



COVID-19 Infection Control Mitigation Plan

Lessons learned from the experience with COVID-19 are that the senior population is at greater risk for contracting this virus, which can lead to significant changes in current chronic medical conditions and contributing to adverse outcomes including increased mortality rate of this population from COVID-19. New Jersey Department of Public Health is requiring Assisted Living facilities (COMMUNITY) to develop and implement an outbreak plan as required by N.J.S.A 26:2H-12.87.

FACILITY INFORMATION

Community Name: Five Star Premier Residences of Teaneck

Community Address: 655 Pomander Walk, Teaneck, NJ, 07666

I, Dana Wright, hereby certify that I am the administrator or other duly authorized officer or representative of Five Star Premier Residences of Teaneck and that the information provided accurately reflects the policies in effect at such assisted living facility for the safe care and treatment of residents during the COVID-19 pandemic.

This document sets forth Five Star Premier Residences of Teaneck (“the community”) comprehensive plan to mitigate the spread of illness from COVID-19 between residents and team members and to reduce the risk of a COVID-19 outbreak. The plan consists of the elements, outlined below, and represents a summary of existing infection prevention and control policies and procedures being followed during the COVID-19 pandemic.

1. SCREENING, TESTING and COHORTING

At the time of completing this outbreak plan we have no known cases of COVID-19 among our residents or staff.

- Residents, team members and essential visitors will be screened for symptoms of COVID-19 by completion of screening criteria as per guidelines at least daily. The screening log will be kept in a binder and is managed by the Executive Director /Director of Resident Care.
- Residents with any suspected respiratory or infectious illness are assessed every shift (including documentation of respiratory rate, temperature, and oxygen saturation) to quickly identify residents who may require transfer to a higher level of care. The community will monitor CDC guidance and modify these procedures to remain consistent with the most current guidance on an ongoing basis.

- In conjunction with testing efforts undertaken by the local department of health, the community partners with a local laboratory to provide regular testing for COVID-19 to resident and team members.
- The community will conduct testing in intervals as recommended CDC and Five Star Testing Guideline. Testing will include community wide testing of all residents and team members, followed by weekly testing of residents and team members until 14 days have passed with no further positive test results. Weekly surveillance testing of 25% of residents and team members will continue after baseline testing completed. In the event of a new resident or team member positive case, the community wide testing process would be initiated.
- Results from mandated and proactive testing efforts are used to manage and reduce exposure risks posed by COVID-19 positive team members and residents.
- Residents under investigation for, with active COVID-19 infection confirmed by testing, or those residents who are recovering from COVID-19 infection, have been separated from residents who are not infected or have unknown infection status by remaining in their apartments until such time as they are not exhibiting symptoms and have been deemed recovered by the PCP.
- A resident cohort plan is developed and monitored by the Director of Resident Services and implemented each day based on results of any of the following: surveillance testing, temperature checks, and symptom screening in accordance with the CDC recommendations.
- The community has implemented a staffing plan to limit transmission, including:
 - ✓ Dedicated, consistent staffing teams who directly interact with residents that are COVID-19 positive.
 - ✓ Limiting clinical and other staff who have direct resident contact to specific floors or wings.
 - ✓ There should be no rotation of staff between floors or wings during the period they are working each day.
 - ✓ Minimize the number of staff interacting with each resident.
 - ✓ COVID-19 positive team members will be directed to self-quarantine at home.
 - ✓ All staff have been educated on the Cohort Plan.

2. INFECTION PREVENTION AND CONTROL

- The Executive Director is designated to address and improve infection control based on public health advisories (CDC and state) and ensures the community is focused on activities dedicated to infection control.

- The community must ensure all team members receive infection prevention and control training.
- The Executive Director maintains a line list of all residents who have been confirmed to meet clinical criteria of presumed COVID-19 including testing and results and reports to department of health as required.
- The community maintains an Infection Prevention and Control committee whose responsibilities include delegation and coordination of preparedness and execution of the infection prevention and control plans.

3. PERSONAL PROTECTIVE EQUIPMENT (PPE)

- The community has a plan for adequate provision of PPE, including types that will be kept in stock, duration the stock is expected to last.
- The community has initiated measures for procuring their own PPE supply (e.g., facemasks, respirators, gowns, gloves, and eye protection such as face shield or goggles) across all PPE items. If a two-week supply is not available, the community has evidence that it has orders arriving to ensure minimal PPE supplies.
- The community has existing contracts or relationships with PPE vendors to facilitate the replenishment of stock.
- The community has a contingency plan to address PPE supply shortages.
- Staff has been trained on selecting, donning and doffing appropriate PPE and demonstrate competency of such skills during resident care.
- Signs are posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with CDPH guidance.
- Necessary PPE is immediately available outside of the resident room when there are units with separate cohort spaces for both COVID-19 units and in other areas where resident care is provided.
- Trash disposal bins are positioned as near as possible to the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room when there are units with separate cohort spaces for both COVID-19 positive and negative residents.
- If there are COVID-19 cases identified in the community, health care professionals are provided and are wearing recommended PPE for care of all residents, in line with the most recent CDC guidance.
- Residents are wearing a facemask (as they are able to tolerate) whenever they leave their room or are around others, including whenever they leave the community for essential medical appointments.

- All community personnel are wearing a facemask while in the facility.
- The community adheres to Five Star interim guidelines regarding the use of PPE as needed. A burn rate calculation of PPE is utilized and reviewed by the ED to ensure adequate provision of PPE. The established par levels are stored at the community and the community maintains open communication with Five Star Strategic Sourcing Department to ensure appropriate provision of PPE. The community has utilized the local Health department for emergency supplies as needed.

4. STAFFING SHORTAGES

- The community has policies in place to address staffing shortages including contingency and crisis capacity strategies.
- The community can demonstrate that there has been advanced planning, in alignment with its emergency preparedness plans, for backup staffing using all resources (e.g., corporate resources, temporary staffing agencies, hospital partnerships, or other resources) in advance of staff testing to be able to cover shifts based on potential staff quarantines.
- The community has a plan for expediting training of new health care professional staff brought in from other locations to provide resident care in the event that the facility reaches a staffing crisis.
- A daily assessment is conducted by the community to determine staffing needs. If a staffing need is identified, the ED will contact the DRC/DON and Administrator. The development of contingency staffing plans identifying staffing needs and provisions of care are implemented as identified. The community will initially ask PRN staff to work a designated schedule as available. Nursing Management personnel will be utilized as needed providing direct patient care. All potential staff in the hiring process will be expedited. Agency staff will be used as needed in the event of a high number of positive staff test results based on proactive testing initiatives.
- The ED will conduct a modified training and orientation in the case of outside staff being used. Outside staff will be supported by nursing management and current experienced nursing staff.
- A designated person has been assigned responsibility for conducting a daily assessment of staffing status and needs, and has implemented or is ready to implement backup plans as needed.
- The community sick leave policies are non-punitive (i.e., they do not result in disciplinary actions or job performance reviews, and they do not require provider notes), flexible, and consistent with public health policies that do not dissuade health care professionals from staying home when they are sick.

- There is no communal dining, or, in accordance with CDC guidance, eating in dining areas with appropriate social distancing is only used as a last resort: i.e., only allowed for residents without signs or symptoms of a respiratory infection, without a confirmed diagnosis of COVID-19 and with cognitive needs that warrant such accommodation. The community must perform extensive cleaning at the end of each meal.
- In the event that the community cannot safely designate space, staff, and supplies they will take immediate action to reduce the risk of the residents by any means necessary, up to and including evacuation of all suspect and confirmed COVID-19 positive residents to the nearest facility which has been designated for the safe care and treatment of COVID.
- The community will communicate any imminent or suspected need to evacuate with their local DPH and other agencies.

6. COMMUNICATION

- The community has a plan for communicating with staff, residents, and their families regarding the status and impact of COVID-19 in the community, including the prevalence of confirmed cases of COVID-19 in staff and residents as directed by CMS guidance.
- Communication letter templates are available to the community.
- The ED been assigned responsibility for daily communications with staff, residents, and their families.
- The ED is responsible for communication with team members, residents, and families regarding the status and impact of COVID-19 within the community at a minimum weekly. This communication may be provided by hand delivered community updates to residents and an email to families. The communication includes the prevalence of confirmed cases of COVID-19 of residents and team members (not to include personally identifiable information), information on actions implemented to prevent or reduce the risk of transmission, including whether normal operations of the facility will be altered.
- Families will be notified at least weekly or by 5pm, the next calendar day following the subsequent occurrence of each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours of each other.
- Communication includes local, state, and federal reporting of infectious outbreaks in accordance with regulation as well as communication with Five Star Regional and Divisional teams.