Crown Park Rehabilitation and Nursing Center

Pandemic Emergency Plan

Date Submitted to Department of Health: September 15, 2020

Reviewed: 2/2022, 2/2023, 2/2024

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality. The facility follows effective strategies for preventing infectious diseases. Each county Local Health Department-(LHD) has prevention agenda priorities compiled from community health assessments that can be reviewed and utilized by the facility in fully developing your CEMP Annex E, planning and response checklist for infectious disease and pandemic situations. The information within this Annex includes the identified priorities and focus areas.

Under the Pandemic Emergency Plan (PEP) requirements of Chapter 114 of the Laws of 2020, special focus is required for pandemics. The following plan submitted on behalf of Crown Park Rehabilitation and Nursing Center will feature NYSDOH 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 of 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 Crown Park Rehabilitation and Nursing Center PEP was submitted to NYSDOH on

Tuesday, September 15th of 2020. This plan along with our facility EMP will be reviewed annually 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, MDS Team and Nurse Management. This team will place a phone call to family members and/or guardians if infected residents detailing the aforementioned information located in section 12(i)(a).

o Crown Park also can utilize a “robo call” system that we have in place called ‘Text-Em-All’. Family and guardian information is updated within the ‘Text-EmAll’ system and is overseen by the Administrator. Theis system allows for ys to make phone calls (messages) to families/guardians via mass calling. This system will and can be used in place of our communication team.

o 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.

12. (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;

• Crown Park has multiple tablets 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. 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. Residents are able to retrieve electronic daily access to any information under 12(i)(a) using these tablets to access our website. Information is also disseminated via letters/memos addressed to them.

and (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; 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; 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.

• Crown Park has a plan in place and established for hospitalized residents to be readmitted to Crown Park 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, 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 hospital stay or therapeutic leave. The Admissions Director is responsible for this.

• Crown Park 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.

(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.