

“Lessons Learned” – Arden Courts of New Jersey

1. Caring for seniors is and has been our top priority, but at the heart of that mission are the employees who embody our culture and ultimately carry out that vision every day. Serving others begins with honoring the dedication and many sacrifices our staff makes to ensuring quality care is possible.
2. Securing and maintaining the necessary tools, such as PPE equipment, to minimize risk for employees and residents is vital to ensuring safe, quality care.
3. Be adaptable! While standard services like programming, dining and even family or professional visitations are made difficult by government guidelines, our company leadership and staff have carried on these experiences and found creative ways to uphold the quality of life our residents deserve.
4. Making wishes come true: For over 2 decades it has been our goal to fulfill lifelong wishes or provide special moments for our residents in the form of our Heart’s Desire program. Even though we face great odds while navigating a pandemic, it has not deterred our drive to make these special memories happen.
5. Transparency and open communication are the backbone of any successful relationship, including the one had with families, residents and employees. As technology changes, so has our capabilities for different or unconventional forms of communication. So, we can keep families informed during uncertain crucial times.
6. Continued education and training are foundational to meeting the demands of an ever changing industry and the delivery of care. As new policies and standards are introduced, it is consequential that routine guidance and understanding is established so they can effectively be executed. This is not just a philosophy but is a practice that is monitored and adapted when necessary.
7. At Arden Courts, we understand that tracking and analyzing data is important for making decisions that are in the best interest of safety for all residents, families and employees.

Communicating with Resident Families/Caregivers During the COVID-19 National Public Health Emergency

In light of the COVID-19 outbreak causing much anxiety, uncertainty, and isolation among our residents who are no longer able to visit with their loved ones in person, Arden Courts is providing the following guidelines to all employees to ensure that residents may communicate with their family members and caregivers virtually, while also protecting the privacy of our residents.

Importantly, Arden Courts appreciates the need for our residents to communicate with their loved ones now more than ever, and understands our critical role in supporting the physical, mental, and emotional wellbeing of our residents. At the same time, the privacy of our residents’ remains of the utmost importance and we must take care in safeguarding and securing resident information, consistent with our internal policies and in compliance with applicable privacy laws. Accordingly, please carefully consider the guidelines below when facilitating live video-chat communications between residents and their family members/caregivers at this time.

- Consent. Obtain verbal permission from the resident or otherwise be able to reasonably infer that the resident does not object, when possible, to engaging in a live video-chat with his/her family member or caregiver.

- **Device.** Use a company device (e.g., cell phone, tablet, laptop) whenever possible. If there is no company device available at your facility, you may use your personal device at your own discretion, to facilitate live video-chat communication between a patient and a family member or caregiver. Employees are not required to use their personal devices. In the event an employee's personal device is used, employees are prohibited from recording any images, videos, or any other content on their personal devices related to patients. Employees are also reminded of Arden Court's Policy for Communicating with Patients and Families by Email which outlines the process by which employees should communicate with family members or caregivers through electronic communications. Please keep these guidelines in mind when communicating with families related to patient updates and avoid using personal devices for these purposes.
- **Methods of Communication.** Information Services will provide instructions on appropriate methods of live video-chat. Do not use any public-facing applications (e.g., Facebook Live, Twitch, TikTok).
- **Authentication.** Verify the identity of the family member/caregiver prior to initiating the live video-chat with the resident. Video-chats should be limited to a patient's family members, relatives, friends, or other persons identified by the patient as involved in the patient's care.
- **Privacy.** Conduct live video-chats in private areas (e.g., resident rooms), when possible. Take reasonable and appropriate efforts to minimize incidental disclosures of residents' information before, during, and after video-chats.
- **Cleanliness.** As a reminder, please sanitize all devices used to communicate with family/caregiver before and after any device is used for such purpose in accordance with the facility's infection control procedures.

Please contact your supervisor with any questions. Thank you for your continued commitment to the care, wellbeing, and privacy of our residents.

Outbreak Response Plan

(New Jersey Only)

(Assisted Living)

| | |
|-------------------------|------------------|
| Community Name: | Community Number |
| Community Phone Number: | |

An epidemic or outbreak is an excess over the expected or usual level of a disease within a geographic area. One (1) case may constitute an epidemic and warrant an outbreak investigation. Generally, when there is more than one cluster, three or more cases in patients/residents in close proximity to each other, an outbreak investigation is initiated. The Nursing administration (Wellness Director, RSC) under the direction of the Medical Director, manages an outbreak investigation. The local and state health departments assist with management and determining the endpoint of the process.

Outbreak Strategies

When the potential need for an outbreak investigation is identified the following management, employees are notified:

| | |
|-------------------------|--|
| Nursing Administration: | |
| Medical Director: | |
| Executive Director: | |

Upon Identification of a potential outbreak, conduct an outbreak investigation

- verify the existence of an outbreak
- collaborate with appropriate persons to establish the case definition, period of investigation and case findings
- define the problem using time, place, person and risk factors
- formulate a hypothesis on the source and mode of transmission
- implement and evaluate control measures including ongoing surveillance
- prepare report for review

The keys to successful outbreak management are:

- recognize an outbreak early and report to local and state health departments
- control current infections and minimize the risk of further disease
- identify factors contributing to the outbreak
- implement measures to promptly minimize risk
- In the event of an outbreak, the ED and RSC will monitor staffing daily to ensure staffing levels meet care needs of residents. If necessary, we will utilize all managers and department staff, contact sister communities for staffing assistance or reach out to our contracted agencies for assistance

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The following control measures are considered during an outbreak investigation:

- implement designated precautions
- maintain caregiver assignments
- determine based on type of outbreak if a higher level of care is required
- cohort residents per house as appropriate with like symptoms based on medical director and local health department recommendations for period of illness or until higher level of care transfer is completed.
- provide employees on all shift's information regarding the type of outbreak, how transmitted and review of infection control measures including standard and transmission-based precautions
- identify and monitor any additional evaluations or services needed
- monitor culture results, if applicable
- consider limitation of visitors
- instruct visitors on necessary precaution practices during outbreak
- confer with Medical Director, clinical services team, and regional director of operations regarding potential new move ins
- limit programming to houses as appropriate
- determine if separate dining times are required during outbreak
- complete *Infection Control Rounds Tool* daily by Executive Director or Designee

| | |
|-------------------|--|
| Provider: | |
| Lab Availability: | |
| Days: | |
| Hours: | |

| Public Postings | | |
|-----------------|--|--|
| Location: | | |
| | | |

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Attending physicians are contacted to obtain orders for cultures, cohorting residents with symptoms in a house, evaluating the need for a higher level of care. The *Outbreak Investigation Tool* is used for, but not limited to, any of the following:

- 3% of the population developing similar symptoms within 24-hours including drug resistant organisms
- two (2) or more unrelated residents with like symptoms, eating the same meal or food item and investigation implicates food as the source of illness
- one (1) verified case of a disease that is not expected to occur, such as botulism or typhoid
- three (3) or more residents from a house or 3% or more of the actual resident population that develop diarrhea within a seven (7) day period, in the absence of laxative therapy.
- one (1) or more residents or employees infested with scabies
- one (1) resident diagnosed with tuberculosis after move-in
- one (1) or more residents with a lab confirmed diagnosis of influenza

Outbreaks may be considered resolved when there have been no new cases identified for a period of 72-hours. The Nursing Administration authorizes the removal of control measures as appropriate and, or consultation with the local public health authorities. Some residents may still be in a recovering phase. The Nursing administration monitors the situation for any reoccurrence of the outbreak using a floor plan layout or *Infection Control Surveillance Log* and the *Employee Illness Log*

The *Outbreak Investigation Tool* assists Nursing administration with documentation of source data used to confirm that an outbreak exists. Data collection includes:

- nature of symptoms
- location of residents with symptoms
- onset of symptoms
- change and duration of symptoms
- causes, common elements or unusual circumstances
- assigned employees to the resident(s)

An *Outbreak Case Report Worksheet* can be used as a checklist to identify service area tasks to be completed during an acute outbreak event. Role responsibilities are identified for the following:

- Nursing Administration
- Executive Director/Nursing administration
- Medical Director
- ASC
- BSC
- FSC
- Programming
- Senior Care Advisor

Maintaining ongoing communications with employees, visitors and others can assist in effective outbreak management as well as alleviate concerns regarding the outbreak. This is the responsibility of the Executive Director or Nursing Administration.

Families will be notified by phone if a facility outbreak is identified, no later than 24-hours after the medical director determines as such. Facility representative will contact family at least weekly to provide updates.