

## **Press Release for COVID-19**

Deer Meadows Retirement Community takes the threat of COVID-19 very seriously and has been taking proactive measures to ensure the health and safety of our residents and staff.

We are following the guidance of the Center for Disease Control and Centers of Medicaid and Medicare and our Local Health Department and have implemented visitor restrictions and screens for staff and essential visitors. It is essential that anyone who potentially carries the virus does not enter our facility.

Our commitment is to protect our residents and employees to keep them safe and healthy.

# Implementation Plan for Reopening

## In Accordance with the Pennsylvania Department of Health's Interim Guidance for Skilled Nursing Facilities During COVID-19

This template is provided as a suggested tool for skilled nursing facilities to use in developing their Implementation Plan for reopening. 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.

|   |                                   |
|---|-----------------------------------|
| Deer Meadows  |                                   |
| 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 Nursing Home Administrator but should be someone available to respond to questions regarding the Implementation Plan.                            |                                   |
| 1. FACILITY NAME  |                                   |
| Deer Meadows Rehabilitation and Skilled Nursing Center  |                                   |
| 2. STREET ADDRESS   |                                   |
| 8301 Roosevelt Boulevard  |                                   |
| 3. CITY   | 4. ZIP CODE                       |
| Philadelphia  | 19152                             |
| 5. NAME OF FACILITY CONTACT PERSON  | 6. PHONE NUMBER OF CONTACT PERSON |
| Malcolm Back  | 2156247575                        |
| <div style="background-color: black; width: 200px; height: 15px; margin: 0 auto;"></div> <b>DATE AND STEP OF REOPENING</b>  |                                   |
| <div style="background-color: black; width: 150px; height: 15px; margin: 0 auto;"></div>  |                                   |
| The facility will identify the date upon which all prerequisites will be met for reopening 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 REOPENING   |                                   |
| Unknown   |                                   |
| 8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING - EITHER STEP 1 OR STEP 2 ( <u>CHECK ONLY ONE</u> )   |                                   |
| <p>Step 1</p> <p>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <u>June 8, 2020, Order of the Secretary of Health</u>)</p>  |                                   |
| <p>Step 2 x</p> <p>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <u>June 8, 2020, Order of the Secretary of Health</u> AND</p>   |                                   |

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

| DATE AND STEP OF REOPENING |   |
|----------------------------|---|
| 9.                         | HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)  |
|                            | yes   |
| 10.                        | DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19 |
|                            | 6/30  |

| 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 reopening). |   |
| 11.   | DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN MAY 24, 2020 AND JULY 24, 2020) IN ACCORDANCE WITH THE <u>JUNE 8 2020 ORDER OF THE SECRETARY OF HEALTH</u>  |
|   | Click or tap to enter a date.6/21 to      Click or tap to enter a date.   |
| 12.   | DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS SHOWING SYM PTOMS OF COVID-19 AND TO DO SO WITH 24 HOURS   |
|   | Click or tap here to enter text. We are able to test on sight and send out to Lab within 24 hours   |
| 13.   | DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK  |
|   | Click or tap here to enter text, We are able to test on sight and send out to Lab within 24 hours   |
| 14.   | DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL STAFF, INCLUDING ASYMPTOMATIC STAFF  |
|   | Click or tap here to enter text. We are able to test on sight and send out to Lab within 24 hours   |
| 15.   | DESCRIBE THE PROCEDURE FOR ADDRESSING NEEDED TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS  |
|   | Click or tap here to enter text. We have not permitted non-essential staff in the building all outside providers who have resident contact are required to get tested   |
| 16.   | DESCRIBE THE PROCEDURE FOR ADDRESSING RESIDENTS OR STAFF THAT DECLINE OR ARE UNABLE TO BE TESTED  |
|   | They are required to get tested or they cannot return to work   |
|   | Click or tap here to enter text.  |
| 17.   | DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH <u>PA-HAN-509</u> PURSUANT TO SECITON 1 OF THE INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19. All of our units are designated, green , yellow, and red. |
|   | Click or tap here to enter text.  |

18. DESCRIBE THE CURRENT CACHE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) AND THE PLAN TO ENSURE AN ADEQUATE SUPPLY OF PPE FOR STAFF (BASED ON THE TYPE OF CARE EXPECTED TO BE PROVIDED)

Click or tap here to enter text: Currently we have sufficient supply of all PPE and enough to last in excess of a week

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

Currently we are able to staff according to our census and PA regulations

Click or tap here to enter text.

20. DESCRIBE THE PAN TO HALT ALL REOPENING FACILITIES IF THE COUNTY IN WHICH THE FACILITY IS LOCATED IS REVERTED TO A RED PHASE OF THE GOVERNOR'S REOPENING PLAN: we will scale back to our original restrictions and inform all residents and family.

Click or tap here to enter text.

### 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.

21. RESIDENTS: checked Q shift for symptoms

Click or tap here to enter text.

22. STAFF: screener questionnaire and temperature checks upon entering and existing the building .

Click or tap here to enter text.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF: screener questionnaire and temperature checks upon entering and existing the building.

Click or tap here to enter text.

24. NON-ESSENTIAL PERSONNEL not permitted to enter at this time

Click or tap here to enter text.

25. VISITORS: not permitted to enter at this time

Click or tap here to enter text

26. VOLUNTEERS: not permitted to enter at this time

Click or tap here to enter text.

Communal dining is the same for all steps of reopening so there is no need to differentiate among the three steps.

27. DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY) resident will still be offered to eat in there room.

Click or tap here to enter text.

28. DESCRIBE ARRANGEMENT OF TABLES AND CHAIRS TO ALLOW FOR SOCIAL DISTANCING tables will be 6 feet apart and limited the number of residents on the tables

Click or tap here to enter text.

29. DESCRIBE INFECTION CONTROL MEASURES, INCLUDING USE OF PPE BY STAFF: Following PA DOH and CDC guidelines and in-house infection preventionist. Full PPE is used on the red and yellow zones. Green zones are using universal precautions.

Click or tap here to enter text,

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING: communal dining will be decided based on resident needs.

Click or tap here to enter text.

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.

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19) Activities for five or less residents in dining rooms or other spacious common areas where social distancing can be ensured. Games and activities that don't require pieces and touching. Common touch areas will be disinfected after activities. Hand hygiene and mask wearing will be required

Click or tap here to enter text.

32. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENT UNEXPOSED TO COVID.19) Activities for ten or less residents. Activities will take place in the WCC which can safely hold many residents with social distancing. Games and activities that don't require pieces and touching. Common touch areas will be disinfected after activities. Hand hygiene and mask wearing will be required

Click or tap here to enter text.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3: Activities in step 3 will look similar to activities prior to the Covid 19 outbreak just with more focus on hand hygiene and mask wearing a requirement.

Click or tap here to enter 'text.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3 outings may include trips to stores or parks.

Click or tap here to enter text.

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 Skilled Nursing 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.

35. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2: Numbers will be determined by committee non-essential workers may include insurance reps, consultant pharmacists, entertainers ect

Click or tap here to enter text.

36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NONESSENTIAL PERSONNEL AT STEPS 2 AND 3 Hand Hygiene education is available throughout the building as well as hand sanitizers throughout. Masking will be required in the building.

Click or tap here to enter text.

37. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19 Click or tap here to enter text.

### VISITATION PLAN

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of Interim Guidance for Skilled Nursing Facilities During COV/D-19), the following requirements are established Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.

38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT: Typical visits will be kept to 15 minutes or less, special circumstance will be allowed to visit for longer than 15 minutes. Length of time will be subject to change based on the committee's recommendations. Visitation hours will be from 9-5

Click or tap here to enter text.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR: initially visits will be scheduled through the activities department.

Click or tap here to enter text.

40. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT: common touch areas will be sprayed or wiped down between visits.

Click or tap here to enter text.

41. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL? initially 2 visitors per resident. Changes will be made as per the committee's recommendation.

Click or tap here to enter text.

42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED: Visits will be scheduled on a first come first serve basis. Facility will try to accommodate all of the residents and family's needs. End of life situations will be a first priority.

Click or tap here to enter text.

43. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS AT STEP 2 (CONSIDERING SUCH SAFETY FACTORS AS EXPOSURE TO OUTDOOR WEATHER AND TRANSPORTING RESIDENT TO VISITOR LOCATION) Click or tap here to enter text. Residents must be unexposed for 14 days and have been monitored.

44. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE: A tent has been purchased for incimate weather. Indoor accommodations have been made as well.

Click or tap here to enter text.

45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS: Markers have been posted to mark the 6-foot mark

### VISITATION PLAN

Click or tap here to enter text.

46. 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: Entrance will be through the main entrance. Visiting areas will be in both in the Walton conference center and the outdoor courtyard. In severe weather accommodations will be made indoors.

Click or tap here to enter text.

47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS: Tables and other markers will be in between the residents and visitors.

Click or tap here to enter text.

48. 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) All residents unexposed 14 days can accept visits in the designated areas.

Click or tap here to enter text.

49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION yes

Click or tap here to enter text.

50. 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

Click or tap here to enter text,

51. 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

Click or tap here to enter text.

52. 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

Click or tap here to enter text.

53. 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

Click or tap here to enter text.

54. 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: initially this will be for end of life situations, until further committees recommendation.

Click or tap here to enter text.

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.

55. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH DENTS EXPOSED TO COVID-19: all volunteers who will come in contact with residents will be required to be tested for Covid 19 upon receiving a negative result they would be required to follow all infection control protocol and facility policies.

Click or tap here to enter text

56, DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2: duties are decided on a case by case basis.

Click or tap here to enter text.

The Nursing Home Administrator (NHA) is responsible for the accuracy of the Implementation Plan and the facility's adherence to it. Upon completion of blocks 1-57, the Implementation Plan should be printed and the signature and date affixed by the NHA in block 58.



57. NAME OF NURSING HOME ADMINISTRATOR

Malcolm Back

58. AITESTATION

I attest that the information provided in this Implementation Plan is an accurate representation of the facts and that this facility will adhere to the Implementation Plan as written. I further attest that the county in which this facility is located is in a Yellow or Green phase per the Governor's Reopening Plans This Implementation Plan will be posted on our website (if one exists) or made available to all residents, families, advocates such as the Ombudsman and the Department upon request. This facility will progress to the next step of reopening only when the criteria is met as described in the Interim Guidance for Skilled Nursing Facilities During COVID-19. If at any point during reopening the facility fails to meet the criteria for reopening, I will ensure the facility ceases reopening immediately. Further, if at any point during reopening this facility is operating under a contingency staffing plan, I will ensure the facility ceases reopening immediately.

\_\_\_\_\_  
SIGNATURE OF NURSING HOME ADMINISTRATOR

\_\_\_\_\_  
DATE

# 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. |  |
| <b>1. FACILITY NAME</b>   |  |
| Deer Meadows Residences   |  |
| <b>2. STREET ADDRESS</b>  |  |
| 8301 Roosevelt Boulevard  |  |
| <b>3. CITY</b>  | <b>4. ZIP CODE</b>                       |
| Philadelphia  | 19152                                    |
| <b>5. NAME OF FACILITY CONTACT PERSON</b>   | <b>6. PHONE NUMBER OF CONTACT PERSON</b> |
| Sarah Hutchins (Administrator)  | (215)624-7575 ext. 1153                  |

| 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). |
| <b>7. DATE THE FACILITY WILL ENTER THE REOPENING PROCESS</b>   |
| 8/1/2020   |

## 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)

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](#)

7/5/2020 to 7/7/2020

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

**Deer Meadows has the COVID 19 test kits and resources to administer the tests**

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

**Deer Meadows has the COVID 19 test kits and resources to administer the tests**

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

**Deer Meadows has multiple staff personell trained and the resources necessary to ensure that all non-essential staff and volunteers can be tested timely.**

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

Any residents who refuse testing will be monitored for 14 days and will be asked to remain in their room, away from all other residents.

Staff who refuse to be tested will not be allowed to work.

15. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH [PA-HAN-509](#) PURSUANT TO SECITON 1 OF THE *INTERIM GUIDANCE FOR Personal Care Homes, Assisted Living Residences and Intermediate Care Facilitiess DURING COVID-19.*

**Residents who are diagnosed with COVID will be placed in a private room and monitored for 14 days**

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)

**Facility has a sufficient amount of PPE available to staffs to care for residents. Facility has a corporate purchasing dept to purchase PPE. Facility works with Pennsylvannia Emergency Management Agency to request PPE when in need.**

**Staffs have been educated on PPE optimization**

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

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

Deer Meadows Residences is currently fully staff, and has entered into multipl contracts for emergent staffing needs, Deer Meadows Residences also has a staffing contingency plan in place to ensure no staffing shortages

### 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

Administrator has been regularly communicating with Residents, families and responsible parties of updates to changes to policies throughout the Facility through email, phone and written post.

## 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

Resident vital signs are completed twice daily by LPN or med techs all screening occurs in the resident's room.

### 20. STAFF

Staff screening is completed at the start and end of their shift. Screening is completed at the Walton entrance. If staff report symptoms or present to be symptomatic they are sent home and encouraged to follow up with PCP. If they are tested and are positive they are quarantined and do not return to work per the guideline.

### 21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

HCP are screened upon entrance of the facility lobby. If symptomatic they are not permitted to enter the facility.

### 22. NON-ESSENTIAL PERSONNEL

They are screened upon entrance in the facility lobby and if are symptomatic are not permitted to enter the facility.

### 23. VISITORS

They are screened upon entrance in the facility lobby and if are symptomatic are not permitted to enter the facility

### 24. VOLUNTEERS

They are screened upon entrance in the facility lobby and if are symptomatic are not permitted to enter the facility

## 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 is currently NO COMMUNAL DINING in Deer Meadows Residences

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

When we re-open our main dining room there will be no more than 2 residents at each table, all tables will be speaced out accordingly, and all residents will have assigned seating. We plan to offer multiple seating times to accommodate all residents.

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

All staffs and residents are wearing masks. Staffs wear full PPE for residents who are on contact and droplets isolation precautions.

### 28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

NONE.

## 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)

Residents are placed 6 ft apart from each other. They wear masks. Hand sanitizer is available for residents. All activity supplies are cleaned and sanitized.

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

Residents are placed 6 ft apart from each other. They wear masks. Hand sanitizer is available for residents. All activity supplies are cleaned and sanitized.

### 31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Residents are placed 6 ft apart from each other. They wear masks. Hand sanitizer is available for residents. All activity supplies are cleaned and sanitized.

### 32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Residents will wear masks, maintain social distancing and hand hygiene will be provided.

## 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

Lab provider, Mobile diagnostic provider, Dental provider, Eye care provider, Podiatrist, Hair Dresser, Audiologist.

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

Non essential personnels are screened and masks and ppe will be provided.

### 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 to come into contact with exposed covid 19 residents

## 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*

## VISITATION PLAN

*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**

Week Days-9am-5pm, Weekends by request or special need only. Vistation are by appointments only. They are allowed to visit up to 20 minutes outside on porches for all unexposed residents. No pets or children will be allowed to visit.

**37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**

All visits will be scheduled through Administration or Social Worker.

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

Staff have been provided sanitation products to use before and after each visit, staff have been trained on proper use of products.

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

2 visitors per resident

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

End of life residents, acutely ill residents, Family living far away will be priotritized for scheduled visitis.

**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)**

Assess resident comorbidities and cognition level

**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**

Deer Meadows has a covered outdoor porch, no visitors will need to enter the building, staff will escort resident to each visit.

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

Floor will be marked to define 6 ft distance, caution tape also in place at this time

**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**

It is currently not in use but Deer Meadows Residences plans to use a conference room located inside on the 1st floor, near the Deer Meadows entrance, no passing of other residents will be necessary

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

Furiture will be speace appropriately, also markings on the floor and signs posted on the wall

**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)**

Assess resident comorbidities and cognition level

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

Yes.

**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

**VISITATION PLAN**

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|  | <p><b>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")</b></p> <p>SAME</p>  |
|  | <p><b>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")</b></p> <p>SAME</p>   |
|  | <p><b>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")</b></p> <p>SAME</p>   |
|  | <p><b>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</b></p> <p>Family/Visitors will be in full PPE and screened prior to any visitation, resident will also be screen appropriately.</p> |

**VOLUNTEERS**

|  |  |
|--|--|
| <p>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.</p> |  |
|  | <p><b>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</b></p> <p>Volunteers are screened upon entrance. Volunteers will be educated on infection control procedures, doning and doffing PPE, Hand hygiene</p> |
|  | <p><b>54. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</b></p> <p><b>At this time no volunteers are in use at Deer Meadows residences.</b></p>  |

Sarah Hutchins  
SIGNATURE OF ADMINISTRATOR

7/31/2020  
DATE