

September 14, 2020

Dear Resident & Family,

I am pleased to announce that Rhodes Estates has completed all testing requirements mandated by the state. As of the date of this letter all residents and staff have tested negative for COVID-19. In conjunction with the guidelines of PA Department of Human Services, Rhodes Estates will enter the reopening process.

Effective the date of this letter Rhodes Estates will enter Step 2 of the reopening process as defined by our licensing body. A copy of our reopening plan has been posted on our Facebook page, will be mailed or emailed to all families and will be posted on our website. Please share with any family members who may be interested in visiting their loved ones, as it outlines how to schedule a visit as well as what the protocols for the visit are. The plan addresses all areas mandated by our licensing agent including but not limited to the following:

- All visits must be scheduled in advance. Please do so by contacting the office Monday through Friday as visits must be scheduled when activities staff is present.
- While outside visits are preferred, during inclement weather visits will be conducted inside in the private dining room.
- All visitors must be screened, universal masking is required for both residents and their visitor and social distancing must be maintained.

For the most up-to-date information on this topic, please visit the CDC website at http://www.cdc.gov/covid19.

Again, thank you for your patience and understanding as we strive to keep our residents safe.

Sincerely,

T.J. George Administrator

Phone: 724-656-8000 • Fax: 724-656-0973 • Email: rhodesestates@comcast.net

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.

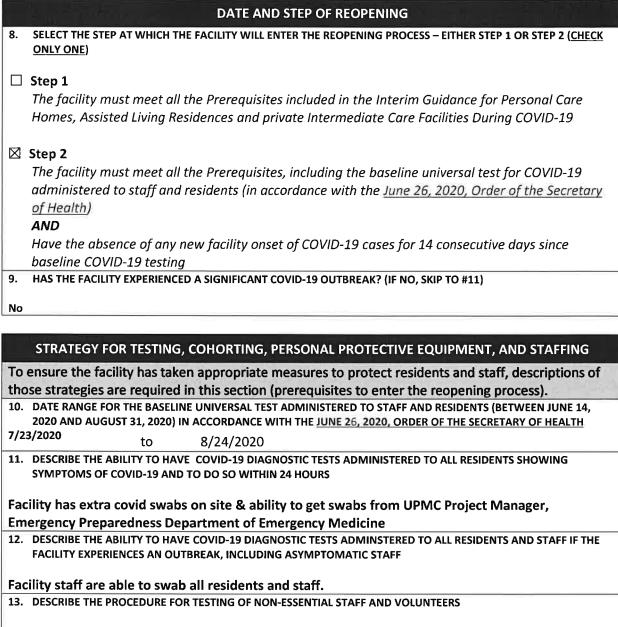
FACILITY INFORMATION This section contains the name and location of the facility along with contact information for an individual designated by the facility. That individual does not have to be the Administrator but should be someone available to respond to questions regarding the Implementation Plan.	
Rhodes Estates	
2. STREET ADDRESS	
318 Rhodes Place	
3. CITY	4. ZIP CODE
New Castle	16101
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
T.J. George	724-656-8000

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

9/14/2020



Facility has extra covid swabs on site & ability to get swabs from UPMC Project Manager, Emergency Preparedness Department of Emergency Medicine

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

Residents would be considered positive and isolate for 14 days, staff would be prohibited from provding direct care to negative residents, and only care for positive resident if possible.

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 will be isolated in their apartments, all residents who reside on that floor will remain isolated as well 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)

The facility maintains at a minimum 15 days supply of PPE. The facility will replenish as necessary.

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

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

The facility is adequately staffed. Non-direct care staff has been trained in direct care and is available as needed. The facility will utilize staffing from the management company, who manages additional PCHs, as necessary.

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

All visitation will cease, non essential persons will be prohibited.

SCREENING PROTOCOLS

In each block below, describe the screening protocol to be used including where screening occurs, method of determining symptoms and possible exposure, and action taken if screening reveals possible virus. Include how the data will be submitted to the Department.

19. RESIDENTS

Residents will be screened at the facility. Resident in question will be tested and quarantined. Reportable incident will be submitted to state and or reported to the state utilizing the online reporting portal.

20. STAFF

At the main entrance temperature and questionnaire will be done before and after shift, if possible staff in question will be sent home.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

At the main entrance temperature and questionnaire will be done upon entering and leaving facility. If symptoms exist or exposure indicated the person in question will be restricted from entering.

22. NON-ESSENTIAL PERSONNEL

At the main entrance temperature and questionnaire will be done upon entering and leaving facility. If symptoms exist or exposure indicated the person in question will be restricted from entering.

23. VISITORS

At the main entrance temperature and questionnaire will be done upon entering and leaving facility. If symptoms exist or exposure indicated the person in question will be restricted from entering.

24. VOLUNTEERS

At the main entrance temperature and questionnaire will be done upon entering and leaving facility. If symptoms exist or exposure indicated the person in question will be restricted from entering.

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)

Half the building comes down at a time, the other half eat in their rooms- rotate each meal

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

Two residents at each long table residents remain 6 feet apart. One resident at smaller tables. Tables are 6 feet apart.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

All staff wear surgical masks and gloves at the minimum. All resident chairs and tables are disinfected after each use.

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

NA

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 can sit distance of 6 feet and supervision of activity staff. Only disposable or washable items will be used- anything that requires disinfecting will be done by activities staff immediately after activity. Hand sanitizer and masks available for residents

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

Residents can sit distance of 6 feet and supervision of activity staff. Only disposable or washable items will be used- anything that requires disinfecting will be done by activities staff immediately after activity. Hand sanitizer and masks available for residents

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Residents can sit distance of 6 feet and supervision of activity staff. Only disposable or washable items will be used- anything that requires disinfecting will be done by activities staff immediately after activity. Hand sanitizer and masks available for residents

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Residents can sit outside on foyer with distance of 6 feet and supervision of activity staff. Hand sanitizer and masks available for residents. Facility is restricting resident outings.

NON-ESSENTIAL PERSONNEL

In Step 2, non-essential personnel <u>deemed necessary</u> 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, <u>all</u> 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
- 1 beautician
- 34. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3

Staff will monitor to ensure social distancing, hand sanitizer and masks available for residents. other person will not be let into facility if mask is not on. This plan and the requirements of non-essential personnel will be reviewed with and signed off on by non-essential personnel prior to being permitted into the facility.

NON-ESSENTIAL PERSONNEL

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

The positive resident will be quarantined to their room. Non essential person will be restricted from entering that resident's room.

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 Facilites During COVID-19), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.

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

Visitation will only be scheduled while activities staff, Resident Care Coordinator, Administrator is present in the building for approx. 15-30 minutes per visit.

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitors will call and speak to activities, secretary or admissions coordinator. A schedule will be maintained by the office personnel.

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

Activities Staff or designated staff assisting with the visit will sanitize the area immediately afer visitation is over.

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

Two

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

Visits must be scheduled in advance on a first come basis.

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)

Administator in coordination with activities staff will determine safety for visitation.

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

The patio area near the main entrance will be utilized for visits. If unable to visit in the covered patio due to inclement weather the visitation will be held in the the private dining room. Both are accessible from the immediate outside parking lot and the main floor (at the main entrance).

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

Chairs will be placed in the outside area six feet apart. Lines on the ground will designate the six foot distance. Visitation in the private dining room will be at a table that is six feet.

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

If unable to visit in the covered patio area visitation will be held in the private dining room. Visitors will utilize the main entrance door and proceed directly to the private dining where the resident will be located.

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

EP 2

VISITATION PLAN

A six foot table is located in the private dining room. Residents will sit at the far end of the table. Visitors will sit at the table nearest to the entrance door.

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)

Admininistrator in cooperation with the activities coordinator will determin safety for visitation.

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

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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")

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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.

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

The resident and visitor will be required to wear a mask. The visitor will be provided a chair to sit on. The chair and touched surfaces will be disinfected when the visit is complete.

VOLUNTEERS

In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols and may only conduct volunteer duties with residents unexposed to COVID-19. In Step 3, all volunteer duties may be conducted, but only with residents unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required for volunteers.

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

No Volunteers

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

N/A

SIGNATURE OF ADMINISTRATOR

DATE

9-14-2020