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daughtersofmiriamcenter.org

A DAUGHTERS OF MIRIAM CENTER UPDATE REGARDING COVID-19

As of 11/24/21 at 1:30 PM:

146	Census
0	Residents have tested positive for COVID-19
0	Non-Facility acquired COVID-19 positive case(s)
5	Residents are considered Persons Under Investigation (PUI) for COVID-19
0	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-Nov 2021: 0	July-Sep 2021: 0	Apr-Jun 2021: 0	Jan-Mar 2021: 0
Avg. COVID+ Res/Day	Oct-Nov 2021: 0	July-Sep 2021: 0	Apr-Jun 2021: 0	Jan-Mar 2021: 1

Appointments are not required to socially visit residents at Daughters of Miriam Center with the exception of the 1 East PUI observation unit (see below). The following, however, remain in effect: All individuals will be screened upon entering the Center. Anyone with any symptoms of illness will not be permitted to visit.

- Well-fitted masks including surgical blue masks, cloth masks or gaiters are acceptable and must be worn at all times while in the facility and especially in the resident's room and/or on the unit regardless of vaccination status
- 2 person maximum per patient visit
- One(1) hour visit in duration
- Unvaccinated individuals must maintain physical distance of 6ft

Compassionate care visits will continue to be held **by appointment only on the 1 East Observation unit** by calling 973-253-5245 or via email at esolano@daughtersofmiriamcenter.org.

- The Center continues to remain open for both sub-acute and long term custodial care admissions.
- Residents who acquire COVID-19 are automatically placed in quarantine for 14 days. Newly admitted residents arriving from their home, or those who are transferred in from the hospital, are also in quarantine; however, they are placed separately from COVID+ residents. Residents and staff continue to be tested weekly.
- Current residents not considered persons under investigation who leave the facility for any reason, may not necessarily require to be quarantined. Appropriate placement is determined based upon the amount of exposure the resident may have had while out of the facility.
- Visitation is available in designated areas including the resident's room, the Day Care/Family Lounge, the gardens, and the courtyard. Directions to all locations are available on the nursing units.
- In conjunction with CVS and Partners Pharmacy, Daughters of Miriam has provided the Covid-19 vaccines to both its residents and its employees.

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.

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.

Sincerely,
Frank DaSilva
CEO

Daughters of Miriam Center/The Gallen Institute is CMS 5-Star Rated

Daughters of Miriam Center/The Gallen Institute is a Beneficiary Agency of UJA Federation of Northern NJ

- 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

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Joel J. Steiger

*Deceased

PATIENT-CENTERED VISITATION GUIDELINES & COVID-19 INFORMED CONSENT

Effective: September 15, 2021

Please read in its entirety. Prior to visitation, the consent form (attached) must be signed. An Authorized Representative may sign on behalf of the resident. One form must be completed for each visitor. Guidelines are subject to change as needed for the safety of all residents, staff, and visitors with or without notice.

- All visitors will be screened regarding their health upon entering the Center and must sanitize their hands prior to visiting. Anyone with symptoms of illness (i.e., cough, fever, chills, shortness of breath, body aches, vomiting and/or diarrhea, etc.) will not be permitted to visit or enter the building.
- Visitors are **required to wear a well-fitted surgical mask** covering their mouth and nose during their entire visit. Cloth masks and gaitors are not acceptable in the healthcare setting. Residents will also be encouraged to wear surgical masks to the extent they can do so safely.
- Fully vaccinated visitors and residents, while alone in the resident's room can choose to have close contact, including touch. 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.

Indoor Social visitation is available daily and does not require an appointment. Visitation is for a **maximum of two people for one hour**. As of May 12, 2021, the NJ Department of Health has included Essential caregivers as part of social visitation.

- Visitation may be limited during an outbreak or for circumstances related to a high risk of COVID-19 transmission.
 - Visitation 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.
- Compassionate Care visitation for the 1 East observation nursing unit is available by appointment only for a **maximum of two people for one hour**. No one under the age of 12 will be permitted on 1East. Visitors will be required to wear all appropriate Personal Protection Equipment.
 - To book an appointment for the 1East nursing unit only, call 973-253-5245 or email Eva Solano at esolano@daughtersofmiriamcenter.org.
 - Outdoor visitation is the preferred setting for visitation, weather permitting. 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.
 - Hospice/End-of-Life visitation will be individualized according to the patient's health status. Maximum of two (2) visitors at a time.
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COVID-19 Informed Consent Form

Having read Daughters of Miriam Center's Visitation Guidelines...

I, _____ (*resident or visitor name*), 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 Name

Deed Feinstein

Administrator/Designee Name

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.