

CEMP I - 17: Infectious Disease/Pandemic Emergency: Mercy Living Center

The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality. Infectious disease emergencies can include outbreaks, epidemics and pandemics. The facility must plan effective strategies for responding to all types of infectious diseases, including those that rise to the higher level of pandemic.

The following Infectious Disease/Pandemic Emergency Checklist outlines the hazard-specific preparedness, response, and recovery activities the facility should plan for that are unique to an incident involving infectious disease as well as those incidents that rise to the occasion of a pandemic emergency. Mercy Living Center's Pandemic Emergency Plan utilizes plans for Adirondack Health as a whole. Those policies are referenced in the checklist below and are part of the Appendix. Adirondack Health maintains a comprehensive emergency plan that outlines Adirondack Health's response to many forms of disaster.

The Local Health Department (I-HD) of each New York State county, maintains prevention agenda priorities compiled from community health assessments. The checklist items noted in this Annex include the identified I-HD priorities and focus areas. Nursing homes should use this information in conjunction with an internal risk assessment to create their plan and to set priorities, policies and procedures.

This checklist also includes all elements required for inclusion in the facility's Pandemic Emergency Plan (PEP), as specified within the new subsection 12 of Section 2803, Chapter 1 14 of the Laws of 2020, for infectious disease events that rise to the level of a pandemic.

To assure an effective, comprehensive and compliant plan, the facility should refer to information in Annex K of the CEMF) Toolkit, to fully understand elements in the checklist including the detailed requirements for the PEP.

A summary of the key components of the PEP requirements for pandemic situations is as follows:

- O development of a Communication Plan,
- O development of protection plans against infection for staff, residents, and families, including the maintenance of a 2-month (60 day) supply of infection control personal protective equipment and supplies (including consideration of space for storage), and

O A plan for preserving a resident's place in and/or being readmitted to a residential health care facility or alternate care site if such resident is hospitalized, in accordance with all applicable laws and regulations.

Finally, any appendices and documents, such as regulations, executive orders, guidance, lists, contracts, etc. that the facility creates that pertain to the tasks in this Annex, and/or refers to in this Annex, should be attached to the corresponding Annex K of the CEMP Toolkit rather than attached here, so that this Annex remains a succinct plan of action.

Infectious Disease/Pandemic Emergency Checklist

Preparedness Tasks for all Infectious Disease Events

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(i)(3)(iii), 415.19, and 415.260; 42 CFR 483.15(e) and 42 CFR S 483.80), and Federal and State guidance/requirements:

Adirondack Health and Mercy Living Center employees several methods for training staff on infection prevention, exposure risks, symptoms, PPE usage, and regulations. One method is Health Stream competencies which is an online service that provides training for employees. In addition to this method in person training is used as well as policy review and signing. Drills and exercises are also used in the training of staff. In the case of Covid 19 all of the above methods have been utilized for the various aspects of infectious diseases. The training will be based on the particular infectious disease and the information surrounding the disease (these can be found in CEMP I -17 Biological Incident Response Plan for known diseases and biologicals) The following infectious disease policies have been utilized for Covid to include the elements of training:

CEMP I – 17 -10a High Infectious Disease Protocols

Infection Control – Exposure Control Plan 1, Attachment #9 – A Covid PPE

Infection Control – Exposure Control Plan 1, Attachment #9 – C Covid – Considerations for Safe Work Practice

Infection Control – Exposure Control Plan 1, Attachment #9 - B Covid – Contingency and Crisis Use of PPE

Infection Control – Exposure Control Plan 1, Attachment #9 - D Covid - Screening of Staff Visitors, and Patients

Infection Control – Exposure Control Plan 1, Attachment #7 Mercy Covid Surveillance and Response Plan

Infection Control – Exposure Control Plan 1, Attachment #8 Covid – When contact and droplet precautions for all residents due to potential exposure or known positives

Develop/Review/Revise and Enforce existing Infection prevention, control, and reporting Policies:

Adirondack Health and Mercy Living Center will modify infection control polices as applicable to the pandemic based on the factors relating to a particular disease. Known disease protocols can be found in CEMP I -17 Biological Incident Response Plan. For diseases not readily known the policies will be modified to reflect the behavior of the disease. Policies which were modified for Covid are listed below:

CEMP I – 17 -10a High Infectious Disease Protocols

Infection Control – Exposure Control Plan 1, Attachment #9 – A Covid PPE

Infection Control – Exposure Control Plan 1, Attachment #9 – C Covid – Considerations for Safe Work Practice

Infection Control – Exposure Control Plan 1, Attachment #9 - B Covid – Contingency and Crisis Use of PPE

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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.

CEMP I 1-17 Biological Response Plan outlines surveillance and reporting methods. These include the following:

1. Doing routine syndromic surveillance activities with ongoing participation in the NYSDOH Electronic Syndromic Surveillance Program. This includes surveillance for influenza-like-illnesses that are reported to the NYSDOH and testing for influenza as recommended by NYSDOH.

2. Maintaining ongoing communications with, and procedures for collaborating with, local and state public health departments in developing a case definition during a disease outbreak.
3. Additionally, specific to Covid the following Process is being used to surveille for infections: Infection Control – Exposure Control Plan 1, Attachment #7 Mercy Covid - Surveillance and Response Plan

Develop/Review/Revise plan for staff testing/laboratory services:

The Clinical Microbiology Lab uses Biosafety Level (BSL)-2 precautions and has a key role in the early detection of biological agents. AH’s Lab can test samples to rule out the presence of bioterrorism agents, or package and ship specimens to reference laboratories as instructed by the Franklin and/or Essex County DOH or NYSDOH.

Specimen Collection, Packaging, Processing, And Transport:

The Wadsworth Center will accept NYSDOH-approved specimens (physical evidence) from AH. The Lab or Department submitting a specimen shall contact Wadsworth Center before submitting a specimen. Special sample transportation may be necessary. To contact Wadsworth Center: Call 518-474-7161 during business hours, Monday – Friday, 8AM – 5PM, OR 866-881-2809 for the Public Health Duty Officer at all other hours. Refer to *Directions for Shipping Specimens to NYSDOH Wadsworth Center Laboratory*, for additional information.

In addition to Wadsworth, Adirondack Health also utilizes LabCorp and Bio Reference as other third party labs.

Testing of staff and residents for Covid are outlined in Infection Control – Exposure Control Plan 1, Attachment #7 Mercy Covid Surveillance and Response Plan

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.

Mercy Living Center utilizes the following staff for reporting purposes:

Administrator

Director of Nursing

Emergency Preparedness Coordinator

Infection Control Preventionist

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)

Adirondack Health and Mercy Living Center has identified the highest 1-week usage of PPE and supplies during the Covid outbreak. Based on that usage a daily burn rate was determined. From that daily burn rate a 90-day inventory target was set up to be maintained by Adirondack Health for supplies and PPE (Mercy will maintain a 60-day supply). That inventory is stored at Mercy Living Center as well as Adirondack Health in Saranac Lake. Also refer to Policy: CEMP I 1-17 Biological Response Plan

Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave).

Mercy Living Center must uphold the visitation rights of all residents. Upon activation of the emergency plan, and absent immediate guidance from governing entities, the facility will immediately restrict person-to-person visitation and on-site long-term care Ombudsman services. Limited visitation will resume as stated in the PEP-COVID Visitation Policy. Other modes of visiting and communication between our residents and the community will continue or be activated per the PEP-COVID Communication Policy.

When activated, limited visitation can include:

In-person/face to face visits:

Visitation is limited to primarily outdoors under the pergola at the front of the building. In case of inclement weather, including heat and humidity, indoor visits will take place in the Happy Days Café area.

Limited visitation hours are subject to change. When permitted, limited visitation will be scheduled for 30 minute slots, Monday through Friday, 2pm-4:30pm, by appointment only. Visits will be 30 minutes in length. There will be no weekend or holiday visits.

Window visiting:

Window visitation is available in Happy Days Café on the Main level and 2 areas on Warde unit on the Ground floor. Appointments are scheduled via the Unit Secretaries.

- Visitors must come to the window wearing a mask.
- Cellphones or an amplification device may be available upon request.

Bedside visitation:

Compassionate Care – A visitor providing support in an imminent end-of-life situation or for a family member of the resident in an imminent end-of-life situation, and those providing Hospice care will be made on a case-by-case basis.

- Visitor movement will be limited to the resident room and where instructed by the supervisor on duty.
- Visitors will adhere to Health Check screening protocols and temperature check, continue good hand hygiene practices and use personal protective equipment (PPE), such as facemasks while in the building.

PEP - COVID-19 Visitation Policy 9.15.2020

PEP – Employee Travel Advisory Protocol

PEP – Staff Travel and Absentee Plan

Develop/Review/Revise environmental controls (e.g., areas for contaminated waste). The handling of contaminated waste and cleaning during a pandemic will be handled per the procedures outlined in the following policies:

CEMP I – 17 -10a High Infectious Disease Protocols

Infection Control – Exposure Control Plan 1, Attachment #7 Mercy Covid Surveillance and Response Plan

CEMP I 1-17 Biological Response Plan

Handling of Regulated Medical Waste Policy

Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents.

Memorandum of Understandings have been established with vendors for food, water, medications, and other supplies. Additionally, Adirondack Health has identified the highest 1-week usage of PPE and supplies during the Covid outbreak. Based on that usage a daily burn rate was determined. From that daily burn rate a 90-day inventory target was set up to be maintained by Adirondack Health for supplies and PPE. That inventory is stored at Mercy Living Center as well as Adirondack Health in Saranac Lake. Also refer to Policy: CEMP I 1-17 Biological Response Plan

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.

Residents will be isolated or cohorted based on their infection status per the following policies:

CEMP I – 17 -10a High Infectious Disease Protocols

Infection Control – Exposure Control Plan 1, Attachment #7 Mercy Covid Surveillance and Response Plan

CEMP I 1-17 Biological Response Plan

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.

An observation unit was created to allow sick residents to be readmitted from the hospital and also provide a safe environment for the other residents and staff. has been established for cohorting of positive or suspected positive residents on the McAuley unit of Mercy Living Center. The rooms all have separate bathrooms and negative air flow was created in each separate room. The observation area was walled off from the other areas of the unit. Should more rooms be needed similar measures will be taken on the McAuley or Warde units as needed.

COVID-19 Surveillance for Mercy Residents and Staff 6/21/20

Cohorting Protocol: Observation Area Bed Designations (COVID-19 adjustment)

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).

Adirondack Health and Mercy Living Center have taken steps to ensure social distancing is maintained. These procedures are located in the following policies:

Infection Control – Exposure Control Plan 1, Attachment #9 – C Covid – Considerations for Safe Work Practice

Infection Control – Exposure Control Plan 1, Attachment #8 Covid – When contact and droplet precautions for all residents due to potential exposure or known positives

In addition to these measures activities such as visitation, field trips, and some activities have been postponed during the pandemic.

PEP - COVID-19 Visitation Policy 9.15.2020

Resident Group Activities (COVID Emergency Plan)

COVID-19 Surveillance for Mercy Residents and Staff 6/21/20

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.

Adirondack Health and Mercy Living Center will resume normal activities when the state, CDC, and prevalent conditions allow the activities to occur. These recovery plans are outlined in Adirondack Health's policy:

CEMP I 1-17 Biological Response Plan

CEMP I – 1 Comprehensive Emergency Plan

Additional Preparedness Planning Tasks for Pandemic Events

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]

Adirondack Health and Mercy Living Center included many disciplines in establishing a Pandemic Emergency Plan. The list includes NYSDOH resources, CDC resources, local emergency management, Infection Prevention, Administration, Nursing, Environmental Services, Human Resources, Emergency Preparedness, Materials Management, Plant Operations, Activities, Nutritional Services, Medicine, Social Services, Rehabilitation Services, Pharmacy, and Employee Health

Response Tasks for all Infectious Disease Events:

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 Recommended management of residents and staff suspected or confirmed to have disease: list facility-specific procedures to obtain/maintain/enact guidance

Adirondack Health and Mercy Living Center monitors guidance provided by the NYSDOH through the HCS system. Multiple individuals at Mercy Living Center and Adirondack Health are notified of the guidance provided by NYSDOH. Based on that guidance Adirondack Health and Mercy Living Center adjusts their operations and procedures to ensure compliance with the guidelines.

Policy CEMP I -17 Biological Incident Response plan outlines procedures and structures in place at Adirondack Health to obtain and implement guidance information.

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.

The facility will meet its reporting requirements as mandated by the State. The following individuals will be involved in any required reporting.

Administrator

Director of Nursing

Emergency Preparedness Coordinator

Infection Control Preventionist

The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting [describe facility's planned process]

Mercy Living utilizes the following positions for HERDS survey reporting:

Administrator

Director of Nursing

Emergency Preparedness Coordinator

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.

Mercy Living Center has posted signage for infection control practices in the following locations: Main doors entering the facility, the main lobby, restrooms, hand sanitizing stations throughout the facility, drinking fountains, and nurse's stations.

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.

Adirondack Health and Mercy Living Center will use the procedures outlined in the following policies to limit exposure between infected and non-infected persons.

CEMP I 1-17 Biological Response Plan

CEMP I – 17 -10a High Infectious Disease Protocols

Infection Control – Exposure Control Plan 1, Attachment #7 Mercy Covid Surveillance and Response Plan

Infection Control – Exposure Control Plan 1, Attachment #9 – A Covid PPE

Infection Control – Exposure Control Plan 1, Attachment #9 – C Covid – Considerations for Safe Work Practice

Infection Control – Exposure Control Plan 1, Attachment #9 - D Covid - Screening of Staff Visitors, and Patients

Infection Control – Exposure Control Plan 1, Attachment #8 Covid – When contact and droplet precautions for all residents due to potential exposure or known positives

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:

Mercy Living Center does not have a sufficient staffing complement to allocate dedicated staff to care for confirmed infectious residents. Therefore, residents actively infected will be diverted to facilities who are accepting COVID residents.

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.

Cleaning and disinfecting will occur using procedures outlined in the following policy:

Infection Control – Exposure Control Plan 1, Attachment #7 Mercy Covid Surveillance and Response Plan

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.

Family and representatives are education about COVID-19 and informed about Mercy strategies to provide activities, address testing, visitation, dining, and other, via *Administrator Message* and *Mercy Messenger Newsletter*.

Communication with Family/Representatives/Community (Temporary COVID-19 Plan) Policy

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.

Adirondack Health and Mercy Living Center will utilize policy Infection Control – Exposure Control Plan 1, Attachment #9 - D Covid - Screening of Staff Visitors, and Patients for stakeholders and staff for minimizing exposure risks to residents. This information has been communicated to stakeholders via the following methods.

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

Based on Executive orders Adirondack Health and Mercy Living Center have both restricted visitor access to its facilities. Mercy Living Center is currently restricting all access to visitors at this time. As new NYSDOH guidance is issued appropriate actions will be taken by facility. Adirondack Health is following the procedures in the following procedures for screening:

Infection Control – Exposure Control Plan 1, Attachment #9 - D Covid - Screening of Staff Visitors, and Patients

PEP - COVID-19 Visitation Policy 9.15.2020

Additional Response Tasks for Pandemic Events.

Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures) list facility-specific procedures for testing this use

Adirondack Health and Mercy Living Center will follow guidelines issued by the CDC and NYDOH for PPE use during a pandemic. Policies currently being followed for the Covid pandemic are:

Infection Control – Exposure Control Plan 1, Attachment #8 Covid – When contact and droplet precautions for all residents due to potential exposure or known positives

Infection Control – Exposure Control Plan 1, Attachment #9 – A Covid PPE

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.

Mercy Living Center's Pandemic Emergency Plan is posted on the Mercy Living website under services and conditions. The plan is also located in the CEMP at Mercy Living Center.

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.

Notification of suspected or positive test result of staff or another resident.

Within 24 hours of receiving a positive test result, the infected resident would be notified by the RN Manager/designee or the Medical Director. Notification to the individual's family/representative would be communicated via telephone by the RN Manager/designee or Medical Director. Subsequent conversations, daily or otherwise, about health status and care, would be directed by the RN Manager and Social Worker, and would include discussions with the Medical Director. The resident, family and interdisciplinary team (IDT) in Resident Care Conference, via phone or videoconferencing, would discuss change in status and how best to address both medical and psychosocial issues and appropriateness of services provided.

Notification to the other residents would be within 24 hours and via resident meetings on each unit, to include some conversations in resident rooms. Notification to their families/representatives would be made by email and telephone calls. Notification of the result as well as the steps the facility will take to address spread will be posted on the organizations website and will also indicate new cases, in accordance with current regulation.

Communication with Family/Representatives/Community (Temporary COVID-19 Plan) Policy

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

Notification of resident positive COVID-19 test result, or if any resident suffers a COVID-19 related death, within 24 hours of such positive test result or death.

- a. Family/next of kin/HCP of the specific resident will be notified by telephone.
- b. All residents will be notified via resident meetings and written notification.
- c. Family and representatives would be notified via email and telephone calls if any resident of a positive test result, or if any resident suffers a COVID-19 related death.
- d. The nurse manager or social worker will provide daily communication, via telephone, with updates on status and other needs to the family of a resident with a positive COVID-19 test result.
- e. The organizations website would be utilized to provide daily updates of the numbers of positive cases/deaths, until all positive cases are resolved.

Communication with Family/Representatives/Community (Temporary COVID-19 Plan) Policy

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.

Mercy Living Center has ensured that residents have access to speak with their family/representatives.

Communication with Family/Representatives/Community (Temporary COVID-19 Plan) Policy

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(1)(3) 415.19, and 415.260; and 42 CFR 483.156): [describe facility's planned process]

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]

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)

Adirondack Health is tracking all PPE inventories and usage. Adirondack Health currently has over 90 day's supply of all the PPE listed above (based on the highest week's usage of PPE during the Covid Pandemic. This material is stored at Mercy Living Center and in Saranac Lake. Adirondack Health is contracted with Medline for the supply of its PPE. Other vendors are also utilized to purchase PPE. The 90-day supply is supply on hand at an Adirondack Health facility.

Recovery for all Infectious Disease Events

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 Required pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.

Adirondack Health and Mercy Living Center monitor the guidance from NYSDOH and CDC routinely and will take the appropriate actions as outlined by the guidance.

The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders

Mercy Living Center will communicate with staff, families/guardians and other relevant stakeholders of as outlined in the following policy.

Communication with Family/Representatives/Community (Temporary COVID-19 Plan) Policy