

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	
Dock Woods – Oakwood Court/Harmony House	
2. STREET ADDRESS	
275 Dock Drive	
3. CITY	4. ZIP CODE
Lansdale	19446
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Susan Sunderland	215-368-4438

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

DATE AND STEP OF REOPENING

8. 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](#))

AND

Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing

9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)

Yes

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](#)

6/24/2020 to 7/29/2020

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

The facility can order Resident testing from either of two labs as needed.

If there is a suspect case (a resident displaying new symptoms of COVID-19 including, fever, cough, shaking, chills, lethargy, muscle aches, sore throat, headache, new loss of taste or smell, congestion or runny nose, nausea, vomiting, diarrhea and/or new shortness of breath) test the resident immediately upon notice of symptoms. Place resident and roommate (if applicable) in isolation and on contact/droplet precautions. Perform contact tracing and plan to conduct further testing based on contact tracing.

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

The facility can order Resident and Staff testing from either of two labs as needed.

Test all residents and staff in the affected facility even if testing has been completed in the past. If testing capacity is limited, test residents and staff on the same unit or floor of a new confirmed case or as indicated by contact tracing.

Follow up Testing in response to a confirmed resident case:

After testing all residents and identified staff in response to a confirmed case, continue follow-up testing to ensure transmission has been terminated as follows:

Continue repeat testing of all previously negative residents or staff once a week until the testing identifies no new cases of COVID-19 among residents or staff through at least one 14-day period since the most recent positive result. Day zero for the most recent positive result is the day of symptom onset (or the date of the positive test if asymptomatic).

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

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

To address the health and safety threats posed by COVID-19, in order to protect individuals at Living Branches, including residents, employees, volunteers, and independent contractors from exposure to infection, Living Branches requires COVID-19 testing when required by governmental or regulatory agencies or requested by Living Branches for operational purposes. All individuals working or volunteering in any capacity at Living Branches, including but not limited to employees, volunteers, and independent contractors are required to submit to COVID-19 testing upon request. Failure to agree to and undergo testing will result in counseling on his/her opportunity to comply with the testing requirement or will otherwise face termination of employment.

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

For residents who refuse testing:

- If there is no exposure and no symptoms there is no change in infection prevention strategies and resident can remain in the green zone
- If there is known exposure, but no symptoms, the resident is considered yellow zone and has to be quarantined for 14 days post exposure
- If the resident is symptomatic and family refuses a second offer of testing, then they will be treated as positive and moved to the red zone.

For staff who refuse testing:

- Failure to agree to and undergo testing will result in counseling on his/her opportunity to comply with the testing requirement or will otherwise face termination of employment.

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*.

Traditional Personal Care

Residents in Traditional Personal Care will be isolated in their residence and PPE will be used based on Red, Yellow status. If a resident is in Red or Yellow a sign denoting such will be placed on their door and PPE will be at the entrance to the residence.

Personal Care Memory Support

Attempts will be made to quarantine residents in memory support in their room. When resident is out of room, resident must be masked. Resident may be considered for transfer to Red or Yellow Zone in Healthcare if care needs warrant transfer.

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)

PPE inventory is taken weekly; critical supply (masks, goggles, gowns) inventories are taken twice per week. Coronavirus Response Team (CRT) reviews the inventory and ensures Purchasing is continually sourcing supplies to prepare for future needs.

Limited access to surgical masks/respirators procedure:

When multiple residents present with COVID-19, based on existing supply levels, the unit will dedicate staff to care for those residents.

Dedicated means, HCP are assigned to care only for these patients during their shift. Dedicated HCP will utilize same surgical mask/respirator and goggles and gown while caring for multiple residents with a COVID-19 diagnosis. They will change gloves and perform hand hygiene between all residents. Healthcare personnel are to perform hand hygiene anytime they touch their surgical mask/respirator or goggles.

Remove goggles when soiled or before leaving the unit and disinfect using a 1:10 bleach solution.

Goggles are to be soaked in the 1:10 bleach solution for 2 minutes and air-dried for 10 minutes before rinsing with water. Hand hygiene is required after removing goggles. When utilizing a face shield, the face shield will be disinfected with bleach wipes or fusion for the designated contact time after any obvious soiling is removed.

A damaged, soiled surgical mask will be disposed of before leaving the unit. All surgical masks will be removed and disposed of at the end of a shift.

Perform hand hygiene after removing and disposing of a mask.

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

Current status – Staffing levels are in line with requirements for residents with and without mobility needs per the regulations.

Plan - If staffing levels drop below what is acceptable for our PCH , facility will contact staffing agencies with who we have a contract. Emergency staffing plan consists of list of contingency resources to call upon if needed.

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. Send Communication (via email, phone, USPS, web site, inside TV) to Staff, Residents, Families, Contractors, Volunteers, and Vendors; Communicate to staff via ADP Dashboard, email, text, and cell#.

2. Post status and guidelines on web site and at screening stations.

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

Residents residing in personal care have their BP and Temp taken daily. Residents are monitored for the signs and symptoms of COVID-19 (cough, sore throat, fever, shortness of breath, diarrhea, chills with repeated shaking, muscle aches and new weakness/lethargy) every shift. The Infection Preventionist/designee monitors residents by reviewing the 24-hour report, temperature and pulse oximetry report daily in order to determine if 3 or more residents and/or employees are presenting with respiratory or other covid-19 symptoms within a 72 hour period. Symptomatic residents and employees are entered onto the COVID-19 line listing provided by Montgomery County Office of Public Health.

20. STAFF

Screening stations are established at the Welcome Center.

The individual requesting access to the community will have their temperature taken and will be asked to answer the established screening questions. Anyone refusing screening will not be given access to the community. Hand sanitizer will be made available for the individual to perform hand hygiene prior to applying mask.

Note: Visitor badge is given to identify those who have been screened.

If an individual passes screening, they will be given a colored dot for the day indicating they have been cleared. A new color of dot will be used each day. A calendar will be maintained for the month showing the color for the day. Completed screening forms will be kept by Human Resources for a period of 3 months.

A mask will be given to those passing screening if they do not have their own mask. Employees working in the healthcare or personal care units will be supplied with a surgical mask. Employees working in non-patient care areas will be supplied with a cloth mask.

Any individual who does not pass screening will not be given access to the community and will be asked to leave. If the person who does not pass screening is a staff member, the staff member will be referred for testing of COVID – 19 and will not be able to resume job activities until negative test results are received or they can be cleared from symptoms based on the symptom-based strategy.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Refer to #20

22. NON-ESSENTIAL PERSONNEL

Refer to #20

23. VISITORS

Refer to #20

24. VOLUNTEERS

Refer to #20

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)

Oakwood Court: Breakfast will begin at 7:45 am with a rotating second seating as residents come down for breakfast, Lunch first seating will be at 11:30 am and second seating at 12:45 pm, and the Evening meal will be first seating at 4:45 pm and second seating at 6:00 pm. Harmony House: Breakfast will start at 8:00 am, lunch will begin at 11:45 am, and supper will be at 5:00 pm.

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

Oakwood Court: We will use the dining room and the first floor great room for seating. We will limit seating to 12 residents at each meal/seating in each area. Tables and seats will be arranged so that spacing of 6 feet exists between residents. Harmony House: We will utilize the existing dining areas as well as additional seating in the living area to accommodate 14 residents at a time. Staff will rotate residents into the dining area as seats become available. Tables and seats will be arranged so that there will be 6 feet between diners.

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

All staff are screened for symptoms, temperature, contacts, and travel prior to every shift. Residents will be required to wear masks in Oakwood Court as they are going to and from the dining areas, and only remove their mask when eating or drinking. In Harmony House Memory Support our residents are encouraged to wear masks and the staff will ensure hand sanitizer is used before and after every meal. A hand hygiene station will be set up at each dining area and staff will monitor residents to insure they use sanitizer prior to meals. All tables, chairs, and high touch surfaces will be sanitized with an EPA approved disinfectant prior to meal service, and prior to any resident being seated for a second seating. Menus will be printed on paper and disposed of after each use, no menu covers will be used. No condiments or linen will be placed on the table to facilitate proper sanitization. Staff are to wear surgical masks and practice proper hand hygiene at all times.

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

The Dining Service team will collaborate with PC staff to determine residents that are appropriate for each seating. We will accommodate couples that live together with appropriate seating arrangements. We will start with the lunch meal and add additional meals through the first few weeks. Harmony House Residents will be served all three meals in the dining areas and the living area. Appropriate physical 6 feet distancing will be maintained in all dining areas of personal care.

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

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

Oakwood Court – In all steps Traditional Personal Care activities will begin after breakfast is completed and will continue at specified times throughout the day and until the dinner meal begins, based on resident interest and implementation of a well-rounded, diversified program. An established schedule will be provided to the residents and adapted as necessary. Groups will be 30 minutes to 60 minutes in length. Additional Life Enrichment opportunities will be worked into the schedule as we proceed from Step 1 to Step 2 to Step 3 (and understanding that the possibility exists that we would need to retreat to Step 1). Social distancing, universal masking and hand hygiene will occur in all steps. Sanitizing of high touch surfaces will also be a priority.

Oakwood Court - Step 1 - Life Enrichment Activities will include a small group of 5 residents or less who are unexposed to COVID-19. Activities will be varied and include, as examples: exercise, what happened today in history, word games, discussion groups, lifelong learning opportunities (educational programs), music listening, and games using disposable materials (Bingo sheets that can be discarded and pens/pencils that can be sanitized). Activities will include time outdoors when possible, in addition to using the 2nd and 3rd Floor Great Rooms. Activities will be varied based on resident interest and implementation of a well-rounded program.

Harmony House – In all steps Secure Memory Care activities will begin after breakfast is completed and will continue at specified times throughout the day and until the dinner meal begins, based on resident interest and implementation of a well-rounded, diversified program. An established schedule will be provided to the residents and adapted as necessary. Groups will be 30 minutes in length, longer or shorter based on resident attention. Additional Life Enrichment opportunities will be worked into the schedule as we proceed from Step 1 to Step 2 to Step 3 (and understanding that the possibility exists that we would need to retreat to Step 1). Social distancing, universal masking (as tolerated by residents in a secure memory care setting) and hand hygiene will occur in all steps. Sanitizing of high touch surfaces will also be a priority.

Harmony House - Step 1 - Secure Memory Care activities will include a small group of 5 residents or less who are unexposed to COVID-19. Activities will be varied and include, as examples: exercise, what happened today in history/daily chronicle, a wide variety of word games/mind stretchers, discussion groups, lifelong learning opportunities (educational programs), music listening, games using disposable materials (Bingo sheets that can be discarded and pens/pencils that can be sanitized), coloring sheets (writing instruments will be bagged for individual residents and disinfected after use) and the iN2L. Activities will include time outdoors when possible, in addition to using the Sun Room, Aquarium Room, Piano Room and Dining Room.

ACTIVITIES AND OUTINGS

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

Oakwood Court - Step 2- Life Enrichment Activities will include a group of 10 residents or less who are unexposed to COVID-19. Social distancing, universal masking and hand hygiene will occur in all steps. Sanitizing of high touch surfaces will also be a priority. Activities will be varied and include, as examples: exercise, what happened today in history, word games, discussion groups, lifelong learning opportunities (educational programs), music listening, conversations with Pastor Donna, and games using disposable materials (Bingo sheets that can be discarded and pens/pencils that can be sanitized). Activities will include time outdoors when possible, in addition to using the 2nd and 3rd Floor Great Rooms. Activities will be varied based on resident interest and implementation of a well-rounded program.

Harmony House - Step 2- Life Enrichment Activities will include a group of 10 residents or less who are unexposed to COVID-19. Social distancing, universal masking (as tolerated by residents in a secure memory care setting) and hand hygiene will occur in all steps. Sanitizing of high touch surfaces will also be a priority. Activities will be varied and include, as examples: exercise, what happened today in history/daily chronicle, a wide variety of word games/mind stretchers/funny bones, discussion groups, lifelong learning opportunities (educational programs), music listening, games using disposable materials (Bingo sheets that can be discarded and pens/pencils that can be sanitized), coloring sheets (writing instruments will be bagged for individual residents and disinfected after use) and the iN2L. Activities will include time outdoors when possible, in addition to using the Sun Room, Aquarium Room, Piano Room and Dining Room. Activities will be varied based on resident interest and implementation a well-rounded program.

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Oakwood Court - Step 3- Life Enrichment Activities will include a group of residents limited by the number of residents who are unexposed to COVID-19 who can be seated in the chosen activity room based on appropriate social distancing (exact number to be determined for each area used). Social distancing, universal masking and hand hygiene will occur in all steps. Sanitizing of high touch surfaces will also be a priority. As in Step 2, activities will be varied and include, as examples: exercise, daily chronicle, meet and greet, what happened today in history, word games, discussion groups, book club, lifelong learning opportunities, music listening, Bible Study and games using disposable materials (Bingo sheets that can be discarded and pens/pencils that can be sanitized). Activities will include time outdoors when possible, in addition to using the 2nd and 3rd Floor Great Rooms. Activities will be varied based on resident interest and implementation of a well-rounded program.

Harmony House - Step 3- Life Enrichment Activities will include a group of residents limited by the number of residents who are unexposed to COVID-19 who can be seated in the designated activity area based on appropriate social distancing (exact number of residents to be determined for each area). Social distancing, universal masking (as tolerated by residents in a secure memory care setting) and hand hygiene will occur in all steps. Sanitizing of high touch surfaces will also be a priority. As in Step 2, activities will be varied and include, as examples: exercise, stretch time, what happened today in history/daily chronicle/meet and greet, a wide variety of word games/mind stretchers/funny bones/categories, discussion groups, devotions, bible study, lifelong learning opportunities (educational programs), music listening, games using disposable materials (Bingo sheets that can be discarded and pens/pecils that can be sanitized), coloring sheets (writing instruments will be bagged for individual residents and disinfected after use) and the iN2L. Activities will include time outdoors when possible, in addition to using the Sun Room, Aquarium Room, Piano Room and Dining Room. Activities will be varied based on resident interest and implementation a well-rounded program.

ACTIVITIES AND OUTINGS

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Oakwood Court and Harmony House - Possible trips include scenic drives to and around Peace Valley Park, Fort Washington State Park, Peddler's Village to see the Scarecrows, Valley Forge Park, Freddy Hill Farm and or Merrymead Farm for ice cream. Additional trip ideas include a scenic drive through New Hope, Nockamixon State Park, and a stop for Rita's Water Ice and milkshakes from Chick -fil-A. We have a 14 passenger bus and a 21 passenger bus. Trips will also be focused around the autumn foliage and holiday lights. Our Transportation department has made plans to accommodate and keep residents properly distanced for outings; the transportation department will determine passenger limits for each vehicle for outings. Residents and team members will wear masks; hand sanitizer will be used before boarding the bus and before exiting the bus - proper hand hygiene will be reinforced. High touch surfaces will be sanitized after each use of an organization vehicle.

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

Pastoral Care, Hair Care

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

At the time of screening, all non-essential personnel will be provided with a cloth mask to use at all times until they exit the facility. They will be asked to use the alcohol based hand sanitizer before leaving the screening area and before leaving the facility; and will be reminded about social distancing

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

Any resident residing in yellow or red zones will not be leaving their rooms. These rooms are marked with zone signage (Stop Sign) on the door frame: 'Check with Nurse before entering this room'. Non-essential staff will be instructed to follow any Stop Sign steps.

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

Outdoor visitation is set up in 1 hour increments allowing for approximately 45 minutes of visitation time and 15 minutes to clean/sanitize the visiting area. Indoor Visitation times will also be established in 1 hour increments allowing for a 45 minute visitation time and 15 minute cleaning/sanitizing of the visitation area(s) between visits. Visitors will be able to sign up for visitation blocks with Outdoor Visitation or Indoor Visitation via the facility website. Visitation hours are between the hour of 10am and 8pm. There are 2 outdoor visitation areas and 2 indoor visitation areas.

VISITATION PLAN

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitors will have the capability to register for on-site visits via web site, with continuation of SKYPE visit sign-ups to accommodate those unable to visit on-site. Visitors who sign-up via the web site or by calling someone to schedule a visit will be informed that they must first check into the Welcome Center to have their temperature taken, answer questions on a sign-in sheet, receive a visitor pass/sticker and ensure they have both a clean cloth gown and mask (for regular visits and additional PPE for In Room Visits). Unless using the 1 outdoor courtyard area for Outdoor Visitation, other visitation areas are accessible via the Personal Care Visitor Entrance. To reach this area, the visitors would drive from The Welcome Center to the Personal Care Entrance. At the conclusion of the visit, the visitors would need to return to The Welcome Center to place their cloth gown into a 'soiled cloth gown' receptacle and to sign out.

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

Any chairs/tables, entrance/exit door to include handles will be cleansed with approved product prior to the admittance of any visitors and residents, hand sanitizer will be present at entrance to visiting area for use by visitors, residents and staff; this cleaning will occur for indoor and outdoor visits. Hand sanitizer will be present in the visiting area for use during the visit as needed. The Internal Visitation Room and Visiting Area is well ventilated.

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

The Outdoor Visitation Areas can accommodate up to 4 visitors plus children from the same household. The 1 Indoor Visitation Room can accommodate 2 visitors and the other Indoor Visitation Area can accommodate up to 4 visitors including children from the same household.

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

Visitation is open and prioritization given to those residents or visitors who may have greater psychosocial needs as identified through social services who would initiate /facilitate the visit. Outside of the priority identified by social services the visitation would be on first registered first served with extenuating circumstances given consideration on an individual basis (a family member who is travelling a long distance, a special event [birthday, anniversary, a family member leaving for college or the military, etc.]

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)

SKYPE visits occur in a resident apartment or community area that is private. Outdoor Visits are limited to 45 minutes to prevent exposure to extreme heat and or cold, residents are appropriately dressed and fluids are available at the visitation site in very warm weather. Inclement weather could prompt visitation rescheduling if the Indoor Visitation areas are already reserved. Both Outdoor Visitation Areas are handicap accessible and one is undercover so it is protected from light rain and direct hot sun. Only residents who are unexposed to COVID-19 are able to have visits. Cross over visitation from a spouse or significant other will be permitted for any resident who is expressing loneliness or who is impacted by a disease that causes progressive decline, as long as the area they are coming from has no reported COVID-19 cases in their living area.

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

As mentioned, there are two possible Outdoor Visitation areas. One Outdoor Visitation Area can only be used in nice weather; it is in a courtyard. It can be accessed from the area all visitors

STEP 2

VISITATION PLAN

	<p>would be signing in (The Welcome Center) and receiving their clean gown. The other Outdoor Visitation Area is on a covered porch and would protect residents and visitors from a light rain or direct hot sun. Visitors would be screened at The Welcome Center, receive their clean gown, ensure they have their mask and then drive around to the Personal Care Home Entrance, where they would be able to greet their loved one(s) and enjoy a visit that is monitored from an appropriate distance by a staff member or volunteer. In the case of severe weather, the staff of the community would make every attempt to move the visit to one of the two available Indoor Visitation Areas; if an Indoor Visitation Area is not available, the visit will need to be rescheduled.</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>In the Outdoor Visitation Areas there will be markings on the ground/foundation area where furniture will be located to ensure the 6 ft. physical distancing is maintained. The team member or volunteer who is monitoring the visit will ensure the distance is correct during the time the area is being sanitized. There will be posted signs stating that visitors are not to move the furniture. The same will occur in the Indoor Visitation Areas.</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>Both indoor visitation spaces are very near the Personal Care Community’s main entrance – in a neutral area. The Visitors check in at The Welcome Center, receive their clean gown, ensure they have a mask, drive to the Personal Care Home Entrance and will be greeted at this entrance by a staff member or volunteer to gain entry for the visit. This team member or volunteer will ensure the resident is also present and ready for the visit in the Indoor Visitation Room or Visitation area. The Indoor Visitation Room and Indoor Visitation Area are both accessible for residents of both Oakwood Court and Harmony House. The Indoor Visitation Room will accommodate a resident or a married couple (residents) and up to 2 visitors. The Indoor Visitation Area will accommodate a resident or married couple (residents) and up to 4 visitors including children from the same household. Seating will be arranged to support the 6 foot distancing requirement and staff/volunteer presence during visitation will provide oversight to ensure restrictions are being upheld.</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>Chairs will be appropriately spaced (the floor/foundation area will be clearly marked for the furniture arrangements) and family members will be instructed to leave the seating as is; a staff person and/or a volunteer would provide oversight of visit to ensure distancing is maintained. Seating will be reviewed/adjusted when the area is being sanitized for the next visit.</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>Skype visits will continue to occur in a Resident Apt. or community area that is private; these will be maintained so residents who have family members who are unable to visit can still have a more personal visit than just a telephone call. Residents who are unexposed to COVID-19 will continue to enjoy Outdoor Visits that are limited to 45 minutes to prevent exposure to extreme heat and or cold. Residents are appropriately dressed and fluids are available at the visitation site. Inclement weather would prompt visitation rescheduling to the Indoor Visitation Room or Area, when available. Both Outdoor Visitation Areas are handicap accessible and 1 is a covered porch so this one outdoor area is protected from light rain and direct hot sun. A Staff Member or Volunteer will escort residents to their visit, either in the Outdoor Visitation Area or Inside Visitation Room or Area.</p>
	<p>47. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p>

VISITATION PLAN

Yes, for residents who enjoy the outdoors and to permit additional visitation times
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") Same
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") Same
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") Same
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") Same
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 Visitors will need to stop first at the Welcome Center and register for the visit. They will need to pick up full PPE for this visit (they need a clean gown, mask, gloves and face shield). They will proceed to the Personal Care Entrance and will be escorted to the Resident's apartment. Hand sanitizer is available in the entrance area. The visitors will be informed they need to maintain social distancing. The resident's apartment door will be kept ajar and the visit must occur in an area of the apt. that can be observed by a team member or volunteer. At the close of the visit the visitors will be escorted out of the community. They will leave by the exit door at the Personal Care Entrance. This will only be used for residents who are very ill or are actively dying.

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 Any resident residing in yellow or red zones will not be leaving their rooms. These rooms are marked with zone signage (Stop Sign) on the door frame: 'Check with Nurse before entering this room'. Non-essential staff will be instructed to follow any Stop Sign steps.
54. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2 Volunteers would be used to facilitate outdoor/indoor visitation only.

SIGNATURE OF ADMINISTRATOR

DATE