

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

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	
Welsh Mountain Home	
2. STREET ADDRESS	
567 Springville Rd	
3. CITY	4. ZIP CODE
New Holland	17557
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Mona Frey LPN PCHA	717-355-9522 x 104

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
8/12/2020
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).

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

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](#)

7/28/2020 to 7/28/2020

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

WMH has an adequate supply on hand, availability to obtain more testing kits through our contracted laboratory and licensed staff to test any symptomatic residents within 24 hours.

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

WMH will invoke the emergency staffing plan with Landis Communities and reach out to RRHCP, if needed, to test all residents if we should experience an outbreak.

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

Non-essential staff and volunteers who need testing/fail screenings will be restricted from entering the facility for 14 days. WMH will coordinate with vendors to ensure COVID-19 testing is completed for non-essential staff and volunteers, if needed

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

Asymptomatic residents who refuse testing, will have a 14 day quarantine and will continue with covid screening daily X 2. Residents with COVID-19 symptoms without a differential diagnosis who refuse testing will be considered presumptively positive and will be quarantined for 14 days

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.*

WMH does not have the capacity to zone areas of our building. We have developed a cohorting plan/policy utilizing empty rooms, our chapel and private dining room. This plan is gender specific and number of cases specific and includes a relocation plan if needed.

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)

WMH actively monitors and compares our inventory and utilization rates of PPE to ensure we maintain an adequate supply to provide resident care. We have established contracts with suppliers and have resources to obtain necessary PPE as needed.

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

WMH will implement our Emergency Staffing Plan. This plan includes establishing an incident command team to assess staffing needs, available resources, and coordinate schedules. To date, COVID-19 has not had a significant negative impact on 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

Upon notification of Lancaster County's intent to revert to the red phase of the Governor's reopening plan, WMH will return to the protocols in place, prior to entering the reopening steps as they related to visitors and dining.

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.

SCREENING PROTOCOLS

19. RESIDENTS

WMH completed baseline universal testing on July 28th with no positive results. All new admissions are quarantined for a minimum of 14 days. All residents are screened daily, at a minimum, for symptoms consistent with COVID-19, including measuring temperatures. If symptom screening reveals possible infection, the provider is notified and, if indicated the team members proceed with precautions using appropriate PPE, and a COVID-19 test is performed. All in-house screening will occur in the resident's room.

20. STAFF

WMH completed baseline universal testing on July 28th with no positive results. Team members were educated on COVID-19 including symptoms, what to do if they develop symptoms while working and to stay home if they are ill. Team Members are screened for symptoms consistent with COVID-19 and have their temperature taken prior to the start of their shift. Screening occurs at the front desk.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Non-staff healthcare personnel (HCP) are educated on the risks of working in Personal Care, signs and symptoms of COVID-19, actions to take if they develop symptoms and appropriate infection control measures. Prior to entering and upon exiting the building the non-staff health care personnel are screened for symptoms consistent with COVID-19 and have their temperature taken prior to entry to Personal Care. Screening takes place at the front desk.

22. NON-ESSENTIAL PERSONNEL

When non-essential personnel enter WMH, they will receive education on the risks of working in Personal Care, signs and symptoms of COVID-19, actions to take if they develop symptoms and appropriate infection control measures. They will be screened for symptoms consistent with COVID-19, perform hand hygiene, and have their temperature taken prior to entry to Personal Care. Screening takes place at the front desk

23. VISITORS

When visitors are allowed, they will be educated on the risks of visiting in Personal Care, signs and symptoms of COVID-19, actions to take if they develop symptoms and appropriate infection control measures. They are screened for symptoms consistent with COVID-19, perform hand hygiene, and have their temperature taken prior to entering main areas of the home.

24. VOLUNTEERS

When volunteers return they will be educated on the risks of volunteering in Personal Care, signs and symptoms of COVID-19, actions to take if they develop symptoms and appropriate infection control measures. They will be screened for symptoms consistent with COVID-19, perform hand hygiene, and have their temperature taken prior to entry to main areas of the home.

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)

Communal dining will be scheduled by designating certain floors to return to the dining room on set days of the week, while the other floors continue to eat in their rooms.

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

Residents will be seated one to a table with each table at least 6 feet from the next

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

Residents will be encouraged to wear a face covering unless they are seated at a dining table eating or drinking. Team members will assist residents with hand hygiene before and after meals. Team members will wear masks, gloves and eye protection for serving/assisting residents. Team members will complete hand hygiene before and after assisting with meal preparation, meal delivery and between residents when assisting with eating. Tables will be cleaned using EPA registered disinfectant with appropriate dwell times between resident seating and between meals.

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

The same protocols for PPE will be used for residents who are eating in their room.

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)

Group activities will occur in designated areas such as the living room, activity room and/or dining room to promote appropriate physical distancing. Five or less residents will be permitted to participate in an activity at one time and will wear an appropriate face covering. Residents will be seated with a minimum of 6 feet between residents with one resident per table. Team members will assist residents to perform hand hygiene before and after group activities. Supplies/equipment needed for group activities will be distributed to each resident and cleaned with an EPA registered disinfectant before and after use. When possible disposable items and/or single use items will be used. Before and after each group activity tables will be cleaned with an appropriate EPA registered disinfectant. Examples of step 1 activities include devotions, story telling, trivia, word searches, bingo with disposable cards and pencils, ball tosses with cleaning of balls between participants, etc.

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

The process outline in step 1 will also be followed in step 2, except ten or less residents will be permitted to participate in the activity.

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

The process outlined in step 1 will be followed in step 3, except there is no limit to the number of residents able to participate as long as all safety measure identified in step 1 are maintained.

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings will be planned provided proper physical distancing can be maintained. Residents will remain on the bus at all times. Proper hand hygiene practices and universal masking will be maintained.

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.

NON-ESSENTIAL PERSONNEL

33. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2

Access to residents by non-essential personnel will be determined on a case by case basis. The number of personnel and area of access will be determined using the information available at the time of request.

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

Non-essential personnel must pass screening, perform hand hygiene and will be educated on the risk associated with working in WMH, the signs and symptoms of COVID-19, actions to take if they develop symptoms consistent with COVID-19, the requirement to wear a mask per WMH protocol, approved areas of access, and physical distancing.

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 permitted access to residents exposed to COVID-19, unless the work to be performed is a significant health/ safety risk to the resident. In those situations, the vendor will be notified in advance. WMH will coordinate with the vendor to develop a plan to complete the necessary work with the least risk of exposure.

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 will take place during normal business hours of operation 9am -4pm Monday - Friday, and 12pm – 4pm on Saturday and Sunday, by appt only. Visits will not exceed 15 minutes in length.

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visits are scheduled on a first come – first served basis. Individual residents psychosocial needs will be considered when scheduling additional visits as able. Scheduling of visits will be coordinated through the director of wellness via telephone, email or FB messenger request.

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

Visits will be scheduled with adequate time between visits to sanitize visiting areas. The visitation area will be cleaned with an EPA-registered disinfectant before and after each visit.

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

To promote appropriate physical distancing and infection control prevention strategies, visits are limited to 2 visitors per session. Children are permitted to visit provided they are able to maintain physical distancing and infection control prevention strategies. Children under 13 must be accompanied by an adult. Failure of any visitor to maintain physical distancing or established infection control prevention strategies may result in immediate termination of the current visit and modification of future visits up to and including loss of visiting sessions.

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

Visits are scheduled on a first come – first served basis. Individual residents psychosocial needs will be considered when scheduling additional visits as able.

STEP 2	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)
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VISITATION PLAN

	<p>WMH will establish a collaborative IDT approach when determining if individual resident can safely participate in indoor and/or outdoor visits. Residents in transmission-based precautions for any condition are excluded from visitation, unless otherwise deemed appropriate by the medical provider. If there is rain, snow, or other hazardous weather the visits will be held indoors. If the temperature is over 85 degrees, under 65 degrees, and/or if the resident is not comfortable with the outdoor temperature the visit will be held indoors. Visitors will be escorted to the indoors by a staff member.</p>
	<p>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</p> <p>WMH has designated four areas for outside visits, one located on the patio outside of the main dining room, in the gazebo in the garden and two at either end of the pavilion. All areas are able to be accessed without entering the building. The gazebo and pavilion are covered to accommodate inclement weather.</p>
	<p>43. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p>Physical distancing will be assured in the following manner. The patio will be marked with an X in red tape where visitors and residents chairs may be placed, the gazebo benches will be marked with an X in red tape where visitors and residents may be seated, and the pavilion picnic tables will be designated with an X in red tape on the top of the table and each picnic bench will be marked with an X in red tape where visitors and residents may be seated.</p>
	<p>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</p> <p>The chapel, activities room and basement level lounge will be used as indoor visiting areas. All areas have private entrance access from the outside.</p>
	<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>Designated seats will be defined with an X marked in red tape for visitors and residents to maintain physical distancing.</p>
STEP 3	<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>Safety of visits for step 3 will be determined in the same manner as identified in step 2.</p>
	<p>47. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes</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 as above</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 as above</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 as above</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 as above</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>

VISITATION PLAN

At this time WMH does not have any residents who cannot be transported to visitation areas. If this occasion should arise, the visitor will be screened, they will sanitize hands, and be provided a mask, gown and gloves. A chair will be placed inside the entryway to the resident room and a team member will oversee the visit and reiterate the need for appropriate social distancing

VOLUNTEERS

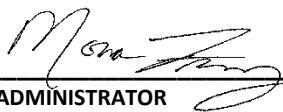
In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols and may only conduct volunteer duties with residents unexposed to COVID-19. In Step 3, all volunteer duties may be conducted, but only with residents unexposed to COVID-19. Screening, social distancing,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

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

Volunteers will screen at the front desk, collect a mask, and perform hand hygiene. Volunteers will be educated on the risk of volunteering in Personal Care, signs and symptoms of COVID-19, actions to take if they develop symptoms consistent with COVID-19 and the requirement to wear a mask per WMH protocol. The Volunteer Service office will coordinate volunteer assignments and is responsible to modify assignments if resident status changes.

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

Volunteers will be limited to assisting with outdoor duties, that do not involve resident interactions such as lawn care and maintenance and assisting with outdoor visitation, including monitoring and ensuring physical distancing and infection control precautions are followed and sanitizing visitation areas between visits.



SIGNATURE OF ADMINISTRATOR

08/05/2020

DATE