



Reopening Implementation Plan for the Pennsylvania Department of Human Services's Interim Guidance for Personal Care Homes During COVID-19

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	
The Park Home dba The Meadows	
2. STREET ADDRESS	
2160 Warrensville Road	
3. CITY	4. ZIP CODE
Montoursville	17754
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Kelly Wike	570-433-4663

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
8/10/2020
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>
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](#)

7/24/2020 to 7/31/2020

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

After speaking with Tony Bixby, BS, NRP, CCEMT-P, FR-C, Director of Prehospital Services, Susquehanna Regional EMS, UPMC Susquehanna the following protocol is in place for testing our residents that we suspect may have COVID-19.

Personal Care will go through the resident’s family physician to schedule a test. The physician’s office will set-up through nurse triage at the hospital. The doctor can do this in EPIC.

If you need to touch base with Nurse Triage at UPMC Susquehanna, the phone number is 570-326-8119 and fax is 570-326-8565.

Once the test time is scheduled, we will be notified that Prehospital is coming to our facility to test the resident. Results take 2 days.

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

Contact our Regional Response Health Collaborative Program (RRHCP) for assistance RRHCPs have been established by DHS and are available to support facilities without clinical staff. RRHCPs will provide the support of clinical staff, who will be able to order, perform, and report the results of the testing.

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

They will be required to secure their own test through their primary care physician, local health clinic or designated testing site such as Walmart, CVS, Rite Aid. They must present test results before coming back.

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

The Meadows will look at the risk of exposure, community spread, and staffing needs when responding to a staff member that refuses to be tested for COVID-19. A staff person that refuses testing should not care for unexposed residents. If an untested staff member develops symptoms consistent with COVID-19, testing is recommended, and the staff person should be excluded from work and follow return to work criteria in PA HAN 501.

If a resident refuses to be tested, the resident will be quarantined in their room for a period of 14 days after refusal (see PA-HAN-509). If the resident develops symptoms consistent with COVID-19, testing is recommended, and the testing request should be re-visited with the resident or responsible party.

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

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*.

If a resident is to test positive in the future for COVID-19, we will take great care to ensure they're made comfortable in their room and are under constant supervision. While caring for residents in isolation, staff will wear full protective equipment, including medical gowns, gloves, eye protection and masks, and will be restricted to working solely with assigned residents.

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 Meadows has a supply of N95 masks, gowns, foot coverings, head coverings, goggles, face shields and gloves. This supply is kept in our hospitality suite. There are also instructions posted on how to properly don and remove PPE. Use of personal protective equipment (e.g., gloves, gowns, masks, eyewear, hair covering, face shield, shoe coverings) when there is an expectation of possible exposure to infectious material. There is a designated room for PPE. It is room 216 and it is stocked with PPE and supplies

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

Staff who test positive and have symptoms of COVID-19 will be excluded from work and isolated until they meet return to work criteria. Asymptomatic staff who test positive will be excluded from work and isolated for 10 days from the date of their first positive test (if they have not developed symptoms). Asymptomatic staff will be able to work with COVID-19 positive residents and staff. Our work areas for COVID positive and negative or untested staff will be kept separate, including break rooms, workstations and bathrooms. During a crisis, it is all hands on deck.

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

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

1. If there is a new facility onset of COVID-19 cases we will 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 reinstate Step 1. 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:
 - Restrict all visitors, except those listed in Section 4b below.
 - Restrict all volunteers, non-essential health care personnel and other non-essential personnel and contractors (e.g., barbers).
 - 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](#):
 - Physicians, nurse practitioners, physician assistants, and other clinicians;
 - Home health and dialysis services;
 - 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*;
 - Hospice services, clergy and bereavement counselors, who are offered by licensed providers within the PCH, ALR and ICF; and
 - Department of Human Services or designees working on behalf of the Department.
- In-room dining will remain in place using all disposable paper products.

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 once daily. It is divided by shift and hall assignment.

SCREENING PROTOCOLS

20. STAFF

Staff will have their temperatures taken before each shift; if 100.4 or greater, staff will be sent home. Staff will also record their temperature at the end of their shift. If staff have any symptoms of COVID-19, they are asked to stay home. If staff travel to high risk areas, they must have a COVID-19 before returning to work or be quarantined for 14 days.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Upon arrival, each visitor will be greeted and their temperature will be taken. If 100.4 or greater, you will not be permitted to visit. Also, some questions will be asked such as: Are you experiencing any symptoms within last 14 days such as: Fever (greater than 100.4) or Chills, Cough, Shortness of breath or difficulty breathing? New loss of taste or smell? Please note the following are also symptoms associated with COVID-19: Have you traveled outside of the state of PA or internationally within last 14 days? Have you been around someone diagnosed with COVID-19?

22. NON-ESSENTIAL PERSONNEL

Upon arrival, each visitor will be greeted and their temperature will be taken. If 100.4 or greater, you will not be permitted to visit. Also, some questions will be asked such as: Are you experiencing any symptoms within last 14 days such as: Fever (greater than 100.4) or Chills, Cough, Shortness of breath or difficulty breathing? New loss of taste or smell? Please note the following are also symptoms associated with COVID-19: Have you traveled outside of the state of PA or internationally within last 14 days? Have you been around someone diagnosed with COVID-19?

23. VISITORS

Upon arrival, each visitor will be greeted and their temperature will be taken. If 100.4 or greater, you will not be permitted to visit. Also, some questions will be asked such as: Are you experiencing any symptoms within last 14 days such as: Fever (greater than 100.4) or Chills, Cough, Shortness of breath or difficulty breathing? New loss of taste or smell? Please note the following are also symptoms associated with COVID-19: Have you traveled outside of the state of PA or internationally within last 14 days? Have you been around someone diagnosed with COVID-19?

24. VOLUNTEERS

n/a

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.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

25. DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY)

In an effort to provide an opportunity for residents to get out of their room and continue the safe practice of social distancing, effective immediately, residents, by hallway and/or room number, will come to the dining room to eat. For example: Monday, Breakfast – 7:30 am – rooms 101-117 will eat in the Dining Room. Meals for other residents will be provided in their rooms (or designated location such as resident kitchen) Monday, Lunch – 11:30 am – rooms 202-214 and 303-313 will eat in the Dining Room. Meals for other residents will be provided in their rooms (or designated location such as resident kitchen) Monday, Dinner – 4:30 pm – rooms 402-410 Dining Room, meals for other residents will be provided in their rooms (or designated location such as resident kitchen) We will rotate hallway/meal each day. Residents that are brought to the common area for dining, will follow these steps: • Maintain social distancing with goal of residents being at least six (6) feet apart.

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

Sit at table, by yourself, or if married, the couple can sit together, to ensure that social distancing between residents can be maintained.

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

At this time, we are using all disposable plates, napkins, cups, utensils for meals. In the dining room, there are no tablecloths on the tables and the lazy susans that held the condiments have been removed. Condiments are being given in single serve packets. Staff wear gloves and masks.

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.

ACTIVITIES AND OUTINGS

- **DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)**
- Sanitizing tables and chair arms
- Holding activities that allow social distancing (a 6-foot separation can be maintained)
 - The following applies to any communal activities:
 - A resident can attend only if the resident has no fever or respiratory symptoms.
 - This requires the facility to perform evaluations as transporting to activity or as patients enter room;
 - The activity does not include food prep;
 - During the activity there are no shared bowls of food or containers of drinks (bottles or shared pitchers) such as pretzels, popcorn etc. If snacks are served, they must be individually wrapped, or drinks poured and served by staff;
 - No games where cards or game pieces would be passed between residents except for games that have pieces or parts that can be sanitized For example: bingo cards, bingo chips and placing in bag marked with resident's name
 - Avoid group singing activities.
- Cancelling/postponing parties, outside groups
- Limiting outside trips by residents – only medical appointments. Residents need to wear a mask. Upon return, check temperature and disinfect walker, cane etc.

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

Click or tap here to enter text. The following steps have been taken during the pandemic:

- Sanitizing tables and chair arms
- Holding activities that allow social distancing (a 6-foot separation can be maintained)
 - The following applies to any communal activities:
 - A resident can attend only if the resident has no fever or respiratory symptoms.
 - This requires the facility to perform evaluations as transporting to activity or as patients enter room;
 - The activity does not include food prep;
 - During the activity there are no shared bowls of food or containers of drinks (bottles or shared pitchers) such as pretzels, popcorn etc. If snacks are served, they must be individually wrapped, or drinks poured and served by staff;
 - No games where cards or game pieces would be passed between residents except for games that have pieces or parts that can be sanitized For example: bingo cards, bingo chips and placing in bag marked with resident's name
 - Avoid group singing activities.
- Cancelling/postponing parties, outside groups

ACTIVITIES AND OUTINGS

30. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities may be conducted with residents unexposed to COVID-19. Social distancing, 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.

31. DESCRIBE OUTINGS PLANNED FOR STEP 3

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.

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

Hair Dresser - 1

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

Only one resident will be allowed in salon at a time. The salon is supplied with hand sanitizer, gloves, masks, eye protection, shoe coverings and all supplies to meet infection control protocols including disposable capes. All infection control practices will be followed.

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

Our residents are screened daily by our staff. Only one resident will be allowed in salon at a time. Services which would require the removal of the client's face mask (e.g. facials; removing hair from lip or chin area) are not permitted. Stylist will don proper PPE during services and dispose of properly between clients. All infection control sanitation practices will take place following all State mandated guidelines for our facility as well as the Cosmetology Board.

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

Weekday Hours are 8:30 am to 11:00 am; 1 pm to 4 pm; 6 pm to 7 pm. Weekend Hours are 10 am to 3:30 pm

VISITATION PLAN

36. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

This must be scheduled ahead of time, with Kelly or Christina during the week or with Tanya on the weekend by calling 570-433-4663. 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 COIVD-19 in the facility in which the cross-over visitor resides.

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

Staff will use an EPA-registered disinfectant to wipe down visitation area between visits.

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

Only one visitor may visit a resident at a time. If other visitors are present, the other visitor(s) must wait in vehicle until their turn to visit or on the designated bench that is shaded.

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

We will prioritize scheduled visitation for residents with diseases that cause progressive cognitive decline and residents expressing feelings of loneliness.

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)

Visitation is limited to residents unexposed to COVID-19.

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

At this time, only outdoor visits are permitted. The two sets of benches directly in front of main entrance are the designated visit location. You can schedule a visit out in front of our building with your loved one in which physical distancing is practiced, visitor and resident must be six feet apart and wear masks.

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

The designated benches are six feet apart and across from each other. The visitor sits on one bench and the resident sits six feet across from them on other bench.

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

We will use our West Wing Living Room for indoor visitation. It has it's own outside entrance as well as a single point of entry on the inside. The inside door will be closed during visitation.

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

We will designate visitor and resident areas and clearly mark them to be 6 feet apart.

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)

We screen our residents daily for symptoms of Covid-19. All of our residents need to be able to transfer indepently and be mobile. They all should be able to safely get to the West Living Room for visitation.

46. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52

Yes

STEP 2

STEP 3

VISITATION PLAN

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")

Same

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")

Same

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")

Same

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")

Same

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

All of our residents need to be mobile. There will be no in-room visitation.

VOLUNTEERS

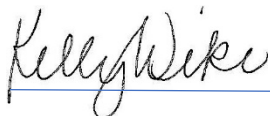
In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols and may only conduct volunteer duties with residents unexposed to COVID-19. In Step 3, all volunteer duties may be conducted, but only with residents unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required for volunteers.

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

At this point, we do not utilize volunteers

53. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2

At this point, we do not utilize volunteers



SIGNATURE OF ADMINISTRATOR

08/04/2020

DATE