Pandemic Emergency Plan (PEP)

Evergreen Commons Rehabilitation & Nursing Center

Initial Submission Date: 9/15/2020

Last Reviewed: 6/16/2021, 6/8/2022, 6/20/2023, 6/30/2024, 6/2025, 6/2026

It is a requirement under Chapter 114 of the Laws of 2020, specifically related to Section 2803 of the public health law; subdivision 12 to have a special focus for emergency preparedness on pandemics and that each skilled nursing facility under NYS DOH regulation is to create a detailed Pandemic Emergency Plan (PEP). The following plan submitted on behalf of Evergreen Commons Rehabilitation & Nursing Center will feature NYS DOH PEP requirements within Annex E: Infectious Disease/Pandemic Emergency, Hazard Annex K: Infectious Disease, and within our facility specific Hazards Vulnerability Assessment (HVA). All aspects for the PEP can be located within our Emergency Management Plan (EMP).

Chapter 114 of the Laws of 2020:

Section 2803 of the public health law is amended by adding a new subdivision 12 to read as follows:
12. (a) each residential health care facility shall, no later than Ninety days after the effective date of this subdivision and annually thereafter, or more frequently as may be directed by the commissioner, prepare and make available to the public on the facility's website, and immediately upon request, in a form acceptable to the commissioner, a pandemic emergency plan which shall include but not be limited to:

- The Evergreen Commons PEP was submitted to NYS DOH on Tuesday, September 15th of 2020. This plan along with our facility EMP will be reviewed annually during the month of November and more frequently if necessary. The Administrator and/or designee is responsible for this.

12. (i) **a communication plan:**
(a) to update authorized family members and guardians of infected residents at least once per day and upon a change. in a resident's condition and at least once a week to update all residents and authorized families and guardians on the number of infections and deaths at the facility, by electronic or such other means as may be selected by each authorized family member or guardian;

- Our communication team is comprised of our RN UMs, Social Work Team, MOS Team and Nurse Management. This team will place a phone to family members and/or guardians of infected residents detailing the aforementioned information located in section 12(i)(a).
    - Evergreen Commons also can utilize a "robo call" system that we have in place called 'Dial My Calls'. Family and guardian information is updated with the 'Dial My Calls' system and is overseen by the Administrator. This system allows for us to make phone calls (messages) to families/guardians via mass calling. This system will and can be used in place of our communication team.
    - Social Media outlets can and are also utilized to inform our family members/guardians and the public. Facebook is our main social media source that is overseen by the Administrator. Our website provides a link for visitors to access and view our Facebook page for real time

information.

and (b) that includes a method to provide all residents with daily access,
At no cost, to remote videoconference or equivalent communication methods with family members and guardians; and

- Residents are able to retrieve electronic daily access to any information under 12(i)(a) using tablets to access our Facebook page or website. Information is also disseminated via letters/memos addressed to them.
- Evergreen Commons has multiple tablets (IPad, Kindles, IPhone, etc.) for resident use for videoconferencing. These tablets are used for therapeutic relief but also to video conference/chat with their families/guardians at no cost. We have a facility Skype account to allow for video conferencing if the family member/guardian does not have an apple (IPhone/IPad) product.
- For scheduled care conference meetings family is invited to join remotely by videoconference, this is handled and scheduled by the social work team.
- All videoconference calls can and are set up by our social work, activities, and concierge team members if residents need additional help and oversight.
- Evergreen Commons' "Communication During COVID-19 & other Infectious Disease" policy has been updated and revised on 9/8/2020 to reflect 12(i)(a) and (b) regulations.

(ii) protection plans against infection for staff, residents and families, including:

(a) a plan for hospitalized residents to be readmitted to such residential health care facility after treatment, in accordance with all applicable laws and regulations;

- A plan is in place and established for hospitalized residents to be readmitted to Evergreen after treatment, in accordance with all applicable laws and regulations. Same procedure and responsibilities as detailed with our "Bed Hold" policy, that was revised to fit this regulation on 9/8/2020, will be followed for any resident that had an infectious and/or communicable disease. The purpose of this is to ensure bed availability upon return to the facility from a short hospitalization or therapeutic leave. The Admissions Director is responsible for this.

and

(b) a plan for such residential health care facility to maintain or contract to have at least a two-month supply of personal protective equipment;

- Evergreen Commons at the minimum will have at least a two-month supply of personal protective equipment (PPE) on hand, if not more at all times.
- Our PPE burn rate was and is routinely calculated through our facility specific daily HERDS and our weekly CDC submissions; this has been on-going since 3/2020. Central Supply is responsible for logging in and out all PPE, the organization of the PPE and for ordering when in need, timely.
- Our corporate office (USG), along with the facility Administrator oversee all PPE supply and ordering from various vendors to ensure our staff and residents are effectively and appropriately protected and are provided with the PPE resources they need.
- PPE is securely stored on-site within the facility and an additional 20 ft. secure storage trailer is on property, in the back of the facility, for an additional means to access a larger supply.

and

(iii) a plan for preserving a resident's place in a residential healthcare facility if such resident is hospitalized, in accordance with all applicable laws and regulations.

- As aforementioned in 12(ii)(a); a plan is in place and established for hospitalized residents to be readmitted to Evergreen after treatment, in accordance with all applicable laws and regulations. Same procedure and responsibilities as detailed with our "Bed Hold" policy, that was revised to fit this regulation on 9/8/2020, will be followed for any resident that had an infectious and/or

communicable disease. The purpose of this is to ensure bed availability upon return to the facility from a short hospitalization or therapeutic leave. The Admissions Director is responsible for this.

(b) the residential health care facility shall prepare and comply with the pandemic emergency plan. Failure to do so shall be a violation of this subdivision and may be subject to civil penalties pursuant to section twelve and twelve-b of this chapter.

The commissioner shall review each residential healthcare facility for compliance with its plan and the applicable regulations in accordance with paragraphs (a) and (b) of subdivision one of this section.

(c) within thirty days after the residential health care facility's receipt of written notice of noncompliance such residential healthcare facility shall submit a plan of correction in such form and manner as specified by the commissioner for achieving compliance with its plan and with the applicable regulations. The commissioner shall ensure each such residential healthcare facility complies with its plan of correction and the applicable regulations.

(d) the commissioner shall promulgate any rules and regulations necessary to implement the provisions of this subdivision.

§ 2. This act shall take effect immediately.

Additional measures taken and in place under

Annex E: Infectious Disease/Pandemic Emergency Checklist Tasks:

Infectious Disease/Pandemic Emergency Checklist	
Preparedness Tasks for all Infectious Disease Events	
☐ Required	Provide staff education on infectious diseases (e.g., reporting requirements (see Annex K of the CEMP toolkit), exposure risks, symptoms, prevention, and infection control, correct use of personal protective equipment, regulations, including 10 NYCRR 415.3(h)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80), and Federal and State guidance/requirements [describe facility's process].
☐ Required	Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies. [describe facility's process]
☐ Recommended	Conduct routine/ongoing, infectious disease surveillance that is adequate to identify background rates of infectious diseases and detect significant increases above those rates. This will allow for immediate identification when rates increase above these usual baseline levels. [describe facility's process, e.g., facility staff/resident testing policies/laboratory services, resources to implement]
☐ Recommended	Develop/Review/Revise plan for staff testing/laboratory services [describe facility's process/laboratory contacts, etc]
☐ Required	Review and assure that there is, adequate facility staff access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA), HERDS surveys [describe facility's process]
☐ Required	Develop/Review/Revise internal policies and procedures, to stock up on medications, environmental cleaning agents, and personal protective equipment as necessary. (include facility's medical director, Director of Nursing, Infection Control Practitioner, safety officer, human resource director, local and state public health authorities, and others as appropriate in the process) [describe facility's process]
☐ Recommended	Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave) [add these controls/policies/plans to Appendix K of Toolkit]
☐ Required	Develop/Review/Revise environmental controls (e.g., areas for contaminated waste) [describe facility's process]

Full house education on infectious diseases etc. and Emergency Management Planning will take place at the minimum, annually, and more frequently if necessary.

All infection control and prevention policies are routinely reviewed, at the minimum, annually.

Per executive order, starting 5/20/20 all staff worked is required to be tested weekly. Our partnered lab runs all staff tests and results are uploaded into a portal system. We have a PCR device that allows for rapid testing for COVID-19 if necessary and Abbott Binax cards for rapid testing. Effective 6/10/21 fully vaccinated staff no longer needs to be tested routinely. Staff testing surveys are submitted weekly per regulation to NYS DOH.

HCS system titles are reviewed routinely and back up (ICS/2nd in Command) plans in place to allow for timely reporting. See EMP.

PEP plan in place, central supply is in charge of stocked medications, cleaning agents, and PPE in conjunction with our pharmacy and other vendors. Safety Committee Meeting meets monthly and central supply logs done daily on the above. See Infection Control policy for stock-pile/emergency supply details.

Visitation policy is updated routinely, in real time as things change. Staff coverage and contingency plans can be found within our Emergency Management Plan (EMP) and are discussed weekly in our staffing committee as well as other HR issues. For any changes to our visitation policy or acceptance of admissions etc. our Communication policy will go into effect.

Environmental Controls are reviewed routinely and monthly as an interdisciplinary team (IDT) within safety meeting. Each unit has specific areas that are labeled properly for contaminated waste.

☐ Required	Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents. [describe areas covered in your plan]
☐ Required	Develop/Review/Revise facility plan to ensure that residents are isolated/cohorted and/or transferred based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance [describe facility's process]
☐ Recommended	Develop plans for cohorting, including using of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, and discontinuing any sharing of a bathroom with residents outside the cohort.
☐ Recommended	Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated ([describe facility's process, e.g. which non-essential activities to eliminate, changes in dining/other physical space arrangements involving residents/staff]
☐ Recommended	Develop/Review/Revise a plan to recover/return to normal operations when, and as specified by, State and CDC guidance at the time of each specific infectious disease or pandemic event e.g., regarding how, when, which activities /procedures /restrictions may be eliminated, restored and the timing of when those changes may be executed. [describe areas covered in your plan]
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Additional Preparedness Planning Tasks for Pandemic Events	
☐ Required	In accordance with PEP requirements, Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP [describe areas covered in your plan; who will be involved in the planning]
☐ Required	In accordance with PEP requirements, Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP. [describe areas covered in your plan; who will be involved in the planning]
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Response Tasks for all Infectious Disease Events:	
☐ Recommended	The facility will implement the following procedures to obtain and maintain current guidance, signage, advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions, e.g., including management of residents and staff suspected or confirmed to have disease: list facility-specific procedures to obtain/maintain/enact guidance
☐ Required	The facility will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19. [see Annex K of the CEMP toolkit

All vendor contracts are reviewed and/or revised on an annual basis or more frequently, if needed and can ' found within our EMP, specifically but not limited t pharmacy, cleaning agents and PPE vendors.

"Room Transfers for Cohorting Purposes - Covid-19" policy is in place. Given the high risk of spread once COVID-19 enters a LTCF, facilities must act immediately to protect residents, families, and staff from serious illness, complications, and death. One of the measures to contain and minimize the spread of Covid-19 is to cohort similar residents and conduct room changes/transfers proactively. Designated floor plans are detailed within the EMP.

Communal dining and activities were suspended on 3/12/2020. Red X's on the unit, lobby and other facility area floors for social cueing to practice safe social distancing. Small group activities to be initiated 10/2020 by invitation only and with no more than 10 individuals including both staff and residents. Red X's placed on floor for social distance cueing.

Our recovery plan will be dependent and in conjunction with NYS DOH, CDC and CMS guidelines and regulations. Outside visitation was initiated on 8/20/2020, see policy and plan (NY Forward). Communal dining and activ will slowly be reinstated. Caregiving and Compassion Care visitation effective 6/16/2021. When any new information is received our communication plan will go into effect to notify staff, residents, families, vendors, and stakeholders.

Communication detailed above on page 1 & 2. Our "Communication during COVID-19 & other Infectious Disease" policy is up to date and continues to be revised as needed. This was completed as an IDT. CMS and CDC Transparency: Resident and Family Notification, DOH and other notifications educated at the minimum annually to our communication team and staff.

Protection Plan for residents, staff and families is in place and detailed above on page 2.

All current guidance is disseminated to residents via letters/memos. Families are notified via phone calls or video conferencing and electronically via our social media page, Facebook, our website and through e applicable. Advisories on visitation are posted on t front of our main doors. See "Communication during COVID-19 & other Infectious Disease" policy.

☐ Required	The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting [describe facility's planned process]	HERDs survey submissions are done daily and as needed, and will continue to be completed within compliance.
☐ Recommended	The Infection Control Practitioner will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks, if practical.	Signage for infection control standards are posted throughout the building, as well as hand sanitizer stations. Environmental Rounds are conducted weekly to ensure the aforementioned is in place. Monthly infection control and prevention committee meetings take place with an IDT.
☐ Recommended	The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies [list facility-specific procedures	"Room Transfers for Cohorting Purposes - Covid-19" policy is in place. Given the high risk of spread once COVID-19 enters a LTCF, facilities must act immediately to protect residents, families, and staff from serious illness, complications, and death. One of the measures to contain and minimize the spread of COVID-19 is to cohort similar residents and conduct room changes/transfers proactively. Designated floor plans are detailed within the EMP. Monthly infection control and prevention committee meetings take place with an IDT.
☐ Recommended	The facility will implement the following procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies: [list facility-specific staffing procedures	
☐ Recommended	The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms.	EPA approved disinfectants and an enhanced cleaning plan used and in place. Audits are completed daily.
☐ Required	The facility will implement the following procedures to provide residents, relatives, and friends with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information [list facility-specific procedures.	Residents receive letters and memos on infection control; they also receive infection control based cross word puzzles and word searches for an educational activity. Family members receive letters and educational (CDC) fliers in the mail, and received in person upon visitation. Our facility Facebook page also posts education. Information and updates can also be found on our facility website.
☐ Recommended	The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents; provide information regarding facility-maintained list of external stakeholders to be contacted and mechanisms for sharing this information	Information detailing the minimization of exposure is sent to staff via email and fliers posted within the facility, vendors and other stakeholders are made aware via email. All advisories on visitation are posted on the front of our main doors. See "Communication during COVID-19 & other Infectious Disease" and "Visitation" policy.
☐ Required	Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors to limit visits to reduce exposure risk to residents and staff. If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the following procedures to close the facility to new admissions, limit visitors when there are confirmed cases in the community and/or to screen all permitted visitors for signs of infection: [list facility-specific procedures	Evergreen Commons abides by all state and federal regulations and if per an executive order we need to close the facility to admissions or limit visitors our communication plan will be in effect immediately. CMS and CDC Accepting New Patients during an Active Pandemic: Considerations for both transfers from hospitals and Admissions from the Community education completed annuals for admissions and management staff.
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Additional Response Tasks for Pandemic Events:		
☐ Recommended	Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures) [list facility-specific procedures for testing this use	

☐ Required	In accordance with PEP requirements, the facility will follow the following procedures to post a copy of the facility's PEP, in a form acceptable to the commissioner, on the facility's public website, and make available immediately upon request: list facility planned procedures, timeline to post, etc.	Evergreen's PEP is made available September 15, 2020 on our facility's public website, and revised on June 16, 2021. The PEP can also be located within administration upon request.
☐ Required	In accordance with PEP requirements, the facility will utilize the following methods to update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition: describe the communications plan/methods that will be used	Our communication team is comprised of our RN UMs, Social Work Team, MDS Team and Nurse Management. This team will place a phone to family members and/or guardians of infected residents detailing the aforementioned information located in section 12(i)(a). To update authorized family members and guardians of infected residents at least once per day and upon a change in a resident's condition and at least once a week to update all residents and authorized families and guardians on the number of infections and deaths at the facility, by electronic or such other means as may be selected by each authorized family member or guardian; Evergreen Commons also can utilize a "robo call" system/software that we have in place called "Text-Em-All". Family and guardian information is updated with the "Text-Em-All" system and is overseen by the administrator. This system allows for us to make phone calls and messages to families/guardians via mass calling. This system will and can be used in place of our communication team. Social Media outlets can and are also utilized to inform our family members/guardians and the public. Facebook is our main social media source that is overseen by the Administrator. Our website provides a link for visitors to access and view our Facebook page for real time information. See "Communication & other Infectious Disease during COVID-19" policy.
☐ Required	In accordance with PEP requirements, the facility will implement the following procedures/methods to ensure that all residents and authorized families and guardians are updated at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection: Describe the communications plan/methods that will be used	Residents are able to retrieve electronic daily access to any information under 12(i)(a) using these tablets to access our Facebook page or website. Information is also disseminated via letters/memos addressed to them. Evergreen Commons has multiple tablets (IPad, Kindles, IPhone, etc.) for resident use for videoconferencing. These tablets are used for therapeutic relief but also to video conference/chat with their families/guardians at no cost. We have a facility Skype account to allow for video conferencing if the family member/guardian does not have an apple (IPhone/IPad) product. For scheduled care conference meetings family is invited to join remotely by videoconference, this is handled and scheduled by the social work team. All videoconference calls can and are set up by our social work, activities, and concierge team members if residents need additional help and oversight. Evergreen Commons' "Communication During COVID-1 & other Infectious Disease" policy has been updated and revised on 9/8/2020 to reflect 12(i)(e) and (b) regulations.
☐ Required	In accordance with PEP requirements, the facility will implement the following mechanisms to provide all residents with no cost daily access to remote videoconference or equivalent communication methods with family members and guardians: Describe the communications plan/methods that will be used	
☐ Required	In accordance with PEP requirements, the facility will implement the following process/procedures to assure hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(ii), 415.19, and 415.26(i); and 42 CFR 483.15(e): [describe facility's planned process]	A plan is in place and established for hospitalized residents to be readmitted to Evergreen after treatment, in accordance with all applicable laws and regulations. Same procedure and responsibilities as detailed with our "Bed Hold" policy, that was revised to fit this regulation on 9/8/2020, will be followed for any resident that had infectious and/or communicable disease. The purpose of this is to ensure bed availability upon return to the facility from a short hospitalization or therapeutic leave. The Admissions Director is responsible for this.
☐ Required	In accordance with PEP requirements, the facility will implement the following process to preserve a resident's place in a residential health care facility if such resident is hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e): [describe facility's planned process]	

☐ Required	***In accordance with PEP requirements,*** the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic. As a minimum, all types of PPE found to be necessary in the COVID pandemic should be included in the 60-day stockpile. This Includes, but is not limited to: – N95 respirators – Face shield – Eye protection – Gowns/isolation gowns – Gloves – Masks – Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)

Evergreen Commons at the minimum will have at least a two-month supply of personal protective equipment (PPE) on hand, if not more at all times. Our PPE burn rate was and is routinely calculated through our facility specific daily HERDS and our weekly CDC submissions; this has been on-going since 3/2020. Central Supply is responsible for logging in and out all PPE, the organization of the PPE and for ordering when in need, timely. See Infection Control policy for further details.

Our corporate office (USG), along with the facility Administrator oversee all PPE supply and ordering from various vendors to ensure our staff and residents are effectively and appropriately protected and are provided with the PPE resources they need. PPE is securely stored
on-site within the facility and an additional 20 ft. secure
storage trailer is on property, in the back of the facility, for an additional means to access a larger supply.

☐ Required	The facility will maintain review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.
☐ Required	The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders

Our recovery plan will be dependent and in conjunction with NYS DOH, CDC and CMS guidelines and regulations. Outside visitation was initiated on 8/20/2020, see policy and plan (NY Forward). Communal dining and activities will slowly be reinstated. Small group activities to be initiated 10/2020 by invitation only and with no more than 10 individuals including both staff and residents.

Red X's placed on floor for social distance cueing. Caregiving and Compassionate Care visitation effective 6/16/2021. When any new information is received our communication plan will go into effect to notify staff, residents, families, vendors, and stakeholders

PEP Written and Submitted by:

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