

**Office of Developmental Programs - Office of Long Term Living - Department of Aging**

## **Community Participation Support and Older Adult Facility (CPS/OAF)**

### **Reopening Tool**

Revised: 5/10/2021

Version 3

#### **Instructions:**

This Reopening Tool is completed by a provider when a Community Participation Support (CPS) or Older Adult Facility closed when more than one staff or individual was diagnosed with COVID-19 within a 14-day consecutive period and spent any amount of time in the facility. Providers are **not expected** to complete the Reopening Tool when closure is due to Substantial Community Spread.

The Reopening Tool will be completed by the impacted provider to safely and efficiently reopen the facility. Providers should focus actions on reviewing and updating the current COVID-19 plan for each facility.

Community spread can be monitored using the Pennsylvania Department of Health (PA DOH)'s [COVID-19 Early Warning Monitoring System Dashboard](#).

**Section 1 – Provider Details:** Complete this section by responding to each field. Providers should identify the oversight office. For “dual licensed” Older Adult and Adult Training facilities, Pennsylvania Department of Aging (PDA) regional licensing representatives are the designated oversight office. A completed copy of the tool should also be sent to the respective Administrative Entity.

**Section 2 - Reason for Temporary Closure:** Complete this section by checking all reasons/details that apply to the closure. Responses will assist with determining the need for technical assistance and locating additional resources (ex. DOH, [Regional Congregate Care Assistance Teams \(RCAT\)](#))

**Section 3 – Reopening Activities:** Complete this section by reviewing each “Reopening Area,” describing policy modifications, and checking each area as “complete.” Providers should mark “N/A” (not applicable) if the reopening area has not impacted the provider’s current COVID-19 plan.

**Section 4 – Oversight Review:** The identified oversight office will complete this section after reviewing: (1) information provided in the Reopening Tool; and (2) the provider’s updated COVID-19 plan. Oversight offices will provide additional technical assistance as requested and needed.

Once complete, the Reopening Tool is submitted electronically to the designated oversight office as follows:

- ODP – Submit electronically to designated Administrative Entity (AE)
- OLTL – Submit electronically to the following address: [RA-PWLIFE@pa.gov](mailto:RA-PWLIFE@pa.gov)
- PDA – Submit electronically to the designated regional licensing representative.

<b>Section 1: Provider Details</b>	
Provider Name: <a href="#">Click here to enter text.</a>	MPI: <a href="#">Click here to enter text.</a>
Service Location Address: <a href="#">Click here to enter text.</a>	
Completed by: <a href="#">Click here to enter text.</a>	Title: <a href="#">Click here to enter text.</a>
Phone: <a href="#">Click here to enter text.</a>	Email: <a href="#">Click here to enter text.</a>
Date Completed: <a href="#">Click here to enter text.</a>	
Oversight Office: <input type="checkbox"/> ODP/Administrative Entity <input type="checkbox"/> OLTL <input type="checkbox"/> PA Dept of Aging	

<b>Section 2: Reason for the Temporary Closure</b>
<p><b>Check all that apply:</b></p> <p><input type="checkbox"/> <b>Positive case(s) within the facility?</b></p> <p><input type="checkbox"/> <b>Individual receiving services</b>, number of cases: <a href="#">Click here to enter text.</a></p> <p><input type="checkbox"/> <b>Staff</b>, number of cases: <a href="#">Click here to enter text.</a></p> <p><input type="checkbox"/> Were there <b>multiple cases</b> of COVID-19 or exposure to COVID-19 in a group or among those who were in the same locations at the facility throughout the day?</p> <p><input type="checkbox"/> Was COVID-19 transmitted to an individual or staff with COVID-19 at a location <b>outside</b> of the facility?</p> <p><input type="checkbox"/> Did an individual or staff with COVID-19 or exposure to COVID-19 <b>show symptoms</b> while at the facility?</p> <p><input type="checkbox"/> Was the <b>Department of Health contacted</b> to determine when to reopen the facility, if sooner than 14 days from the date of closure?</p>

<b>Section 3: Reopening Activities</b>		
<b>Reopening Areas</b>	<b>Check when Complete</b>	<b>Describe Impact/Modifications</b>
Review of the facility's <b>screening protocol</b> for improved screening: Such as more detailed screening questions, or using other locations for screening (car/parking lot instead of entrance to facility or inside facility).	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Review of the facility's efforts towards <b>safety measures</b> : Including facilitating social distancing, space considerations, and/or rearranging any barriers or workstations.	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Review of the facility's efforts towards ensuring <b>face coverings</b> are used by individuals and staff during all service provision (including transportation), as well as the facility's ability to mitigate risk to	<input type="checkbox"/>	<a href="#">Click here to enter text.</a>

<p>those who qualify for being exempt from wearing a mask.</p>		
<p>Review of the facility’s efforts towards <b>infection control</b>: Such as more intensive cleaning of high-use, high touchpoints, and high-occupancy areas of the facility (ex. bathrooms, doorknobs of transitional areas where many groups travel through during the day, lunchrooms).</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>
<p>Review of additional alternative, <b>remote, or community supports</b> to offer to reduce time spent, and number of people, in the facility on any given day (cohorting, alternating schedules/shifts, block scheduling).</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>
<p>Review of <b>contingency plans</b> to offer alternative services to impacted individuals during facility closures in case of a future facility closure.</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>
<p>Review of <b>training</b> provided to staff at all levels of the agency to determine if updated or additional training is needed based on most recent PA DOH and CDC guidelines (COVID-19 symptoms, hygiene, appropriate PPE use, HR policies on calling off when sick).</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>
<p>Review of <b>education</b> provided to individuals and families to determine if additional education should be provided (COVID-19 symptoms and transmission, personal hygiene, personal safety skills in facility, and community).</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>
<p>Review of <b>notification</b> process and procedures utilized for communicating changes in programming to individuals and families (ex. facility closures/reopening, facility screening process, drop off/pick up protocol, visitation, changes to hours of service, or how services are provided, etc).</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>

Review of <b>transportation</b> protocols: Such as cohorting and the size of groups in each vehicle, as well as what modifications can be discussed with the team to mitigate potential spread of COVID-19 (provider picking up all individuals in a cohort, not meeting at the facility and instead utilizing a community hub for each group).	<input type="checkbox"/>	Click here to enter text.
Review any recommended modifications made by any of the following parties involved in the closure, response, or determination to reopen: PA DOH, Health Care Quality Unit (HCQU) or Regional Response Health Collaboration Program (RRHCP)	<input type="checkbox"/>	Click here to enter text.
Provider included a <b>copy of the updated COVID-19 Plan</b> for the facility	<input type="checkbox"/>	

**NOTE:** For the health and safety of the individuals receiving services, providers should routinely review the COVID-19 facility plan and update information in all the above listed areas.

**Section 4: Oversight Review (to be completed by the Department, Office or AE)**

**The facility has addressed or updated needed areas of the reopening guidance:**

**Reviewer:** Click here to enter text.

**Date:** Click here to enter text.

**Agency:** Click here to enter text.