

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	
The Bryn Mawr Terrace	
2. STREET ADDRESS	
773 E Haverford Road	
3. CITY	4. ZIP CODE
Bryn Mawr	19010
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Crystal Yost	484-380-5400

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
8/17/2020
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)
<input checked="" 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 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

7/10/2020 to 8/2/2020

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

We have enough swabs and can test 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

We have enough swabs and can test within 24 hours.

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

We have enough swabs and can test within 24 hours. We currently are not allowing volunteers

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

Staff who cannot be tested will be put on Medical LOA until they can be tested. Residents who cannot be tested will be put in isolation until they can be tested.

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.*

Any resident testing positive for COVID-19 will be placed in a private rooms and will remain in their room on isolation until CDC/DOH guidelines no longer require isolation.

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)

We currently have enough PPE for our staff and residents.

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

We currently have enough staff to take care of the residents

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

Should any new onset of positive COVID-19 cases occur, visitation will stop immediately and restrictions will revert back to those in Step 1. Any resident positive case will be placed in isolation and any staff member testing positive will be removed from the schedule to self-quarantine.

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 are screened for symptoms 3 times a day. If symptoms present, the attending physician is notified and resident tested for COVID-19, if ordered. As part of the screen, temperatures are taken and pulse ox obtained 3 times daily. If screening reveals possible virus, resident will be placed on precautions, tested if ordered. Results of the testing if positive will be reported to the Department via the COVID-19 Tracker.

SCREENING PROTOCOLS

20. STAFF

All staff have been tested prior to re-opening. Any new staff is tested before they are put on the schedule. Any positive result will require 14 days of isolation before they can work. All HCP are screened via questionnaire and temperature checks upon entrance to the building. If screen reveals possible virus, they are sent home and asked to see their primary care physician. All staff have their temperature taken prior to leaving the building at the end of their shift.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Non staff are screened via a questionnaire and temperature checks upon entering the building and before they are allowed to go past the front reception area. All non staff have their temperature taken when they are leaving the facility.

22. NON-ESSENTIAL PERSONNEL

Non-essential personnel are screened via a questionnaire and temperature checks upon entering the building and before they are allowed to go past the front reception area. All non essential personnel have their temperature taken when they are leaving the facility

23. VISITORS

Bryn Mawr Terrace may allow visits with residents to occur, provided that the physical distancing and protection requirements described in detail below are followed. As much as possible, we will continue to use alternative electronic methods for communication between residents and visitors, such as Skype and FaceTime. Designated Outdoor Visitation Space: Bryn Mawr Terrace may allow in-person visitation in a designated outdoor visitation space, provided that all of the following safety, care, and infection control measures are followed:

- A resident who is suspected or confirmed to be infected with COVID-19 cannot be visited. A resident who has recovered from COVID-19 may be visited.
- Prior to transporting a resident to the designated outdoor visitation space, we must screen the visitor for fever or respiratory symptoms. Any individuals with symptoms of COVID-19 infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, myalgia, chills or new onset of loss of taste or smell) will not be permitted to visit with a resident.
- Transport of a resident to and from the designated outdoor visitation space must be safe and orderly. At a minimum, safe transport means that the resident cannot be transported through any space designated as COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 are present.
- Bryn Mawr Terrace staff member trained in such patient safety and infection control measures must remain with the resident at all times during the visit. One staff member may supervise more than one family visit as long as they can see everyone.
- Visitors must be limited to no more than two individuals per person/couple. A visitor must remain at least 6 feet from the resident and attending staff member(s) at all times during the visit.
- Staff and residents must wear a surgical face mask and visitors must wear a face covering or mask for the duration of the visit. Visits with a resident in a designated outdoor space must be scheduled in advance and are dependent on permissible weather conditions, availability of outdoor space, and sufficient staffing at the facility to meet resident care needs, and the health and well-being of the resident. Bryn Mawr Terrace may limit the length of any visit, the days on which visits will be permitted, the hours during a day when visits will be permitted, and the number of times during a day or week a resident may be visited. Visitors must sign a release and agree to abide by the rules set forth. Any violation by any visitor will cause the visit to be immediately terminated, and may affect future visits. If the visitors get too close to the resident, the resident may be put in isolation until a COVID test can be completed and the results return as negative. It is important to remember that any visitation increases the risk for the resident getting COVID-19. It is therefore very important that people who are not feeling well, have COVID-19, or have been to areas where they may have been exposed to others with COVID-19, and did not follow CDC guidelines, do not visit.

24. VOLUNTEERS

No volunteers are being utilized at this time

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)

There will be only one seating in each dining area. This allows for time for thorough cleaning between meals.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

The dining areas have been configured to allow for 6 feet between each resident. Only the number of residents who can fit safely into the dining room will be permitted to eat in the dining room

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

Staff will wear masks at all times. Residents will wash their hands prior to entering the dining room and use hand sanitizer before and after they eat. Staff will wash their hands prior to starting meal service and at the end of the meal service. They will use hand sanitizer between serving each resident.

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

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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)

Activities will have no more than 5 residents in an activity at any time with appropriate social distancing. Staff will wear masks at all times. Residents will be given hand sanitizer at the beginning of the activity and the end of the activity. Individual one on one activities are encouraged. Items such as game pieces will not be shared. Only residents who have had a negative COVID test will be permitted to attend the activities.

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

Activities will have no more than 10 residents in an activity at any time with appropriate social distancing. Staff will wear masks at all times. Residents will be given hand sanitizer at the beginning of the activity and the end of the activity. Individual one on one activities are encouraged. Items such as game pieces will not be shared. Only residents who have had a negative COVID test will be permitted to attend the activities.

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities may have more than 10 residents in an activity at any time with appropriate social distancing. Staff will wear masks at all times. Residents will be given hand sanitizer at the beginning of the activity and the end of the activity. Individual one on one activities are encouraged. Items such as game pieces will not be shared. Only residents who have had a negative COVID test will be permitted to attend the activities.

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

No outings are planned at this time

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	Beautician, barber, eye doctor, dentist, and podiatrist
34. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3	All who enter the facility will be required to complete a screening questionnaire and a temperature check. They must wear a mask at all times, wash their hands, and/or use hand sanitizer in between each resident seen. Residents will be brought to a central location so the non-essential personnel will not be going from unit to unit. They will only see residents who are COVID negative.
35. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19	Non-essential personnel are not permitted in any resident room who has been exposed to COVID and COVID+ residents will be in isolation in their room so they will never come in contact.

VISITATION PLAN	
For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of <i>Interim Guidance for Personal Care Homes, Assisted Living Facilities and Intermediate Care Facilities During COVID-19</i>), 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	Visits will be scheduled for 20 minutes between 11am and 4:30pm (last appointment is at 4pm) Monday through Friday.
37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR	To schedule a visit, the family will call and request a visit. They will be given a time to visit and the instructions on what is involved in visitation.
38. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT	All furniture used during the visit will be wiped down with an approved cleaning material.
39. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?	The number of Residents will be limited to 2 per resident per visit.
40. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED	Residents on hospice, residents who have not benefitted from face time and/or have asked for family.
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)
	All residents are able to accept visitors at this time. The visitation for memory care residents will take place on the front patio at the entrance of the memory care home. Residents will be escorted by a staff member to the area. Should the weather not be conducive to outdoor visits, then the resident will be escorted to the front lobby of the main building where a visit will take place in the living room next to the reception area. All residential residents are able to accept visits. They will be escorted outside the front door of residential living to a sitting area. Should the weather not be conducive to outdoor visits, the visit will take place directly inside the front door living room 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 – see #41 above

VISITATION PLAN

	<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>The patio floor and outdoor sitting spaces will be will be marked where the chair(s) are to be located and will be 6 feet apart. A staff member will be with the resident the entire visit to make sure the six feet of separation is maintained.</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>See #41 above</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>The floor of the living room area will be marked with where chair(s) are to be located and there will be 6 feet between chairs. A staff member will be with the resident the entire visit to make sure the six feet of separation is maintained.</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>Same as #41 Step 2</p> <p>47. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Outdoor visitation will be utilized as the preferred place of visitation</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</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</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</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</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> <p>The family that is going to visit will be screened at the front door. They will be required to don full PPE. A staff member will take them to the room of the person they are going to visit. All residents are in private rooms. Once the visit is over, the PPE (except for the mask) will be removed and the visitors must wash their hands. New PPE will be put on and the staff member will walk the visitor(s) to the front door. All PPE (except the mask) will be removed and the visitors temperature will be taken. They will then leave the building.</p>

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

No volunteers are being utilized at this time

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

None


SIGNATURE OF ADMINISTRATOR


DATE