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

<table>
<thead>
<tr>
<th>1. FACILITY NAME</th>
<th>2. STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAKON LUTHERAN SOCIAL MINISTRIES D/B/A LUTHER CREST</td>
<td>800 HAUSMAN ROAD</td>
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<table>
<thead>
<tr>
<th>3. CITY</th>
<th>4. ZIP CODE</th>
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<tbody>
<tr>
<td>ALLENTOWN</td>
<td>18104</td>
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<thead>
<tr>
<th>5. NAME OF FACILITY CONTACT PERSON</th>
<th>6. PHONE NUMBER OF CONTACT PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL CHRISTIAN</td>
<td>(610) 391-8203</td>
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DATE AND STEP OF REOPENING

<table>
<thead>
<tr>
<th>7. DATE THE FACILITY WILL ENTER THE REOPENING PROCESS</th>
<th>8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)</th>
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</table>
| 8/31/2020 | ☐ 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)  
The facility has had zero residents test positive for COVID-19 as of 8/21/2020.

7/12/2020 to 7/18/2020

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

All Diakon facilities are contracted with laboratories that allow us to administer COVID-19 diagnostic tests to all residents who show symptoms of the virus and/or who may have been exposed to others with the virus. Testing will occur within 24 hours of observation of symptoms or awareness of potential exposure.

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

All Diakon facilities are contracted with laboratories that allow us to administer COVID-19 diagnostic tests to residents when contact tracing indicates possible or potential exposure. Testing of selected residents will occur within 24 hours as needed. All Diakon facilities have the capacity to arrange for testing of all staff members (including asymptomatic staff members) through an arrangement with CVS pharmacy.

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

All Diakon facilities have the capacity to arrange for testing of non-essential staff and volunteers through an arrangement with CVS Pharmacy.

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

Please see Attachment #1

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.

Please see Attachment #2

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)

Please see Attachment #3

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

Currently our staffing status is satisfactory and all relevant regulatory requirements are being met. Agreements are in place with staffing agencies in the event that outside staffing resources are required to meet regulatory requirements. Please also see Attachment #4.

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 county in which this Diakon Senior Living personal care community is located reverts to a “red” phase, this senior living campus will revert to its prior “non-opening” phase. This will mean that visitation will revert to “virtual” and that communal dining and activities will cease.
### Screening Protocols

<table>
<thead>
<tr>
<th>19. RESIDENTS</th>
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<td>Please see Attachment #5</td>
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<tr>
<th>20. STAFF</th>
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<td>Please see Attachment #5</td>
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<tr>
<th>21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF</th>
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<td>Please see Attachment #5</td>
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<tr>
<th>22. NON-ESSENTIAL PERSONNEL</th>
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<td>Please see Attachment #5</td>
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<th>23. VISITORS</th>
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<td>Please see Attachment #5</td>
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<tr>
<th>24. VOLUNTEERS</th>
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<td>Please see Attachment #5</td>
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### Communal Dining for Residents Unexposed to COVID-19

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<tr>
<th>25. DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY)</th>
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<tbody>
<tr>
<td>Personal Care is divided into two units, each unit has a dining room. Memory support dining room holds 13 residents that live in that unit. Personal care dining room holds 15 residents that live in that unit. Meal times are 8:15am, 12:15pm and 5:15pm.</td>
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<tr>
<th>26. DESCRIBE ARRANGEMENT OF TABLES AND CHAIRS TO ALLOW FOR SOCIAL DISTANCING</th>
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<tbody>
<tr>
<td>Tables and chairs will be arranged to allow for a minimum of six feet of distance between residents. If needed to ensure appropriate physical distancing, additional seating times will be arranged in collaboration between leadership and culinary staff.</td>
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<tr>
<th>27. DESCRIBE INFECTION CONTROL MEASURES, INCLUDING USE OF PPE BY STAFF</th>
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<tr>
<td>Staff will utilize appropriate PPE to include surgical masks and gloves. Residents and staff will both be encouraged to utilize good hand-washing practices before and after each meal. Hand sanitizer will be available either inside or immediately outside each dining area. Residents are asked to wear a mask to and from the dining rooms. An EPA-registered disinfectant will be used for cleaning and sanitizing.</td>
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<tr>
<th>28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING</th>
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<tbody>
<tr>
<td>n/a</td>
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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.
### ACTIVITIES AND OUTINGS

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

Activities will be held on each of the two units in the hallways of the unit whereby unexposed residents can participate from their doorways. Residents will wear masks. There will be no cross over of residents between the units. Activity programming is broadcast through entire campus via internal tv channel so residents can participate in a variety of offerings in their rooms.

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

Activities to be held on each unit for only the unexposed residents on that unit, there will be no cross over of residents. Activity personnel will allow up to 5 unexposed residents to participate. Sanitizer is available near the activity area for residents and staff to use. Residents will wear masks to and from the activity.

31. **DESCRIBE ACTIVITIES PLANNED FOR STEP 3**

Activities to be held on each unit for only the unexposed residents on that unit, there will be no cross over of residents from other units. Activity personnel will schedule unexposed residents as the space permits for social distancing. Residents will wear masks to and from the activity.

32. **DESCRIBE OUTINGS PLANNED FOR STEP 3**

There are no outings planned at this time. This plan will be updated when outings are to be resumed for personal care residents.

### 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**

At this time, only essential personnel will be allowed within the facility.

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

Sanitizer and any appropriate PPE is provided at the check in area for all personnel on the campus prior to any personnel entering the personal care facility.

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

At this time, only essential personnel is allowed in facility, plan will be updated when non-essential personnel is allowed in facility.

### 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 physical distancing, hand hygiene and universal masking are required for visitors as delineated below. Please also see Attachment #6.
36. **Describe the schedule of visitation hours and the length of each visit**

Hours of visitation will be Monday through Friday, 10:00am-10:30am, 11:00am-11:30am, 2:00pm-2:30pm, and 3:00pm-3:30pm. The length of visits will be approximately 30 minutes, with a period of time between visitation sessions to clean and sanitize the outdoor (or in inclement weather, indoor) visitation areas.

37. **Describe how scheduling visitors will occur**

We will be using both an electronic scheduling system, as well as receiving telephone calls from prospective visitors. An assigned staff person will be responsible for monitoring the visitation schedule to ensure that sufficient staff are available to transport and monitor visitation, as well as to clean and sanitize surfaces between visits.

38. **Describe how visitation area(s) will be sanitized between each visit**

Housekeeping and/or visitation monitoring staff will clean and sanitize all surfaces with an approved disinfectant.

39. **What is the allowable number of visitors per resident based on the capability to maintain social distancing and infection control?**

A maximum of 2 visitors per resident per visit will be allowed.

40. **Describe the order in which scheduled visits will be prioritized**

Residents at the highest risk for social isolation and/or emotional distress related to the lack of visitation will have their visits prioritized. Residents who have not been able to see their families “virtually” (if family members do not possess smart phones or tablets for virtual visitation) will also be prioritized. Residents with family members traveling from out of state who cannot visit frequently may also be prioritized.

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 who can safely be transported to and from the visitation area, and who are not experiencing any signs or symptoms of illness will be considered as able to safely accept visitors. Assigned nursing staff will determine if outdoor conditions (such as heat, cold, humidity, rain, etc.) would pose a risk to any residents before transporting them outside. In the event that conditions are unsafe, if possible the visit will be moved to the designated indoor 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**

Visitors will be screened at our main lobby. After the screening process is completed, visitors will travel outside to the Personal Care entrance. A tent will be set up to provide shade for the individuals participating. When severe weather occurs, visitation will occur in the lower level multipurpose room.

43. **Describe how a clearly defined six-foot distance will be maintained between the resident and the visitor(s) during outdoor visits**

Tables and chairs will be arranged to ensure at least a six-foot distance between the resident and visitors. Staff responsible for monitoring visitation will ensure that visitors remain at a distance of six feet throughout the visit.

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**

When severe weather occurs, visitation will occur in the lower level multipurpose room. The room is located just inside the personal care building entrance in a neutral zone.
### VISITATION PLAN

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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<tr>
<td>45.</td>
<td><strong>Describe how a clearly defined six-foot distance will be maintained between the resident and the visitor(s) during indoor visits</strong></td>
</tr>
</tbody>
</table>

Tables and chairs will be arranged to ensure at least a six-foot distance between the resident and visitors. Staff responsible for monitoring visitation will ensure that visitors remain at a distance if six feet throughout the visit. Staff will periodically reassess and remeasure the distance between chairs and adjust their location if necessary.

| 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 who can be safely transported to and from the visitation area, and who are not experiencing any signs or symptoms of illness will be considered as able to safely accept visitors. Assigned nursing staff will determine if outdoor conditions (such as heat, cold, humidity, rain, etc.) would pose a risk to any residents before transporting them outside. In the event that conditions are unsafe, if possible the visit will be moved to the designated indoor area.

| 47. | **Will outdoor visitation be utilized at step 3? If no, skip to question #52** |

Outdoor visitation will remain an option as long as it is determined that the resident can safely visit outdoors, and that weather conditions permit outdoor visitation.

| 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 process 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

| 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** |

In the very small number of cases in which a resident is not able to be transported to visitation, we will, first, continue virtual visits with family and friends and, second, if the resident is physically well enough to tolerate visitation, staff will convene a discussion with family members about in-room visitation. That discussion will include education about infection control, social distancing and use of the appropriate level of PPE.

### 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.
### VOLUNTEERS

53. **DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19.**

Volunteers assisting with visitation will be screened using the protocols described in Attachment 5. They will receive education on infection control, physical distancing and the use of appropriate PPE.

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

Volunteers will assist with transportation of residents and monitoring of visitation.

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**SIGNATURE OF ADMINISTRATOR**

---

**DATE**
Attachment 1

Policy and procedures for addressing residents or staff members who decline to test or are unable to be tested

It is Diakon’s policy to obtain consent for testing from all residents who are to be tested.

If the resident is incapable of providing consent, our staff will reach out to the resident’s decision-maker(s), including guardians or powers of attorney, to obtain consent for testing.

If consent cannot be obtained from either the resident or a decision-maker, the resident will be placed on transmission-based precautions and placed in the “yellow zone’ on the nursing care unit.

The resident will be monitored for signs/symptoms of COVID-19 disease and if none are present after 14 days of monitoring, the resident will be evaluated for transfer to the “green zone” within the nursing care unit.

If a staff member declines to be tested, the staff member’s supervisor will meet with the employee to determine the person’s reasons or concerns. If, after that meeting, the staff member continues to decline testing, depending upon the staff member’s assigned role within the campus, the supervisor will consult with the executive director to determine whether an alternative assignment will be possible for the employee and/or whether the staff member will be able to continue to work.
Attachment 2  
Policy and Procedures on Resident Cohorting

Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents - Policy Statement

Residents with signs and/or symptoms of COVID-19 disease will be identified and isolated to help control the spread of infection to other residents, staff and visitors.

Policy Interpretation and Implementation

1. Strategies used for the rapid identification and management of COVID-19 infected residents include:
   a. Screening and monitoring for symptoms;
   b. Surveillance and reporting of respiratory illness;
   c. Testing;
   d. Clinical care;
   e. Resident placement and cohorting;
   f. Transfers; and
   g. Admissions.

Screening and Monitoring

1. The Infection Preventionist or designee is responsible for establishing and overseeing the active screening and monitoring efforts.

2. Residents are monitored twice daily for signs of respiratory infection, including temperature screening by staff and self-reporting of symptoms by residents.
3. If a resident has signs or symptoms that suggest a developing respiratory infection:

   a. The charge nurse is notified immediately;
   b. The resident is assessed by a licensed nurse;
   c. Assessment information is reported to the Infection Preventionist or designee;
   d. The Infection Preventionist or designee notifies the local health department of any new suspected cases of COVID-19 and requests testing; and
   e. Resident information is added to the Respiratory Surveillance Line List.

**Surveillance and Reporting**

1. All surveillance findings are collected and reviewed daily by the Infection Preventionist or designee.

2. The health department is notified of any resident with suspected or confirmed COVID-19, severe respiratory infection, or a cluster (3 or more residents or staff with new onset respiratory symptoms over 72 hours).

3. The Infection Preventionist or designee summarizes outbreaks of respiratory illness in the LTC Respiratory Surveillance Outbreak Summary and submits this to the local health department.

**Testing**

1. The Infection Preventionist or designee will contact the local and/or state health departments to coordinate testing through public health or authorized clinical laboratories. For more information, see: Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19).

**Clinical Care**

1. Residents with suspected or confirmed COVID-19 are medically managed by their attending physician or designee, with supportive care provided by designated nursing staff, until the resident is transferred or recovers.

2. Staff caring for residents with suspected or confirmed COVID-19 must strictly adhere to infection prevention and control practices outlined in

**Resident Placement and Cohorting**

1. Consistent staff assignments are exercised for all residents regardless of symptoms or COVID-19 status. Staff members are not assigned to work across floors or units when possible.

2. Residents with suspected COVID-19 disease are placed in a private room, moved to a dedicated unit, or cohorted with another resident who is suspected to have COVID-19.

3. Residents with confirmed COVID-19 disease are separated from residents who do not, or have an unknown status. If units are dedicated, these must be able to adhere to strict infection control practices.

**Transfers**

1. Residents with suspected or confirmed COVID-19 who have fever and/or respiratory symptoms are not automatically transferred to the hospital if their clinical condition and symptoms can be managed at the facility.

2. For the resident who develops severe symptoms of illness and requires transfer for a higher level of care:
   
   a. Emergency medical services and the receiving facility are alerted of the resident’s diagnosis (suspected or confirmed COVID-19) and notified of precautions to be taken (transferring and receiving staff); and

   b. A facemask is placed on the resident during transfer (as supply allows).

3. The Infection Preventionist or designee, in conjunction with the local health department, has identified facilities dedicated to residents with suspected or confirmed COVID-19, and those designated as non-COVID facilities, and has established arrangements to transfer residents if necessary.
4. Resident transfer to another certified LTC facility for the purpose of cohorting residents with COVID-19 will be conducted under the Blanket Transfer Waiver (QSO-20-25). Transfers or discharges to a non-certified location for the purposes of cohorting will only occur after obtaining permission from the state agency.

5. For residents who need to leave the facility for medically necessary purposes (e.g. dialysis, etc.), the transportation and receiving health care team is notified of the resident’s suspected or confirmed COVID-19 status. Regardless of COVID-19 status, a facemask is placed on the resident prior to leaving his or her room.

**Procedures for Accepting Admissions from Hospitals**

1. The decision to admit new residents to the facility is based on the ability to provide care and to keep current residents safe. Factors that are considered when presented with a potential hospital admission include physical space to provide appropriate distancing, staffing levels, and availability of personal protective equipment.

2. For patients/residents who are tested prior to hospital discharge and are COVID-19 negative (including those who were COVID-19 positive and recovered), ADMIT and:
   a. cohort (in rooms or wings) with other residents of similar status (e.g., new hospital admissions with negative COVID-19 test, etc.), if possible;
   b. monitor temperature and respiratory symptoms every shift;
   c. limit contact with other residents (as much as possible); and
   d. consistently assign staff and limit number of times staff enter resident room.

3. DO NOT ADMIT patients who have not been tested in the hospital prior to discharge (status unknown) or patients who are presumptive or confirmed COVID-19 positive UNLESS:
   a. There is a dedicated unit or floor in the facility for COVID-19 residents;
   b. Staff movement between units is limited as much as possible; and
c. There are adequate staffing levels and PPE to manage COVID-19 positive residents.

4. For any resident admitted from the hospital with unknown status:

   a. Place in a single room or observation area;
   b. Restrict access to other residents to the extent possible;
   c. Monitor temperature and respiratory symptoms every shift;
   d. Place on contact and droplet precautions and wear recommended PPE when caring for the resident; and
   e. Consistently assign staff and limit number of times staff enter resident room.

<table>
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<tr>
<th>References</th>
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<tbody>
<tr>
<td><strong>OBRA Regulatory Reference Numbers</strong></td>
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<td><strong>Survey Tag Numbers</strong></td>
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<tr>
<td><strong>Other References</strong></td>
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<tr>
<td><strong>Related Documents</strong></td>
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<td><strong>Version</strong></td>
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Attachment 3
Plan for Ensuring an Adequate Supply of Personal Protective Equipment

Each Diakon Senior Living Services facility has an account with medical suppliers DSSI and Medline. Items such as gloves, hand sanitizer, face shields, surgical masks and KN/N95s can be ordered via the online DSSI/Medline ordering system.

In addition, Diakon’s Performance Improvement team conducts a weekly inventory of on-site PPE supplies, sharing this with the Senior Vice President of Operation for the purposes of future ordering. Diakon also keeps a central supply of surgical masks, KN/N95 masks, isolation gowns, thermometers and face shields.

Each Diakon Senior Living Services campus requests and receives necessary PPE from this central supply as needed.
Staffing (Personal Care/Assisted Living)

Policy Statement

Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment.

Policy Interpretation and Implementation

1. Staff members are available 24 hours a day to provide direct resident care services.

2. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents.

3. Nursing Hours per Patient Day (NHPPD) meet the minimum staffing requirements.

4. Other support services (e.g., dietary, activities/recreational, social, therapy, environmental, etc.) also are staffed to ensure resident needs are met.

5. Inquiries or concerns relative to our facility’s staffing should be directed to the administrator or his or her designee.

References

Dokon Staffing (Personal Care/Assisted Living) 07.20.20 1.1 (H5MAPL0842)
Attachment 5
Policy and Procedures on Screening of Residents, Staff and Visitors

I. **Standard:** To limit entrance to Diakon senior living communities for those who present symptoms that would make them excluded from entering the premises.

II. **Purpose:** The senior living facility will conduct health screenings of staff (employees and contracted staff), residents, health-care personnel who are not staff, non-essential personnel, volunteers, visitors and anyone else attempting to enter one of the Diakon senior living communities’ buildings to reduce the risk of transmission of the novel coronavirus. The senior living facility will implement actions according to CDC, DOH and World Health Organization recommendations on screening protocols.

III. **Implementation:**

A. Staff (Employees, Contracted Staff), Health-care Personnel who are not staff, and Non-Essential personnel:
   a. Will be screened utilizing the appropriate health-screening tool; (Attachment A)
   b. Will complete the health-screening tool upon entrance and exit of the building;
   c. And will note any presence of symptoms.
   d. If symptoms are noted, the individual will immediately leave the building and notify their supervisor.

B. Residents
   a. Residents will be screened utilizing the appropriate health-screening tool at the appropriate timing intervals.
   b. Residents displaying any presence of symptoms will be evaluated to determine if COVID-19 testing will occur.

C. Volunteers
   a. Upon re-opening of buildings to visitation, volunteers will complete a health-screening tool upon entrance and exit of the building.
   b. Volunteers noting any presence of symptoms will immediately leave the building and notify the volunteer coordinator.

D. Visitors
   a. Family members or other resident representative may visit with a resident when end of life situations occur.
b. Upon re-opening of buildings (other than end of life scenarios), visitation will expand and each community will identify specific visitation locations, infection control procedures, availability of dates/times, education of visitors, etc.

c. Visitors will complete a health-screening tool. (Attachment B)
d. Visitors noting any presence of symptoms will immediately leave the building/premises and will not be allowed to visit with a resident.

REFERENCES:

- Pennsylvania Department of Health – Health Alert Network (HAN) guidance
- Centers for Disease Control (CDC) guidance
- Maryland Department of Health
Health Screening for All Building Personnel and Volunteers

*Must be completed upon entrance to and exit of the facility every day*

Name _____________________________  Date __________  Shift __________

Employee/Volunteer (circle one): Diakon  Morrison  Genesis  Volunteer  Other  ________

1. Have you washed your hands/used sanitizer?  Yes  No
   a. If no, direct staff member to wash hand/use alcohol-based sanitizer
2. What is your current temperature?  ________
3. Are you experiencing chills?  Yes  No
4. Are you taking medication for a fever?  Yes  No
   a. Such as Tylenol, Motrin, acetaminophen or ibuprofen
5. Are you experiencing shortness of breath or difficulty breathing?  Yes  No
   a. If yes, is this a new or old condition  New  Old
6. Do you have a new or increasing cough?  Yes  No
7. Are you experiencing loss of taste or smell?  Yes  No
8. Do you have a sore throat?  Yes  No
9. Do you have fatigue?  Yes  No
10. Do you have a headache?  Yes  No
11. Do you have congestion or runny nose?  Yes  No
12. Are you experiencing nausea or vomiting?  Yes  No
13. Are you experiencing diarrhea?  Yes  No

If you answered *Yes* to any of the above questions and/or your temperature is *greater than 100 degrees*: please notify your supervisor/volunteer coordinator. Your supervisor/volunteer coordinator will provide further instructions.

14. Do you work/volunteer at another health care facility?  Yes  No
   a. Please list the other facilities where you work or volunteer

__________________________________________________________

b. Are there any recognized COVID 19 cases in these facilities?  Yes  No
If you develop a fever or any other symptoms listed above while you are working, please notify your supervisor/volunteer coordinator immediately. MANY THANKS for all you are doing to take good care of our residents, and to protect both residents and your colleagues!
ATTACHMENT B

Health Screening for All Visitors

*Must be completed upon entrance to the facility upon each visit.*

Name _____________________________ Date _________ Time ___________

Resident Visited ______________________________________________________

15. Have you washed your hands/used sanitizer? Yes No
   a. If no, please wash your hands/use alcohol-based sanitizer

16. What is your current temperature? __________

17. Are you experiencing chills? Yes No

18. Are you taking medication for a fever? Yes No
   a. Such as Tylenol, Motrin, acetaminophen or ibuprofen

19. Are you experiencing shortness of breath or difficulty breathing? Yes No
   a. If yes, Is this a new or old condition New Old

20. Do you have a new or increasing cough? Yes No

21. Are you experiencing loss of taste or smell? Yes No

22. Do you have fatigue? Yes No

23. Do you have a headache? Yes No

24. Do you have a sore throat? Yes No

25. Do you have congestion or runny nose? Yes No

26. Are you experiencing nausea or vomiting? Yes No

27. Are you experiencing diarrhea? Yes No

If you answered **Yes** to any of the above questions and/or your temperature is **greater than 100 degrees** you cannot enter the facility or visit with a resident.

Please Remember:

- To wash your hands or use alcohol-based hand sanitizer throughout your visit
- To refrain from shaking hands with, touching or hugging during your visit
- To wear a facemask during your visit; and
- To restrict your visit to the identified visitation area.
- To follow all other guidelines provided during the visitation.
- If you develop a fever or any other symptoms listed above while you are visiting, please notify a staff member immediately. MANY thanks for helping us to ensure the safety of all our residents!
Attachment 6
Diakon’s Plan to Allow for Visitation

Pursuant to the Commonwealth of Pennsylvania’s June 26th Interim Guidance, each Diakon Senior Living Community nursing facility has established and will enforce a visitation plan that meets the following requirements:

1. Establishment of visitation hours are detailed in the main part of this document.

2. We strongly encourage outdoor visitation when weather and resident-appropriate. The area(s) identified by the campus for outdoor visitation are listed in the main part of this document. This outdoor visitation area includes coverage from inclement weather or excessive sun.

3. If outdoor visitation is not possible (as a result of severe weather, rain, excessive heat or humidity), we have arranged for an area/room, located in a neutral zone within the facility, to be used for visitation.

4. Adequate numbers of staff are available to schedule and screen visitors, assist with transportation and transition of residents, monitor visits, and wipe down visitation areas after each visit.

5. We have established and will maintain visitation spaces (outdoor and when necessary indoor) that provide for a clearly defined 6-foot distance between the resident and visitor(s).

6. We have determined that the maximum number of visitors per resident per visit is 2. This number provides for the capability to maintain physical distancing and infection-control protocols.

7. We use an EPA-registered disinfectant to wipe down visitation areas between visits.
8. Pursuant to the June 26th Interim Guidance, only those unexposed residents residing in the facility’s “green zone” will be allowed to have in-person visitation. Other residents will continue to visit with family and friends virtually.

9. We will prioritize scheduled visitation for residents with diseases that cause progressive cognitive decline (such as Alzheimer’s disease), as well as for residents expressing feelings of loneliness.

10. We will provide each resident with a facemask to wear during the visit, if the resident can comply.

11. Children over an age listed in the main part of this document are permitted to visit when accompanied by an adult visitor, within the number of allowable visitors (maximum of 2). The adult visitor must be able to manage children and children must wear a facemask during the entire visit. Children must also maintain strict physical distancing.

12. We ensure compliance with the following requirements for visitors:

   a. We have established and implemented protocols for screening visitors for signs and symptoms of COVID-19 disease. Any visitors who do not pass the screening will not be allowed access to the facility or its grounds.

   b. We will provide alcohol-based hand rub to each visitor and demonstrate how to use it appropriately if needed.

   c. Visitors will be directed to:
      
      i. Wear a face covering or facemask during the entire visit;
      ii. Use alcohol-based hand rub before and after the visit;
      iii. Stay in designated facility locations;
      iv. Sign in and provide contact information;
      v. Sign out upon departure; and
      vi. Adhere to all screening protocols.