

# DAUGHTERS OF MIRIAM CENTER THE GALLEN INSTITUTE

155 HAZEL STREET • CLIFTON, NJ 07011 • PHONE: (973) 772-3700/01/02 • FAX: (973) 253-5389  
daughtersofmiriamcenter.org

- Skilled Nursing Facility
- Rothenberg Building
- Eva & Morris Feld Tower
- Gallen Institute for Subacute Care
- B.I. Cohen Family Building
- Memory Care Pavilion
- Esther & Sam Schwartz Building
- Respite Care Program

## OFFICERS

Jeffrey Silvershein  
*President*

Benson Chapman  
*Vice President*

Monica Cohen  
*Vice President*

Andrew Kanter  
*Vice President*

George Kramer  
*Vice President*

Jay Oppen  
*Vice President*

Martin Kenwood  
*Treasurer*

Philip Moss  
*Assistant Treasurer*

Myron Bregman  
*Secretary*

Frank DaSilva  
*Chief Executive Officer*

Fred Feinstein  
*Executive Director*

## PAST PRESIDENTS

Howard Baum, MD

Michael Birnberg

Avi Safer

Lawrence S. Boss

Jack Birnberg\*

Monroe Potash\*

H. Louis Chodosh, MD

Milton Kleinman\*

Melvin Oppen\*

Joel J. Steiger

Arthur Bodner\*

Arnold H. Goodman\*

Leonard Kohl\*

Mrs. Samuel R. Deich\*

Alexander E. Rosenthal\*

Saul Rosen\*

Archie B. Marcus\*

Samuel S. Schwartz\*

Milton Werksman\*

Benjamin V. Blazer\*

Joseph Shulman\*

Raymond Kramer\*

Charles Rosenstein\*

Samuel Neinkin\*

Sender Federbush\*

Isidore Simon\*

## HONORARY LIFE TRUSTEES

Irving Brawer\*

Samuel Brodie\*

B.I. Cohen\*

Eva Feld\*

Herbert Gallen\*

Joel J. Steiger

\*Deceased

## A DAUGHTERS OF MIRIAM CENTER UPDATE REGARDING COVID-19

As of 1/13/22 at 1:30 PM:

138	Census
13	Residents have tested positive for COVID-19
0	Non-Facility acquired COVID-19 positive case(s)
6	Residents are considered Persons Under Investigation (PUI) for COVID-19
8	Center staff have tested positive for COVID-19
0	Center staff are considered Persons Under Investigation (PUI) for COVID-19

### 2020-21 Facility Review

COVID Fatalities	Oct-Dec 2021: 0	July-Sep 2021: 0	Apr-Jun 2021: 0	Jan-Mar 2021: 0
Avg. COVID+ Res/Day	Oct-Dec 2021: 0	July-Sep 2021: 0	Apr-Jun 2021: 0	Jan-Mar 2021: 1

In order to keep everyone safe and healthy please consider the following:

- Consider having a rapid test performed before gathering at home
- Wear a mask at all times
- Keep socially distanced from those who are not vaccinated
- Protect yourself and everyone else by receiving the vaccine and/or your booster shot

In accordance with State and Federal guidelines, **visitation in the nursing home is allowed** however, families visiting loved ones who are deemed PUI or who are Covid-positive must wear appropriate Personal Protective Equipment (i.e., masks, gowns and gloves) while all other visitors must wear well-fitted masks. Daughters of Miriam Center supports the Centers for Disease Control and the New Jersey Department of Health's vaccination efforts and strongly encourages the public to be vaccinated prior to visiting.

Our entire staff continues to work tirelessly to care for all of our nursing home residents and sub-acute patients. Our thoughts are with the families of those lost to this unprecedented pandemic.

For questions or concerns, please reach out to the Director of Social Services, Myrna Gomez, at 973-253-5233 or via email at [mgomez@daughtersofmiriamcenter.org](mailto:mgomez@daughtersofmiriamcenter.org).

Sincerely,  
Frank DaSilva  
CEO

**PATIENT-CENTERED VISITATION GUIDELINES  
 AND COVID-19 INFORMED CONSENT**  
**Effective: November 12, 2021**

Visitation is allowed for all residents at all times. In an effort to reduce the risk of COVID-19/Variant exposure to Daughters of Miriam residents and staff, all visitors will be screened regarding their health upon entering the Center. Anyone answering “yes” to any of the following questions will not be permitted access. A copy of this document is available for personal use.

**Visitor Printed Name:** \_\_\_\_\_

**Current Date:** \_\_\_\_\_

**Resident/Department Name:** \_\_\_\_\_

**Visitor’s Phone #:** \_\_\_\_\_

**Self-Declaration by Visitor**

1. Have you had close contact with or cared for someone diagnosed with or with symptoms consistent with COVID-19 within the last 14 days?.....  YES  NO
2. Are you currently in quarantine or isolation because you tested positive for COVID-19?...  YES  NO
3. Have you experienced any cold or flu-like symptoms in the last 14 days (fever, chills, cough, shortness of breath or other respiratory problem, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting or diarrhea?.....  YES  NO

- Visitors are **required to wear a well-fitted mask** covering their mouth and nose during their entire visit. Residents will also be encouraged to wear surgical masks to the extent they can do so safely.
- Visitors must physically distance (6ft.) from other healthcare personnel and other residents/visitors that are not part of their group. Visiting in common areas such as patient dining rooms, hallways or the reception lobby is not permitted.
- Visitation may be limited during an outbreak or for circumstances related to a high risk of COVID-19 transmission and will be suspended on an affected unit until the facility has no new cases identified in healthcare personnel or residents for 14 days.
- Children over the age of two (2) must wear a surgical mask and be accompanied by someone over the age of 18 at all times. Children under the age of two (2) are not permitted to visit.
- Visitors must not wander throughout the facility, cannot approach the nurses’ station, or approach any other residents or staff members. If there are questions about the resident’s care or condition, please call the nurse’s station after the visit.
- Visitors may meet the resident on the unit, sign a log book taking responsibility for the resident and then return the resident back to the unit upon completion of their visit.
- With Attending Physician approval for *Out on Pass*, residents may participate in social excursions outside the facility. If residents are visiting friends or family in their homes or are in large social gatherings, they should wear well-fitting masks and maintain the physical distancing recommendation of 6 ft. while visiting with others in private settings.

## **COVID-19 Informed Consent Form**

After having read the above guidelines, I understand the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. Furthermore, resident and visitors understand COVID-19 is extremely contagious, and as a result, federal and state health agencies recommend social distancing and a well-fitted face mask for unvaccinated individuals. Given the nature of the COVID-19 virus, resident and visitors understand there is an inherent risk of being infected with COVID-19 by virtue of proceeding with this elective visit.

Resident and visitor acknowledge the existence of the COVID-19 virus, the dangers of the virus, and the potential exposure to the virus that could occur as a result of participating in a visit at Daughters of Miriam Center regardless of their vaccination status. Resident and visitors hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective visit and choose to participate in same. Resident and visitors hereby acknowledge that an infection with COVID-19 could result in severe illness, up to and including, death. Resident and visitors represent that resident and visitors, each member of their respective households and immediate families, to the best of their knowledge, have not tested positive nor shown signs of COVID-19, have not been in contact with any person in the past 14 days who has tested positive for COVID-19 nor is waiting for the results of a test for COVID-19. Visitors who have travelled internationally or have been in contact with someone who has travelled abroad must contact the Director of Nursing, Candace Wishbow-Leto at 973-253-5745. Visitors and resident agree to notify the Director of Nursing immediately by phone if there is any change in this representation at any time up to 14 days after visitation and for anyone arriving in the United States internationally.

**RESIDENT AND VISITORS AGREE TO HOLD HARMLESS, RELEASE, AND INDEMNIFY DAUGHTERS OF MIRIAM CENTER AND ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES FOR ANY EXPOSURE TO, OR LAWSUIT, OR OTHER CLAIM BY ANYONE AS A RESULT OF THE COVID-19 VIRUS CAUSING INJURY, ILLNESS, OR OTHER DAMAGES ARISING FROM THE VISIT.**

**I AGREE TO FOLLOW ALL RULES OF VISITATION AT DAUGHTERS OF MIRIAM CENTER. FAILURE TO COMPLY WITH THESE POLICIES WILL RESULT IN MY BEING DENIED PARTICIPATION IN VISITATION AND ASKED TO IMMEDIATELY LEAVE THE PREMISES.**

\_\_\_\_\_  
*Resident/Authorized Rep. Name*

\_\_\_\_\_  
**Visitor Signature**

*Fred Feinstein*  
\_\_\_\_\_  
*Administrator-Fred Feinstein*

\_\_\_\_\_  
*Dated*

\_\_\_\_\_  
**Dated**

\_\_\_\_\_  
*Dated*

# Daughters of Miriam Center Outbreak Response Plan 9/30/2020

## Policy:

- To effectively manage and contain an outbreak when identified in the Center
- To promote an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment
- To help prevent the development and transmission of communicable diseases and infections
- Outbreak investigations will be organized by the Infection Control Nurse (Infection Preventionist) or designee when an outbreak is suspected
- The team listed below will meet daily to monitor the outbreak and initiate any necessary changes. Local and State Department of Health will be apprised as required.

## SECTION A

### **Infection Control Prevention Team:**

- Infection Preventionist
- Medical Director
- Administration (Administrator and Nursing Director)
- Unit Nurses
- Housekeeping Director
- Dietary Director
- Maintenance Director
- Social Services
- Admissions Director

Outbreak investigation will be organized by the Infection Control Nurse (Infection Preventionist) or designee when an outbreak is suspected.

1. The Center will inform residents and their representatives within 12 hours of a single confirmed infection of COVID-19, influenza or norovirus.
2. The Center will inform residents and their representatives of a potential outbreak when there are one or more residents or staff with new onset of respiratory symptoms and /or gastrointestinal symptoms that occur within 72 hours.
3. Updates on facility status of residents and their representatives will be provided daily, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever there are three (3) or more residents or staff with new onset of respiratory symptoms occurring within 72 hours.
4. The Center's designee will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing Center will be altered.
5. Immediate steps will be taken to the best of the Center's ability to isolate symptomatic individuals from those who may be pre-symptomatic or under investigation and residents who are asymptomatic to dedicated areas with dedicated staff.
6. Testing will be expansive and extensive Center-wide for COVID-19 and influenza.
7. Staff testing will also take place to stop the introduction, limit exposure to, and control the spread of these contagious diseases.

## **SECTION B**

### **Procedure:**

According to defined clinical parameters or state regulations:

#### **COVID-19:**

One resident/patient and/or staff in three (3) days become sick with these listed symptoms and at least one (1) of these has a positive test for COVID-19:

1. Confirm the existence of an outbreak:
  - a. Defined as one (1) Lab ID SARS-CoV-2 positive, that is an excess over expected (usual) level within the Center (i.e., normal rate is 0% and is now (1) positive Lab ID result.
  - b. Symptoms: Fever, dry cough, shortness of breath, fatigue, body aches, loss of taste and smell, GI symptoms  
Elders may exhibit:
    - i. Increased confusion, worsening chronic conditions of the lungs, loss of appetite, and decreased fluid intake
    - ii. Less common: sore throat, headache
2. This Center will implement Center-wide testing of residents and all Center staff.
3. If resident/patient(s) refuses to undergo COVID-19 testing, those individuals will be treated as a Person Under Investigation (PUI).
  - a. Nursing will document resident/patient's refusal and notify responsible representative of refusal to be tested.
  - b. Resident/patient will be moved to the PUI unit for 14 days.
  - c. PUI:
    - i. Resident/patient will be cohorted accordingly
    - ii. Temperature monitoring will continue every shift
    - iii. Onset of elevated temperature or other related symptoms consistent with COVID-19 will require immediate cohorting with symptomatic residents

#### **INFLUENZA:**

1. Three (3) or more clinically defined cases or one (1) or more laboratory Identified results for Influenza in a Center within a 10-day period from October through May, should be viewed as an outbreak.

#### **PNEUMONIA:**

1. Two (2) or more with nosocomial cases of non-aspiration pneumonia within a 10-day period should be reviewed for outbreak potential.

## **SECTION C**

1. Develop a case definition based on symptoms, characterized by disease cases
  - a. What: the pathogen, site, and/or sign/symptoms
  - b. Who: the population in which cases are occurring
  - c. Where: the unit location of case(s)
  - d. When: length of time case(s) has been occurring
  
2. Create line listing and search for additional causes and cases
  - a. Review surveillance and lab reports
  - b. Obtain appropriate lab specimens as directed by the physician or state/local health department
  
3. Use appropriate line listing forms when symptoms are identified for both resident and staff:
  - a. Respiratory Line Listing, Gastroenteritis Line Listing
  
4. Organize data according to time, place, and person
  - a. Time: duration of the outbreak and pattern of occurrence
  - b. Place: develop location and onset of dates of cases
  - c. Person: evaluate characteristics that influence susceptibility such as age, sex, underlying disease, immunization history
  - d. Exposure by nursing staff, or other infected residents
  
5. Formulate likely cause
  - a. identify (organism) source and possible mode of transmission
  - a. Identify (organism) source and possible mode of transmission

### **Notify:**

- Administrator
- Director of Nursing
- Attending physician/Medical Director
- Staff and department directors
- Family of the affected resident(s)
- Local/state health department, according to regulations
- Nursing will inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of influenza, COVID-19, or norovirus. One or more residents or staff with new onset of respiratory symptoms and /or gastrointestinal symptoms that occur within 72 hours. Resident(s) and their responsible representatives will be informed of possible outbreak within the center.
- Social Services and nursing will notify all residents' responsible representatives of outbreak either by phone, email and/or written letter weekly or more frequently as needed.

## SECTION D

1. Implement control measures based on sign, symptoms, diagnosis, mode of transmission, and location in the Center. Measures may include:
  - a. Transmission-based precautions
  - b. Restricting visitors
  - c. Screening all employees for elevated temperatures and signs/symptoms
  - d. Restricting affected residents from group activities
  - e. Suspending communal dining
  - f. Suspending admissions to affected unit
  - g. Suspending admissions to Center, if deemed necessary
  - h. Increasing housekeeping sanitation, intensive environmental cleaning with frequent cleaning of high touch areas
  - i. Staff Coordinator will implement staffing contingency plan for possible change in staffing levels
  
2. Once all has been reviewed with Administrator, Infection Preventionist, Medical Director and Nursing:
  - a. Conduct mandatory staff education
    - i. Hand hygiene
    - ii. Outbreak disease symptoms
    - iii. Reporting the occurrence of symptoms of resident and staff
    - iv. Transmission-based precautions
  - b. PPE will be made available in preparation for an outbreak
  - c. Advise staff who are exhibiting symptoms to stay at home
3. Monitor for effectiveness of investigation and control measures until cases cease to occur or return to normal level
4. Compare group of uninfected residents with infected residents
5. Conduct care practice observation IF cause implies a breakdown in resident care practices
6. Complete an Investigative Summary and submit a copy to
  - a. Nursing Director
  - b. Administrator
  - c. Medical Director

Summarize data/information collected; include case definition, contact tracing, cause, and final evaluation of outbreak.