

**Implementation Plan for Reopening
In Accordance with the Pennsylvania Department of Health's
Interim Guidance for PCHs 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 Personal Care Home Administrator but should be someone available to respond to questions regarding the Implementation Plan.	
1. FACILITY NAME	
Success Rehabilitation, Inc	
2. STREET ADDRESS	
5666 Clymer Rd	
3. CITY	4. ZIP CODE
Quakertown	18951
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Susie Pina	215-538-3488

DATE AND STEP OF REOPENING	
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
	9/1/2020
8.	SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)
<input type="checkbox"/>	Step 1 <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 <u>June 26, 2020, Order of the Secretary of Health</u>)</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 <u>June 26, 2020, Order of the Secretary of Health</u>)</i> AND <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>
9.	HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)
	No

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

14. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL STAFF, INCLUDING ASYMPTOMATIC STAFF

To facilitate staff testing Success Rehabilitation, Inc has procured a list of testing facilities available to staff that perform testing without the need of a physician order and at no expense to the employee. This list was created with the assistance of the Bucks County Department of Health and resources provided by the Pennsylvania Department of Health and Department of Human Services.

15. DESCRIBE THE PROCEDURE FOR ADDRESSING NEEDED TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS

To facilitate non-essential staff testing Success Rehabilitation, Inc has procured a list of testing facilities available to staff that perform testing without the need of a physician order and at no expense to the employee. This list was created with the assistance of the Bucks County Department of Health and resources provided by the Pennsylvania Department of Health and Department of Human Services. Volunteers are not permitted at Success Rehabilitation, Inc during COVID-19 pandemic, nor at any point prior to the pandemic. This is clearly defined in our employee manual and available upon request.

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

Clients who decline to be tested as considered to be COVID-19 positive and will be quarantined in their rooms for a period of 14 days after the date that the scheduled COVID-19 test is refused. Staff who decline to be tested will not be permitted to work until they complete a COVID-19 test.

17. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH PA-HAN-496 UNIVERSAL MESSAGE REGARDING THE COHORTING OF RESIDENTS.

Clients who test positive at Success Rehabilitation, Inc's licensed personal care home will be transferred to an off-site company residence that is currently unoccupied. The off-site residence is fully stocked with personal protective equipment (PPE) for 24 hour supervision. At the off-site residence there is three private bedrooms where COVID-19 clients will be quarantined as directed by the Bucks County Department of Health.

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)

Success Rehabilitation, Inc currently has enough PPE onhand to ensure a fourteen day critical PPE supply of n95 masks, gloves, gowns, and eye protection for staff that would be based at our off-site quarantine residence. Success Rehabilitation, Inc has confirmed with our durable medical equipment (DME) suppliers that they have adequate stock of critical PPE to support supplemental orders as needed.

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

Current staffing levels provide for coverage of all required shift needs to provide 24 hour care for PCH clients. Should there be a staffing shortage, Success Rehabilitation, Inc maintains a reserve roster of clinical and administrative staff who have been trained on direct care to support where staff shortages may occur.

SCREENING PROTOCOLS

24. NON-ESSENTIAL PERSONNEL

All employees are required to complete a medical questionnaire and a temperature screening prior to starting a shift. The medical questionnaire includes questions that identify potential COVID19 symptoms, locations traveled recently, and an attestation statement where employees sign indicating they are providing truthful responses. Temperature screenings are performed by members of the clinical and administrative team. Every employee must complete the screening process prior to entering the facility for a shift. Employees with positive responses to the screening are prohibited from entering, and are advised to communicate with their primary care provider, local urgent care center, or local board of health.

25. VISITORS

Visitors are restricted from entering Clymer Road, unless deemed absolutely essential. All visitors are required to complete a medical questionnaire and a temperature screening prior to entering any SRI location. The medical questionnaire includes questions that identify potential COVID19 symptoms, locations traveled recently, and an attestation statement where individuals sign indicating they are providing truthful responses. Temperature screenings are performed by members of the clinical and administrative team. Every visitor must complete the screening process prior to entering the facility. Visitors with positive responses to the screening are prohibited from entering, and are advised to communicate with their primary care provider, local urgent care center, or local board of health.

26. VOLUNTEERS

Volunteers are not permitted at Success Rehabilitation, Inc during COVID-19 pandemic, nor at any point prior to the pandemic. This is clearly defined in our employee manual and available upon request.

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)

Breakfast is served between the hours of 8am-9:30am, Monday-Sunday
Lunch is served between the hours of 12:00pm-1pm, Monday-Monday
Dinner is served between the hours of 5pm-6pm, Monday-Sunday
Snack is served between the hours of 7:45pm-8:15pm, Monday-Sunday

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

To allow for social distancing, there are several rooms throughout the building where clients are assigned to eat meals. In addition, labels have been added to tables to indicate where clients may sit in relation to one another to accommodate appropriate distancing.

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

Cleaning and disinfection of communal dining spaces occurs before and at the conclusion of each meal. Surfaces that are dirty with food waste are cleaned using a detergent of soap and water prior to disinfection. For disinfection, spray and/or wipe products are used that have been posted on the Center for Disease Control's [website](#) of Environmental Protection Agency registered agents for killing the COVID-19 virus. This includes Clorox products and diluted household bleach solutions (5%-6% concentration). Staff are instructed to clean hands often using soap and water and the use of nitrile gloves when using cleaning and disinfecting surfaces.

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

Activities are planned to include 10 or less clients by maneuvering tables in a large open area allowing proper social distancing measures. Another room is set up as needed to accommodate the number of clients engaged and for safety measures. Markers are placed at each table/work area as a visual cue for clients and staff where seating is allowed at 6 feet intervals. Staff is available to monitor the activity areas for support of social distancing measures & donned masks. Music therapy is conducted via Skype in a large room weekly allowing 8 -10 clients participate. At times when clients are in need of set up a staff member will provide assistance in order to promote participation. Written and pictorial instructions are provided at each table along with the daily schedule listed on a white board. Activities are organized and planned to promote improving and maintaining clients cognitive and physical functioning. Clients interest are the focal point for implementation of activities as this promotes positive participation and engagement. Activities at this stage have included outdoor engagement on the Lido deck and sport court. Walks around the property on the paved path implemented daily utilizing safety measures of social distancing and wearing masks. Outside activities are encouraged whenever possible. Nutrition and Chaplaincy services are conducted via Telehealth and face to face sessions when appropriate in support of clients health, wellness and spiritual needs. Virtual church services are incorporated for client interest. At this time grocery shopping is being completed by staff for safety purposes instead of risk of exposure to clients entering a community store. Client personal shopping is currently completed by case managers, staff, and/or families are sending in care packages. Therapy appointments are conducted via Telehealth in a private area with the assistance of staff as needed. Face-to-Face therapy sessions are scheduled when appropriate; a transparent plexiglass shield is provided during these sessions in addition to donned masks and social distancing. These interventions foster the client progress toward individualized service plan goals. Preventive measures include: Utilization of proper safety measures for social distancing and wearing masks will continued to be implemented in tasks. All clients use hand sanitizer before engaging and after participation in each activity. All tables and chairs disinfected after the activities. All writing utensils (pencils, paint brushes, pens, markers, colored pencils/crayons) are disinfected after each use. All game pieces, including the boxes &/or containers are disinfected after each use. All laptop and tablets are disinfected after each use. All door knobs in the recreation area are disinfected at all times throughout the day. Education on universal precautions are implemented to offer a better understanding why these practices are in place.

35. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2

All SRI employees and therapeutic contractors are essential. Non-essential vendors include Supports Coordinators (non-employees), insurance brokers, bankers, pharmacy representatives. Anyone not providing direct contact with staff or clients.

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

Non-essential personal will be required to follow the same standards as those employees who have been deemed essential. This includes following the same screening protocols, requirements to wear a mask, and follow a rigorous hand hygiene process where hands are washed before and after interactions with any client, using the restroom, and before eating or preparing meals. Additionally, social distance measures have been put into place through the use of shared common areas or private offices where appropriate distance can be maintained by individuals at all times.

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

Clients who test positive at Success Rehabilitation, Inc's licensed personal care home will be transferred to an off-site company residence that is currently unoccupied. Non-essential personnel will not be allowed to enter the off-site residence ensuring that no contact with COVID-19 positive clients occurs. Should these individuals be unable to be transferred to an offsite placement due to their medical conditions, the individuals will be isolated in their rooms and have no contact with non-essential personnel.

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 Home 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.

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

Initially, family visits will be restricted to one day per week (Saturdays) outside and supervised to enhance the adherence to mitigation measures. Visits will be offered at designated times for 90 minutes; families and friends will be instructed to sign up with clients' case managers for visitation times to restrict the amount of persons that are able to visit at one time.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

The gatekeeper for the visits will be the client case managers; they are in frequent communication with each family member.

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

Designated staff will be assigned to sanitize all surfaces prior, and immediately following each visit. Hand sanitizers will be available at each visitation area for use during the visits.

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

Initially, only two family members per individual will be permitted at a time.

VISITATION PLAN

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")

Use of signs to remind visitors, use of tape to designate a 6 foot distance, use of transparent barriers between visitors and residents will be available.

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

All residents are able to be transported to the designated visitation areas.

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 RESIDENTS EXPOSED TO COVID-19

N/A: Success Rehabilitation Inc has a no volunteer policy.

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

N/A

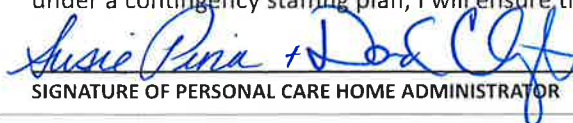
The Personal Care Home Administrator (PCHA) is responsible for the accuracy of the Implementation Plan and the facility's adherence to it. Upon completion of blocks 1-57, the Implementation Plan should be printed and the signature and date affixed by the PCHA in block 58.

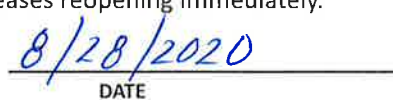
57. NAME OF PERSONAL CARE HOME ADMINISTRATOR

Susie Pina and David P Clayton

58. ATTESTATION

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 Plan. 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 Personal Care Home 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 PERSONAL CARE HOME ADMINISTRATOR


DATE