf)   Click or tap to enter a date.to Click or tap to enter a date. |
| 1. **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**   Click or tap here to enter text. |
| 1. **DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINSTERED TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK, INCLUDING ASYMPTOMATIC STAFF**   Click or tap here to enter text. |
| 1. **DESCRIBE THE PROCEDURE FOR TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS**   Click or tap here to enter text. |
| 1. **DESCRIBE THE PROCEDURE FOR ADDRESSING RESIDENTS OR STAFF THAT DECLINE OR ARE UNABLE TO BE TESTED**   Click or tap here to enter text. |
| 1. **DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH** [**PA-HAN-509**](https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf) **PURSUANT TO SECITON 1 OF THE *INTERIM GUIDANCE FOR Personal Care Homes, Assisted Living Residences and Intermediate Care Facilitiess DURING COVID-19*.**   Click or tap here to enter text. |
| 1. **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)**   Click or tap here to enter text. |
| 1. **DESCRIBE THE CURRENT STAFFING STATUS AND THE PLAN TO ENSURE NO STAFFING SHORTAGES**   Click or tap here to enter text. |
| 1. **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**   Click or tap here to enter text. |

| **SCREENING PROTOCOLS** |
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| 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. |
| 1. **RESIDENTS**     Click or tap here to enter text. |
| 1. **STAFF**   Click or tap here to enter text. |
| 1. **HEALTHCARE PERSONNEL WHO ARE NOT STAFF**   Click or tap here to enter text. |
| 1. **NON-ESSENTIAL PERSONNEL**   Click or tap here to enter text. |
| 1. **VISITORS**   Click or tap here to enter text. |
| 1. **VOLUNTEERS**   Click or tap here to enter text. |

| **COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19** |
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| Communal dining is the same for all steps of reopening so there is no need to differentiate among the three steps. |
| 1. **DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY)**   Click or tap here to enter text. |
| 1. **DESCRIBE ARRANGEMENT OF TABLES AND CHAIRS TO ALLOW FOR SOCIAL DISTANCING**   Click or tap here to enter text. |
| 1. **DESCRIBE INFECTION CONTROL MEASURES, INCLUDING USE OF PPE BY STAFF**   Click or tap here to enter text. |
| 1. **DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING**   Click or tap here to enter text. |

| **ACTIVITIES AND OUTINGS** |
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| 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. |
| 1. **DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)**   Click or tap here to enter text. |
| 1. **DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENTS UNEXPOSED TO COVID-19)**   Click or tap here to enter text. |
| 1. **DESCRIBE ACTIVITIES PLANNED FOR STEP 3**   Click or tap here to enter text. |
| 1. **DESCRIBE OUTINGS PLANNED FOR STEP 3**   Click or tap here to enter text. |

| **NON-ESSENTIAL PERSONNEL** |
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| 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 Faciilties 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. |
| 1. **DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2**   Click or tap here to enter text. |
| 1. **DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3**   Click or tap here to enter text. |
| 1. **DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**   Click or tap here to enter text. |

| **VISITATION PLAN** | |
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| 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 Facilites During COVID-19*), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors. | |
| 1. **DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT**   Click or tap here to enter text. | |
| 1. **DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**   Click or tap here to enter text. | |
| 1. **DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT**   Click or tap here to enter text. | |
| 1. **WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?**   Click or tap here to enter text. | |
| 1. **DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED**   Click or tap here to enter text. | |
| **STEP 2** | 1. **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)**   Click or tap here to enter text. |
| 1. **DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE**   Click or tap here to enter text. |
| 1. **DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS**   Click or tap here to enter text. |
| 1. **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**   Click or tap here to enter text. |
| 1. **DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS**   Click or tap here to enter text. |
| **STEP 3** | 1. **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)**   Click or tap here to enter text. |
| 1. **WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52**   Click or tap here to enter text. |
| 1. **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”)**   Click or tap here to enter text. |
| 1. **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”)**   Click or tap here to enter text. |
| 1. **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”)**   Click or tap here to enter text. |
| 1. **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”)**   Click or tap here to enter text. |
| 1. **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**   Click or tap here to enter text. |

| **VOLUNTEERS** |
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| 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. |
| 1. **DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**   Click or tap here to enter text. |
| 1. **DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2**   Click or tap here to enter text. |

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**SIGNATURE OF ADMINISTRATOR DATE**