THE WATERMARK
AT BROOKLYN HEIGHTS

ÉLAN COLLECTION

Visitation Plan

To schedule visitation, family member or resident will call 347-343-4900 and speak to the receptionist and or administration to schedule available time slots. Visitation occurs between 9am to 9pm daily.

A. Indoor Spaces

a. Salon (Max 3) including 1 residents
b. Biblio (Max 3) including 1 residents
c. Private Dining Room (Max 3) including resident
d. Memory Care Family Room (Max 3) including resident
e. In Apartment Visitation (Max 3) including resident

B. Outdoor Spaces

a. 4th Floor Outdoor Patio (Max 3) including resident
b. PH Rooftop Patio West/North (Max 3) including resident
c. PH Rooftop Patio West/South (Max 3) including resident

C. Private Space

a. Conference Room (Max 3)

D. Infection Control Policies

a. WRC-CL-P020 – Activity Disinfection Policy
b. WRC-RM-P162 – Infection and Outbreak Policy
c. WRC-HL-P015 – Cleaning Policy
d. WRC-AL-P275 – Infection Control
e. WRC-CL-P019 – Visitation Policy

Maximum number of visitors at any one time – 10
Maximum number of visitors per resident at any one time – 2
Maximum number of hours per resident visit – 2 Hours
Visitors under the age of 16 must be accompanied by an adult 18 years or older
Residents positive with COVID-19 or have signs or symptoms are not permitted visitors

E. Core Principals of Visitation and Best Practices

a. Visitors must complete all required entrance-screening processes.
b. Facemasks must be worn at all time during visitation
c. Visitors must stay socially distanced in visitation designated areas
d. At all times visitors must stay in visitation designated areas
e. Visitors must comply using hand disinfection/sanitizer upon entry
f. Visitors must comply with all Infection Control Policies as established by community and visitation plan.

F. Entrance Screening and other Core Principals

a. Appropriate signage regarding facemask utilization and hand hygiene, and applicable floor markings to cue social distancing delineations must be in place at all times.
b. Documentation of screening must be maintained onsite in an electronic format and available upon the Department of Health's request for purposes of inspection and potential contact tracing. Documentation must include the following for each visitor:
    i. First and last name of the visitor;
    ii. Physical (street) address of the visitor;
    iii. Daytime and Evening telephone number;
    iv. Date and time of visit; and
    v. Email address if available
c. Screening for signs and symptoms of COVID-19 prior to resident access.

Maximum number of visitors and residents noted are represented by the number that can safely socially distance.

21 Clark Street, Brooklyn Heights, New York 11201
Phone – 347-343-4900
Fax – 1-800-893-6674

Date:	Resident Name	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30	7:00	7:30	8:00	8:30	9:00
Indoor Visitation																										
Salon																										
Biblio																										
Private Dining Room																										
Penthouse Lounge																										
Memory Care Visitation																										
Family Room																										
Private Visitation																										
Sub Cellar Conference Room																										
Outdoor Visitation																										
4th Floor Patio																										
Penthouse North West (Section One)																										
Penthouse Sout West (Section One)																										
In-Rooom Visitation																										
Apartment #																										
Apartment #																										
Apartment #																										
Apartment #																										

Maximum Number of Vistors Permitted at One Time is 10

WATERMARK
RETIREMENT COMMUNITIES®

Community Life
COVID-19 Activity Event Disinfection Policy

A. Policy Statement:

It is the policy of Watermark Retirement Communities, LLC (WRC) and its affiliates that cleaning and disinfecting protocols are in place to mitigate the risk of spreading COVID-19.

B. Procedure:

I. Create a disinfection plan with Executive Director, Community Life personnel or designee, which identifies frequently touched surfaces, a daily schedule, and designated persons to complete disinfection tasks.
   a. Plan/schedule must include disinfection before and after each use of any activity area and/or planned event.
   b. Consult with housekeeping personnel on execution of plan.
   c. Obtain proper disinfectant and supplies from Housekeeping department.
   d. Gloves and mask required to perform disinfection procedures.
   e. Clean commonly touched surfaces that are heavily soiled or dirty before disinfecting.
   f. Disinfect commonly touched surfaces, including but not limited to:
      i. Doors, door handles, tables, chairs, light switches, lamps, games, supplies, cabinetry, and any other items that have been handled or touched.
      ii. Any electronics used, e.g. cell phones, tablets, TV controls, Wii, and computers.
         1. Reference user manual for disinfecting electronics.
      iii. Include all areas connecting entrance and exit to the commonly used space.
      iv. Reference Pool Reopening Policy WRC-MNT-P031

II. Use only EPA approved, hospital grade disinfectants provided by housekeeping.

C. Definitions:

- ***EPA approved disinfectant*** – One step cleaner disinfectant effective against key pathogens, such as TB, MRSA, Norovirus, HBV, and HIV.

- ***Cleaning*** – Refers to the removal of dirt and impurities from surfaces. Cleaning does not kill germs.

- ***Disinfection*** – Refers to using chemicals to kill germs and viruses on surfaces.

WATERMARK
RETIREMENT COMMUNITIES®

Risk Management
Coronavirus Disease 2019
Infection and Outbreak Policy
(COVID-19)

A. Policy Statement:

It is the policy of Watermark Retirement Communities, LLC (WRC) and its affiliates to protect associates and residents from the health hazards associated with communicable disease, such as coronavirus.

B. Procedure:

I. Evaluation

a. In consultation with resident's physician and if necessary, public health departments, residents should be evaluated on a case-by-case basis to determine the need for testing. Have the results of the screening for COVID risk available with the clinical picture to discuss with physician or public health.

II. Suspected Cases

a. Any suspected case of COVID-19 should be reported to the local and/or state public health department for contact tracking needs, and isolation recommendations for associates and other residents.
b. Immediately isolate suspected COVID-19 cases using standard, droplet, and contact precautions. Use isolation gown, gloves, facemask, and eye protection.
c. Frequent hand hygiene with alcohol-based hand rub or soap and water, washing for at least 20 seconds.
d. Frequent daily cleaning with an EPA-registered, hospital-grade disinfectant of commonly touched environmental surfaces to decrease environmental contamination.

III. Surveillance

a. The purpose of the surveillance of infections is to identify both individual cases and trends to guide appropriate interventions and to prevent future infections (see Surveillance for Infections Policy: WRC-QI-P016). Temperature checks are to be performed on residents at least two (2) times daily for those who are considered surveillance (symptomatic or COVID-19 positive).

IV. Associates

a. Associates who are ill should stay home and seek healthcare advice through their regular provider.
b. Associates shall be screened at entry into the community for respiratory signs and symptoms and fever as well as exposure to COVID.

V. Visitors

a. Post the required signage regarding visitation restriction to essential health care related visitation.

b. Individuals visiting a resident who is end-of-life must wear a mask prior to entering the room of the resident. They should also limit the surfaces they touch while in the room and wash their hands prior to leaving the room. These individuals should be instructed to monitor for symptoms of COVID-19 for 14 days after last interaction with resident.
c. All visitors shall be screened at entry to the community.

VI. Admissions

a. Accept prospective residents recovering from COVID-19 only after consultation with the local and/or state health department and referring facility.
    i. Notify your Regional Director of Health Services

C. <u>Definitions:</u>

Coronavirus Disease 2019 *– a respiratory illness that can spread from person to person.*

COVID-19 *– the abbreviated name for novel Coronavirus Disease 2019 that first emerged in Wuhan, Hubei Province, China.*

Illness *– COVID-19 illness may be mild to severe. Symptoms may appear as soon as 2 days and as long as 14 days after exposure. Symptoms include fever, dry cough, and shortness of breath. Other symptoms include nasal congestion, runny nose, sore throat or diarrhea. Older adults and patients with comorbid conditions are at increased risk for more severe illness.*

Transmission *– COVID-19 is spread from person-to-person by respiratory droplets between people who are in close contact with one another (about 6 feet).*

WATERMARK RETIREMENT COMMUNITIES®

Housekeeping & Laundry
COVID-19 Cleaning Policy

A. Policy Statement:

It is the policy of Watermark Retirement Communities, LLC (WRC) and its affiliates that cleaning and disinfecting protocols are in place to mitigate the risk of spreading COVID-19.

B. Procedure:

I. **Cleaning Requirements by Zone Type:**

a. Hot Zones (identified during morning huddle) – Gloves, Gown, Mask, Eye Protection Required
   i. Disinfected 3 times per day between 7am and 10pm
   ii. Includes resident rooms (across from, to the left & right of), common area restrooms and elevator interiors
   iii. Unoccupied resident room shall be disinfected once and sealed off until resident returns or room is no longer in Hot Zone.

b. Non-Hot Zone Common Areas – Gloves Only Required
   i. Disinfected 3 times per day between 7am and 10pm
   ii. Includes all areas not listed above, such as non-hot zone common areas, corridors, lobby, dining room, etc.

c. Non-Hot Zone Resident Rooms – Gloves Only Required
   i. Disinfected per existing community specific schedule (e.g. weekly, bi-weekly)

II. The COVID-19 Cleaning and Disinfection Log shall be completed daily and uploaded to TELS once per week with all seven days' worth of logs. This includes Hot Zones and Non-Hot Zone Common Areas.

III. Reference *WRC-HL-G015 COVID-19 Disinfection Guide* for detailed procedures.

IV. Direct Resident Care Equipment shall be disinfected utilizing EPA Hospital Approved disinfectant between each resident use.

C. Definitions:

- ***EPA Hospital approved Disinfectant*** *– One-step cleaner disinfectant effective against key pathogens, such as TB, MRSA, Norovirus, HBV, HIV, etc. approved by the EPA for hospital use*
- ***Hot Zone*** *– Suspected high risk area*
  - *Identified areas shall be cleaned and disinfected **3 times per day** in accordance with WRC-HL-G015 COVID-19 Disinfection Guide.*
- ***Non-Hot Zone Common Areas*** *– Includes all common areas of the community not listed as a Hot Zone*
  - *Identified areas shall be disinfected **3 time per day** in accordance with WRC-HL-G015 COVID-19 Disinfection Guide.*
- ***Non-Hot Zone Resident Rooms*** *– All resident rooms not affected by Hot Zone areas*
- ***PPE*** *– Personal Protective Equipment – for example - Mask, Gloves, Gowns, and eye protection*
- ***Direct Resident Care Equipment*** *– BP cuffs, commodes, mechanical lifts, etc may be dedicated to the resident's use. If not dedicated, equipment must be cleaned and disinfected between residents, as the virus can be transmitted from one resident to another via shared items.*
- ***High Touch Areas*** *– everything that is touched frequently throughout the day, such as the arms of furniture, countertops where people often lean or touch, bed rails and controls, night stands, knobs, switches, call buttons/cords/pendants, telephones, chairs, railings, key pad entry, remotes, etc.*

WATERMARK RETIREMENT COMMUNITIES®

Assisted Living
Infection Control

A. Policy Statement:

It is the policy of Watermark Retirement Communities, Inc. (WRC) and its affiliates to track, trend and prevent or minimize the incidence infections and report infectious/communicable disease outbreaks to applicable Watermark Resources and to local, county and state health departments when required by regulation.

B. Procedure:

A comprehensive, effective infection control program is a critical factor in the delivery of modern quality health care. The program is comprehensive in that it addresses ***detection***, ***prevention,*** and ***control*** of infections among residents and associates. The major activities of the program are:

I. **Surveillance.** There is ongoing monitoring of infections among residents and associates. Documentation and reporting of nosocomial infections is done in conjunction with the Infection Control Committee and appropriate representatives of the medical, nursing, and ancillary departmental associates. The Checklist for Core Elements of Antibiotic Stewardship Program (WRC-QI-F042) should be completed and periodically reviewed as part of the community's Quality Improvement process to ensure the system is in place, including working through the process and having the conversation with the physician. Surveillance is essential to evaluate the incidence of nosocomial infections and the factors that influence their development. Each community will have a copy of their community layout for the Infection Control Process.

II. **Implementation of Control Measures.** Prevention and spread of infections is accomplished by use of approved isolation precautions and other barriers, established infection-control interventions, appropriate treatment and follow-up and associate restrictions for illness.

III. **Prevention of Infection.** Policies, procedures and aseptic practices are followed by personnel in performing procedures and in disinfection of equipment. Immunizations are offered as appropriate to patients and personnel to decrease the incidence of preventable diseases.

IV. **Education.** Education programs are utilized to ensure compliance with policies and procedures associated with the potential for infection. Surveillance data are utilized to influence patient care and personnel practices, and to reduce the risk of nosocomial infections. Education programs are also developed to meet needs identified during surveillance activities and to satisfy regulatory requirements. Only associates who have been trained in the use of Standard and Respiratory Precautions will provide direct care to residents, service or repair contaminated equipment or handle soiled linens and trash that have been exposed to an individual with a communicable disease.

V. **Consultation.** Consultation services regarding the appropriate procedures and techniques pertinent to infection control and infection issues are provided to all departments by the ***Nursing Department.*** Consultation activities include input relative to any major change in techniques and procedures and provision of specific information related to any infection-control issues. Consultation and input to the infectious disease process- especially the pre-employment screening program, the immunization

programs, and associate exposure and follow-up to communicable disease and infection. A report of associate exposure and follow-up is given to the Infection Control Committee as part of the Quality Improvement Committee on a regular basis to determine further action and/or follow-up needed.

VI. **Reporting Suspected Communicable Infection:**

a. Resident Care Director, Program Director and Executive Director are to be notified of suspected infectious outbreaks when 2 or more residents develop the same symptoms within a 3 day time frame at the time that an outbreak is suspected, then start a line list (WRC-HS-F047).
b. The Executive Director will inform the Regional Director of Healthcare Operations, the Managing Director of Operations, National Risk Manager and National Director of Healthcare Operations at the time that an infectious outbreak is suspected.
c. The Executive Director will provide at a minimum a daily update to the individuals in section VI b to include the number of new cases reported each day by program, the total number of current cases by program and the number of residents that have been hospitalized program.
d. The Resident Care Director or Program Director will notify each resident's attending physician of the suspected infection to include signs and symptoms and the date of onset.
e. The Executive Director, Resident Care Director, or Program Director will notify their county's local Department of Health if required by local health code and will implement procedures directed by the department if not already implemented under Watermark's policies and procedures. The community may also be required to report infectious outbreaks to their respective State Departments of Health. Confirm this requirement in your state regulations. If such is not specifically addressed, contact your State Department of Health to receive their guidance related to the need to report.

VII. **Communicable diseases requiring isolation:**

This list is not all inclusive but identifies more commonly known conditions that require isolation. Contact and Droplet/Respirator precautions are to be used when caring for an individual with any of the following conditions until the resident can be hospitalized for further treatment. Isolation may still be required upon hospital discharge therefore the Resident Care Director or Program Director will confirm isolation precaution status with the hospital prior to the resident being returned to the community.

- Covid-19 (Coronavirus Disease 2019)
- Varicella
- Diphtheria
- Hemorrhagic fevers (*e.g., Lassa, Ebola, etc.*)
- Herpes Varicella Zoster in immunocompromised residents
- Disseminated Herpes Varicella Zoster
- Measles
- Mumps
- Acquired immunodeficiency syndrome (AIDS)
- Babesiosis
- Creutzfeldt-Jakob disease
- Hepatitis B (including HbsAG antigen carrier)

- Hepatitis, non A, non B
- Leptospirosis
- Malaria
- Rat-bite fever
- Relapsing fever
- Syphilis—primary and secondary with skin and mucous membrane lesions
- Epiglottitis, Haemophilus influenza
- Erythema infectiosum
- Lassa fever
- Meningitis—Haemophilus influenza, known or suspected
- Meningococcal pneumonia
- Meningococcemia
- Pertussis (whooping cough)
- Plague, pneumonic
- Smallpox
- Tuberculosis
- Varicella (chickenpox)
- Zoster, localized in immunocompromised resident or disseminated

Residents occupying a semi-private room or apartment with the same infection typically would not require individual isolation accommodations. Residents having the same infection not currently residing in a semi-private room or apartment may be cohorted if needed due to issues related to bed availability.

C. Definitions:

Infection Control-Reducing the spread of Infection

WATERMARK
RETIREMENT COMMUNITIES®

Community Life
COVID-19 Visitation Policy

A. Policy Statement:

It is the policy of Watermark Retirement Communities, LLC (WRC) and its affiliates that resident family and friend visits shall be restricted with proper precautions in place to mitigate the risk of spreading COVID-19.

B. Procedure to Determine Visitation Requirements

I. Community will follow the Department of Public Health and CMS guidance. It is up to the community to verify most current guidance.

C. Procedure Applicable to All Visitation

I. Identify visitation days and hours, and create a system for sign up process. Communicate process to residents and families. Ensure visitation can be supervised by reviewing associate schedule for availability prior to designated dates and times.

II. All visitors will be screened, and temperature taken upon arrival per Watermark's COVID-19 Community Entrance Screening policy (WRC-RM-P171).

III. The community will ensure the availability of a hand sanitizing station for use before and after the visit. All residents will sanitize their hands prior to building re-entry.

IV. Both residents and visitors will wear a surgical mask or cloth face covering for the duration of the visit. Visitors may be required to supply their own face coverings and visitors will be notified about this expectation prior to the visit.

V. Designated Associate(s) will provide oversight as needed, ensuring visitors' temperatures, screening and contact information are taken and that they have sanitized their hands and they are wearing facemasks per Watermark's COVID-19 Community Entrance Screening policy (WRC-RM-P171). They should oversee any required cleaning and disinfecting of visitor areas per Watermark's Infection Control – Cleaning & Disinfecting policy (WRC-RM-P118), ensure residents' hands are sanitized prior to building re-entry and promote social distancing, during visits to protect the safety of other residents. This supervision could take place at the screening/sanitation station to enable one staff person to monitor multiple visits at one time.

VI. No food/beverage/tobacco shall be permitted during visitation. All items brought from the outside should be left at a designated spot and go through the community's process for deliveries prior to distribution

VII. Pets will allowed per state and local guidelines and will follow the Visiting Pet policy WRC-RM-P159.

VIII. Surfaces in the visitation area will be sanitized according to Watermark's Infection Control – Cleaning & Disinfecting policy (WRC-RM-P118) between visits. This includes seating, tabletops and any other surfaces likely to be touched during the visit.

IX. The visitation area will include seating for the resident and the amount of visitors your phase allows, at no less than 6-foot spacing that is visibly segregated (e.g., with yellow tape, roped off or otherwise clearly marked). If a setting chooses to install physical barriers such as Plexiglas, closer spacing may be permissible. The visitation area will be a non-smoking area.

X. Visitors should arrive promptly and remain in their car if early until appointed time and respect visit time limits. Residents and visitors should remain in the visit area for the duration of their visit. The permitted ages of visitors will be determined by Executive Director or current state and local guidelines.

XI. Visit duration and number of visitors per visit will be determined by the Executive Director and communicated to residents and families.

XII. Visitors declining to adhere to the infection prevention measures identified in this policy may be removed from and denied access to the community.

C. Indoor Visitation Procedure:

I. Indoor visitation may be allowed in any stage if the following criteria as well as the previous requirements are met:

a. Visitors screened via the visitor screening log.

b. The contact between visitor and community is minimized

c. Masks are worn by both resident and visitors for entire visit

d. Usual screening, hand sanitizing, and distancing requirements are followed

e. Visitation takes place in a dedicated space where enhanced cleaning takes place as defined in WRC-RM-P118.

D. Outdoor Visitation Procedure:

I. Outdoor visitation area should be accessible without the visitor having to enter the building. To the degree possible, outdoor areas should be shaded and weather-tolerant, to allow visitation even during inclement weather. The area should be separate from the employee smoking/break area. If you do not have adequate outside covered space to provide multiple visits at one time, consider the purchase of a few collapsible pop up tents that offer an overhead cover. Once all outside venue options are exhausted, Executive Directors can work with their Managing Director and/or Task Force member to set-up appropriate indoor accommodations.

E. Definitions:

- ***Cleaning*** *– Refers to the removal of dirt and impurities from surfaces. Cleaning does not kill germs.*
- ***Disinfection*** *– Refers to using chemicals to kill germs and viruses on surfaces.*
- ***Visitor-*** *refers to all non associates/ non essential health care providers, including hairstylists, educators, entertainers, volunteers, and must follow visitation policy as such.*