

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	
Arbor Terrace Willistown	
2. STREET ADDRESS	
1713 West Chester Pike	
3. CITY	4. ZIP CODE
West Chester	19382
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Kevin Caruso	610-725-1713

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
10/19/2020
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)
<input type="checkbox"/> Step 1 <i>The facility must meet all the Prerequisites included in the Interim Guidance for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities During COVID-19</i>
<input checked="" type="checkbox"/> Step 2 <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the June 26, 2020, Order of the Secretary of Health)</i> AND <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>
9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)
Yes, in March/April 2020

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](#)

7/22/2020 to 8/20/2020 Click or tap to enter a date.

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 Arbor Company secured a contract with Genetworx Laboratory, and a COVID-19 diagnostic test can be administered to all Residents showing symptoms of COVID-19 in less than 24 hours, as an ample supply of testing materials have been ordered, and are stored on-site. Supplies are re-ordered as needed.

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 Arbor Company secured a contract with Genetworx Laboratory, and a COVID-19 diagnostic test can be administered to all Residents and Staff if the facility experiences an outbreak, including asymptomatic staff. An ample supply of testing materials are stored on-site, at all times.

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

Non-essential staff affiliated with our community could be tested on an as needed basis when deemed necessary/applicable, related to Resident/Staff safety; however, they are expected to be tested through their own company/organizations. Those identified will provide us with their individual testing results. At present, there is no plan in place to allow volunteers into the community.

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

Residents and/or staff that decline or are unable to be tested will be placed in Quarantine for 14 days, and should they develop a fever or other symptoms; cough, shortness of breath, sore throat, etc., they will be placed in isolation.

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*.

Isolation will be used to separate a Resident diagnosed with COVID-19 from those who are healthy. Isolation restricts the movement of ill Residents to help stop the spread of disease. A "STOP SIGN" reminder is placed on the door of the Resident's (private) apartment, and the number of staff interacting with the Resident is limited to one designated caregiver per shift whenever possible, as this will minimize the risk of transmission and exposure to other Residents and Staff Members. The PPE Checklist is utilized, requiring: an N95 Mask, Surgical Masks, Gloves, Gown, Eyewear, and Hair Covers. *Please note that although all Resident apartments throughout the community are private apartments, an isolation room has been set up on the 2nd floor to accommodate the need to provide separate space (i.e. - isolation for a married couple, etc.)

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)

The current cache of PPE for our community is stored in an empty apartment with a special lock, and includes the following items: N95 Masks, Surgical Masks, Gowns, Goggles, Face Shields, Shoe Coverings, Hair Covers, Hand Soap, Sanitizer. Our community has a designated Infection Control Coordinator (ICC) on-site, who is responsible to ensure that a 30 day inventory is kept on hand at all times. The ICC completes a weekly survey of all PPE, and places orders as needed.

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

We are staffed appropriately as follows:

- FT Resident Care Director (Nurse), FT Memory Care Director (Nurse)
- FT Wellness Nurse (Day Shift), FT LPN/Shift Supervisor (Evening Shift-Hiring in Process), and Full Time LPN/Shift Supervisor (Night Shift)
- 2 Med Techs per shift (Day/Evening Shift)
- Resident Assistants – All Three Shifts Staffed to Meet/Exceed DHS Requirements
- FT Engagement/Activities Director, FT & PT Engagement/Activities Coordinators
- 3 Full Time Housekeepers (PT staff-Hiring in Process)
- Full Dining Staff (Cooks, Servers, and Utilities)
- Executive Director, Business Office Director, Front Desk Receptionists/Greeters (8am to 8pm, 7days/week), Marketing Director, Scheduler, Driver, Dining Director, Maintenance Director and a Maintenance Assistant.

To ensure there are no staffing shortages, we continue to hire as needed, including per diem staff. We have also established good working relationships with specific staffing agencies in the event that an unanticipated need arises.

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

If the Community should have any new onset of Positive COVID-19, and needed to halt all re-opening of the community, we will notify the Department's program office Regional Director, and follow-up by completing all necessary reporting to the Department. We will notify our Residents (in person), their Family Members (by phone/email), and our Staff (in person and by phone), in addition to our Regional/Corporate Team (by phone/email), making all of them aware of new information. We would cease Step 1 and/or Step 2 and return to the guidance described in Sections 4 and 5 relating to visitors and dining, respectively. We would restart the 14 day period to reinitiate Step 1 and/or Step 2 per the guidelines.

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

Resident Care staff continuously visit each resident's apartment daily, on all three shifts, and are monitoring each resident's oxygen saturation and temperature. They also observe the residents for symptoms of respiratory illness including cough, shortness of breath, congestion, nasal secretions. Observations are documented in the Residents's chart notes. Any Resident exhibiting one or more symptoms will be isolated in their apartment and their primary care physician will be notified of the symptoms. Any Resident exhibiting symptoms will be tested for COVID-19, and if positive results are received, the Resident Care Director or the Executive Director will update the tracker form and submit online, to the Department, as required. The Resident is added to the community line list and symptoms are monitored daily, updates in condition reported to the primary care physician, and all recommendations for treatment are followed. All necessary reporting is completed.

20. STAFF

The community has a formal screening process for all staff, at the Front Desk. We only use one entrance to enter/exit the community, and signage is posted requiring all who enter the community to wear a mask. Masks are available at the front desk, and will be provided to anyone in need, before entering the community. Screening takes place upon entry at the Front Desk. All staff have their temperature taken and recorded, prior to signing in on the Community Sign-in Log. Staff record the date and time they enter the community, sign their name, and identify the department they work in. Staff are required to answer specific screening questions related to having symptoms, working another job, exposure to COVID-19 in another health care setting, and exposure to COVID-19 in their household. All Staff temperatures are also recorded at the beginning of their shift, and it must read under 100 degrees fahrenheit. As long as all requirements are met, staff use hand sanitizer provided at the front entrance, and can then report for their shift. All staff are tested for COVID-19 on a bi-weekly basis. If a staff member has any signs/symptoms of possible virus they will be added to the community's line list, symptoms are monitored, and company guidelines are followed. All necessary reporting is completed. The Resident Care Director or the Executive Director will update the tracker form and submit online, to the Department, as required.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

If a staff member tests positive

The community follows the same formal screening process, as outlined above in #20, for Healthcare Personnel who are not our staff, as it does for our own staff. We only use one entrance to enter/exit the community, and signage is posted requiring all who enter the community to wear a mask. Masks are available at the front desk, and will be provided to anyone in need, before entering the community. Screening takes place upon entry at the Front Desk. Healthcare Personnel have their temperature taken and recorded, prior to signing in on the Community Sign-in Log. They record the date and time they enter the community, sign their name, and identify the reason for their visit. Healthcare Personnel are required to answer specific screening questions related to having symptoms, working another job, exposure to COVID-19 in another health care setting, and exposure to COVID-19 in their household. Their temperatures are also recorded, and must read under 100 degrees fahrenheit. As long as all requirements are met, they use hand sanitizer provided at the front entrance, and can then report to the proper designated area. Healthcare Personnel provide a copy of their COVID-19 test results to our Business Office Director. If they have signs/symptoms of possible virus, they cannot enter the community, and their employer is expected to contact us with updates. Healthcare Personnel who are not our staff members, are educated regarding expectations, and must abide by the community's policies and procedures.

SCREENING PROTOCOLS

22. NON-ESSENTIAL PERSONNEL

If there is an emergent need for Non-essential Personnel to enter the community for any reason, the same formal screening process, as outlined above in #21 will be used. Non-essential personnel will be educated regarding our best practices, and be required to wear a mask and possibly additional PPE as determined by the nature of their visit. Once we identify the reason for their visit, one of our staff members will accompany the non-essential personnel during their time in the community, to ensure all best practices and policies are followed.

23. VISITORS

Our visitor program will be conducted in accordance with CMS guidance QSO-20-39-NH which was revised and distributed by DPW on March 10, 2021

24. VOLUNTEERS

At present, there is no plan in place to allow volunteers into the community. If/when we are in a position to accept volunteers we will follow our formal, written screening procedure as outlined in #20 listed above.

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)

We have developed a Dining Meal Plan that identifies the roles and responsibilities of our team members, to ensure a safe and enjoyable dining experience for our Residents in both neighborhoods. Based on the number of Residents in Personal Care, we have divided the Residents into 2 Groups and seatings are staggered as follows: Group A Breakfast in the Dining Room from 7:30am to 8:30am and Group B Breakfast in the Dining Room from 8:45am to 9:45am./Group A Lunch in the Dining Room from 11:45am to 12:30pm and Group B Lunch in the Dining Room from 12:45pm to 1:30pm./Group A Dinner in the Dining Room from 4:30pm to 5:15pm and Group B Dinner in the Dining Room from 5:30pm to 6:15pm. In our Memory Care Neighborhood we have divided the Residents into 2 Groups and seatings are staggered as follows: Group A Breakfast in the Dining Room from 7:45am to 8:30am and Group B Breakfast in the Dining Room from 8:45am to 9:30am./ Group A Lunch in the Dining Room from 11:45am to 12:30pm and Group B Lunch in the Dining Room from 12:45pm to 1:30pm./ Group A Dinner in the Dining Room from 4:30pm to 5:15pm and Group B Dinner in the Dining Room from 5:30pm to 6:15pm.

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

We have developed a Dining Meal Plan that includes a written list to identify which Residents are in Groups A & B in each neighborhood, along with a seating chart that allows for Safe Social Distancing. In the Personal Care neighborhood, we can accommodate up to 25 people at each seating. 18 people will be seated in the Main Dining Room-2 People per table at 6 ft to 8ft. apart from one another / 4 people seated in the Bistro-1 Person per table at 6 ft apart from one another / 3 people seated in the Club Room -1 Person per table-6 ft apart from one another. In our Memory Care Neighborhood there are a total of 7 long tables in the Dining Room that are spaced 6 ft. apart and 1 regular sized table, to allow for Social Distancing. The way in which the tables are staggered, allows up to 15 people to dine at each seating, while staying 6ft. apart from one another.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

To maintain a safe and clean dining environment for Residents and Staff, everyone has been educated about the need to wear their masks, proper handwashing and the use of hand sanitizer before entering the dining areas, and the need to maintain a safe social distance. Staff will also wear gloves at all times when handling food, setting up meal trays, clearing plates, cleaning, etc. Everyone will wash their hands frequently and thoroughly. We will clean as we go after completing a task, finish in a work space, prep tables, etc. We will clean/disinfect all tables, chairs, and washable surfaces used during meal time, in between the two seatings for Groups A & B. Any trash will be placed in a leak-proof, non-absorbent tightly closed container. Residents will keep their masks in place until their meal is served and they are ready to eat. At that time, they can remove their mask and place it in an individual storage bag at their table. Staff will wear masks always and use gloves as needed. Staff assisting Residents with feeding will be equipped with eye protection and gowns, and perform hand hygiene with at least hand sanitizer each time when switching assistance between Residents.

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

We will not be using table covers and linen napkins, and will continue to use disposable products. We will print out the menu and provide it to the Residents at each meal, eliminating the use of a menu jacket. We will use only single use disposable item, including salt & pepper, sweetner, sugar, creamer, etc. We will utilize the Resident Meal Tracker Form to ensure that all Residents are accounted for and have received meals.

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 scheduled to participate in small group activities at a safe social distance, sitting in chairs located outside of their apartments, or in common spaces located on the 2nd or 3rd floor. Staff are able to conduct a variety of activities that include, but are not limited to: Exercise, Book Club, Story Telling, Music Appreciation, Trivia, and a selection of games that can be adapted for small groups (i.e. – Password, Word Search, Crossword Puzzle Board, Jeopardy, Electronic Bingo using “slide cards,” no chips, etc.) We have booked entertainers and they set-up outdoors in different areas, so Residents can enjoy “Window Concerts” from their apartments. When weather permits, small group activities can be facilitated out on the back patio, and outdoor walks can happen, socially distanced. Engagement staff also take the snack cart to the Resident’s room to offer nutritious snacks and drinks, along with activity packets that include puzzle books, magazines, etc. Resident Care Staff spend time with Residents one-on-one throughout the day. Masks are always worn and Hand Hygiene is practiced continuously. Sanitizing stations are also located throughout the community.

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

All activities described in #29 above will continue to be scheduled; however, in Step 2, we are utilizing designated program space for larger group activities. The 3rd floor activity room and the Movie Theatre will be opened, and used daily to host up to ten residents for activities. Residents and staff will follow all infection control best practices and wear masks at all times.

ACTIVITIES AND OUTINGS

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

We will continue to expand the list of activities in addition to those listed in #29, and will add socially distanced gatherings/happy hours, cooking demonstrations, arts & crafts, and some other larger group activities. We will resume larger group meetings for both Resident Counsel and Food Committee. Residents and staff will follow all infection control best practices and wear masks at all times.

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Based on the size of our community bus, we will be able to accommodate 4 Residents at a time for socially distanced outings. Residents will take scenic drives, go to local parks for nature walks and picnic lunches, visit local farms and nurseries, attend local outdoor theatre or concerts, visit the local airport, etc. Residents will have the opportunity to make suggestions for safe, socially distanced outings. The community vehicles will be cleaned/disinfected before and after any outings. Masks will be worn at all times. Resident and staff education and reminders regarding safety, social distancing, hand hygiene and sanitizing will continuously be reviewed.

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

In Step 2, any contractor/inspector necessary to perform preventative maintenance, repairs or inspections related to safety (i.e. – Sprinkler and Fire, water, elevator, kitchen sanitation, utilities, etc.) have been determined to be necessary for safe entry into the community.

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

When there is a need for Non-essential Personnel to enter the community for any reason, at Steps 2 & 3 the same formal screening process, as outlined above in #21 will be used. Non-essential personnel will be educated regarding our best practices, and be required to wear a mask and possibly additional PPE as determined by the nature of their visit. Once we identify the reason for their visit, one of our staff members will accompany the non-essential personnel during their time in the community, to ensure all best practices and policies are followed.

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

Residents exposed to COVID-19 will remain in isolation. Non-essential personnel will not be in contact with Residents exposed to COVID-19. One of our staff members will accompany the non-essential personnel during their time in the community, to ensure all best practices and policies are followed.

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.

VISITATION PLAN

36. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT

Visiting hours are from 10:00 AM – 7:00 PM. Currently, there is no restriction to duration of visit.

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Currently, scheduling is not required.

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

Cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit

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

Each Resident can have 2 visitors based on our ability to ensure that safe social distancing and infection control guidelines can be met.

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

Currently, there is no restriction requiring prioritization of visits.

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)**

Residents are assessed throughout their day, and any changes/concerns are reported to the Resident Care Director, Memory Care Director, or the Nurse/Shift Lead on duty. Staff will be made aware of all scheduled visits daily, and have been educated to the best practices regarding Resident safety.

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

Outdoor space for Personal Care Residents is located on the back patio, and there is a covered section, directly outside the exit to the patio. Visitors are screened at the front entrance prior to parking in the guest lot located on the left side of the community, allowing easy access to the back patio. There is no need for visitors to come inside. Two covered front porch areas can also be utilized for visits if needed, without the need for visitors to enter the community. Visitors for Memory Care Residents are screened at the front entrance prior to parking in the employee lot located on the right side of the community that allows easy access to the memory care courtyard, in the back of the community. There is a walking path for easy access, and staff are notified so they can meet the visitors at the courtyard gate. Once inside the courtyard, there are two covered porches that can be utilized for visits.

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

CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people). This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated. However, we acknowledge the toll that separation and isolation has taken. We also acknowledge that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.

VISITATION PLAN

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

Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for: • Unvaccinated residents, if the nursing home’s COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated; • Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the 2 criteria to discontinue Transmission-Based Precautions; or • Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine. Facilities should consider how the number of visitors

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

CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people). This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated. However, we acknowledge the toll that separation and isolation has taken. We also acknowledge that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.

STEP 3

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)

Residents are assessed throughout their day, and any changes/concerns are reported to the Resident Care Director, Memory Care Director, or the Nurse/Shift Lead on duty. Staff will be made aware of all scheduled visits daily, and have been educated to the best practices regarding Resident safety. Outdoor visits will remain the preference while weather permits, and we do have designated space indoors to accommodate visits. Front Desk staff notify Resident Care staff in regard to transporting the Residents to the visiting location, via walkie-talkie.

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

Yes, whenever possible.

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 as Step 2

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 as Step 2

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 as Step 2

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 as Step 2

VISITATION PLAN

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

If Residents are unable to be transported to the designated visitation area, and visitation happens in the Resident’s room, the visitors will be required to be masked when entering the community, before being screened. The front desk receptionist will screen the visitors, and notify staff when screening has been completed. Based on screening and individual circumstances, we will determine if the visitors will require additional PPE such as gloves, gown, etc. and the visitors will then be escorted to the Resident’s apartment by staff.

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

At present, there is no plan in place to allow volunteers into the community. If/when we are in a position to accept volunteers we will follow our formal, written screening procedure as outlined in #20. As is the case for all people entering the community, volunteers would be required to wear a mask at all times, and follow all infection control best practices required by the Arbor Company guidelines. Residents exposed to COVID-19 will remain in isolation, and a volunteer would not be permitted to have contact with anyone in isolation.

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

At present, there is no plan in place to allow volunteers into the community during Step 2; however, if that changes, a volunteer could only be permitted to assist with outdoor visit protocols and spend some time assisting with activities, only when working with Resident unexposed to COVID-19. When we are in a position to accept volunteers we will follow our formal, written screening procedure as outlined in #20.

Kevin Caruso

April 4, 2021

SIGNATURE OF ADMINISTRATOR

DATE