

July 2, 2020

Victoria L. Elridge
Commissioner
Department for Aging and Independent Living
Cabinet for Health and Family Services
275 E. Main Street
Frankfort, Ky 40601

Dear Ms. Elridge,

In accordance with the *Provider Guidance: Phased Reduction of Restrictions for Long Term Care Facilities* that was published on June, 25, 2020, Sayre Village Phase III, Inc. d/b/a Friendship Towers has identified the following protocol for our **COVID Preparedness Plan** and as such, we are requesting acceptance of our plan so that our assisted living community can begin resuming the services that are included in this guidance.

Group Activities

All recreational and therapeutic group activities will resume at Friendship Towers so long as the activity 1) adheres to established social distancing guidelines of at least six feet between any two residents and 2) no new resident or staff COVID-19 cases within the past 14 days. Additionally, other conditions include:

- Group size will not exceed ten (10) residents.
- Residents shall:
 - Wear masks (as tolerated or capable); and
 - Wash (or sanitize) hands before and after the activity.
- Staff shall:
 - Perform a health screening for each participating resident prior to entering the activity area, indicating:
 - No Fever; and
 - No symptoms consistent with suspected COVID-19.
 - Configure seating to comply with social distancing guideline;
 - Discourage the use of high-touch items (i.e., playing cards, board games, ball toss, etc.);
 - Disinfect applicable surfaces and equipment between uses; and
 - Wear appropriate PPE, consistent with CDC guidelines.
- Off-site: Until further notice, exclude group activities at off-site locations.

Communal Dining

Communal dining will resume at Friendship Towers so long as dining services 1) adheres to established social distancing guidelines of at least six feet between any two residents and 2) no new resident or staff COVID-19 cases within the past 14 days. Additionally, other conditions include:

- Residents shall:
 - Wear masks traveling to and returning from the communal dining setting; and
 - Wash (or sanitize) hands before and after the activity.
- Staff shall:
 - Perform a health screening for each participating resident prior to entering the communal dining area, indicating:
 - No Fever; and
 - No symptoms consistent with suspected COVID-19.
 - Configure seating to comply with social distancing guideline;
 - Discourage the use of high-touch items (i.e., salt/pepper shakers; provide condiment packets upon request, etc.);
 - Disinfect applicable surfaces and equipment between uses; and
 - Wear appropriate PPE, consistent with CDC guidelines.

Off-Site Appointments

Upon acceptance of this plan, Friendship Towers shall resume transportation for non-emergent off-site appointments, so long as off-site appointments are 1) limited to one resident per trip, 2) reasonably adheres to established social distancing guidelines of at least six feet between a resident and any other person, and 3) no new resident or staff COVID-19 cases within the past 14 days (exception: essential medical appointment, such as kidney dialysis). Additionally, other conditions include:

Provider-Operated (or Contracted Service) Vehicle

- Resident and driver (and accompanying staff, if other than driver) should
 - Wear a mask; and
 - Wash (or sanitize) hands before and after the activity.
- Staff should
 - Perform a health screening for the traveling resident prior to boarding and upon return, indicating:
 - No Fever; and
 - No symptoms consistent with suspected COVID-19.
 - Wear appropriate PPE, consistent with CDC guidelines.
 - Disinfect frequently touched surfaces in the vehicle between trips with an Environmental Protection Agency (EPA) registered disinfectant consistent with the CDC Guidelines for Disinfecting Transport Vehicles
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transportvehicles.html>

Private Vehicle

- Resident, driver (and accompanying staff, if other than driver) shall:
 - Wear masks; and
 - Wash (or sanitize) hands before and after the activity.
- Staff shall:
 - Perform a health screening for the traveling resident prior to boarding and upon return, indicating:
 - No Fever; and
 - No symptoms consistent with suspected COVID-19.
 - Wear appropriate PPE according to the Provider's policies and procedures and consistent with CDC guidelines.
 - Request that the vehicle owner disinfect frequently touched surfaces in the vehicle before and after the trip with an Environmental Protection Agency (EPA) registered disinfectant, consistent with the CDC Guidelines for Disinfecting Transport Vehicles <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transportvehicles.html>

Resident Visitation

While the rate of COVID-19 prevalence continues to stabilize or diminish, limited visitation at Friendship Towers, shall 1) adhere to established social distancing guidelines of at least six feet between a resident and any other person, and 2) no new facility-onset resident or staff COVID-19 cases in the preceding fourteen (14) days from the date when relevant symptoms were first observed or reported (or the date of testing, if asymptomatic) for the most recently identified resident or staff facility-onset COVID-19 case. Other conditions that for hosting visitors includes:

External Context:

Friendship Towers will assess the current environment and support network capacity in the surrounding community, including any adjacent in a bordering state, such as:

- COVID-19 prevalence and trending in the county, as well as in contiguous counties (whether in-state or in a bordering state).
- Acute care partners' capacity for providing assistance in the event of a rise in COVID-19 cases among the residents or staff.
- Continuing access to PPE, cleaning and disinfecting supplies.
- Continuing access to surveillance testing for COVID-19.

Logistics:

- Results of any baseline or other COVID-19 testing performed among residents and/or staff.
- Each visit shall be scheduled in advance for a duration – and frequency – that enables each resident an opportunity to receive a visit as equitably distributed as possible, during visiting hours that are communicated in advance to the residents and visitors.

- The number of visitors per resident visit shall be limited to two (2) people.
- Friendship Towers has established a non-residential area for visits to take place:
 - **Outdoors:** An accessible, safe and comfortable location has been identified with appropriate protection from overexposure to the sun.
 - **Indoors:** A designated area has been identified that is near the front/main entrance to the building and does not require visitors to traverse through a residential area.
- Until further guidance is received, no visitation should take place in a resident's room except:
 - "Compassionate Care" situations, or
 - Essential visitors should have regular and timely access to residents, and the provider should assist to facilitate this access. Access examples include telephone access or virtual visits.
- Each visitor (including "Essential Visitor") will be required:
 - At entry:
 - Demonstrate lack of fever at entry, confirmed by an infrared thermometer;
 - Not exhibit any symptoms consistent with COVID-19, responding "No" to at least the following screening questions and signing an attestation reflecting those responses:
 - a) Is there anyone in your household who is ill or has been diagnosed with COVID-19?
 - b) Have you been in contact with anyone who is ill or has been diagnosed with COVID-19?
 - c) Have you had any of the following symptoms since your last day at work or the last time you were here?
 - Feeling of fever
 - Cough
 - Shortness of breath
 - Difficulty breathing
 - Chills
 - Rigors
 - Headache
 - Sore throat
 - Muscle aches
 - Change in sense of smell or taste
 - Any gastrointestinal symptoms (i.e. diarrhea, vomiting, etc.)
 - Inability to complete ALL of the conditions should result in rescheduling the visit and recommending that the declined visitor consult with his/her primary care provider.
 - During the visit:
 - Wash (or sanitize) hands before and after the visit;
 - Wear a mask; and
 - Observe social distancing.

- Visited/Host Resident should
 - Wash (or sanitize) hands before and after the visit;
 - Wear a mask
 - traveling to and returning from the visit; and
 - during the visit (as tolerated or capable).
 - Observe social distancing.
- Staff should
 - Accompany the visitor(s);
 - Configure seating to comply with social distancing guidelines;
 - Observe and enforce social distancing compliance while providing auditory privacy;
 - Disinfect applicable surfaces and equipment (including adaptive utensils and assistive devices) between uses; and
 - Wear appropriate PPE according to the Provider's policies and procedures and consistent with CDC guidelines.
- Compassionate Care: Decisions about compassionate care visitation should be made on a case-by-case basis by the resident's Provider, consistent with CMS guidelines.
 - End-of-life care visitation within a resident's room should expect the visitor to observe all appropriate precautions, consistent with CDC guidelines.
- Following the visit, Friendship Towers personnel shall encourage each visitor to monitor for symptoms associated with suspected COVID-19.
 - Anyone who visits and develops signs or symptoms of COVID-19 within 2 days after visiting should immediately notify the Local Health Department and Friendship Towers personnel.
 - Friendship Towers personnel should immediately screen the individual(s) who had contact with the visitor for the level of exposure and follow up with the appropriate medical personnel and/or designated family member.

Communication

Once our COVID Preparedness Plan is authorized by DAIL and prior to resuming the services addressed in our plan, Friendship Towers will communicate in writing with each resident and his/her responsible party about our new policies and procedures regarding COVID-19;

- Each resident (or guardian) and visitor shall sign an acknowledgement form concerning:
 - Receipt of this communication and agreement to abide by the new policies and procedures described; and
 - Acceptance of the risks associated with entering the facility, such as: *There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents are potentially at high risk of becoming seriously ill with COVID-19. Our policies and procedures are based on what is currently known about the transmission and severity of COVID-19. Compliance with these policies and procedures will reduce the risk of transmission of COVID-19, but will not eliminate the risk to the residents,*

staff or visitors. By entering the facility, the undersigned acknowledges the inherent risk of exposure to COVID-19 to himself/herself, other residents, staff and other visitors.

To date, Friendship Towers has taken a very aggressive approach to mitigate the spread of COVID-19 at our Assisted Living Facility and we have worked incredibly hard to keep our residents and our team members healthy and safe from the virus. While we are eager for our residents to reconnect with family members, we also want to proceed with an extreme amount of caution as we begin to relax some of our restrictions. To date, we have not had any confirmed or suspected cases of COVID-19 at Friendship Towers and will continue to take extreme precautions to protect our residents. Upon acceptance of our plan by your office, we will begin implementing the new guidance as a smooth pace to ensure we get it right, the very first time.

Please let me know if you need additional information from us regarding our COVID Preparedness Plan. I can be reached via email at jdrumm@sayre.us or at 859-271-9001 ext 116.

Thank you for all that you are doing to protect our most vulnerable population throughout the COVID-19 pandemic.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Joe Drumm', written over a white background.

Joseph Drumm
VP Residential Services & Facility Operations

cc: Karen Venis, CEO

Kentucky's Assisted Living Community Preparedness and Response Plan for COVID-19

Name of Facility: Sayre Christian Village Phase III, Inc. Friendship Towers

Questions below are derived from the CDC's webinar on Preparing Nursing Homes and Assisted Living Facilities for COVID-19 published 4/1/20. Please complete and email to Buddy Hoskinson at Buddy.Hoskinson@ky.gov. These questions are to assist your community in being prepared and responding for when COVID19 arrives in your community.

1. What steps are you taking to prevent COVID19 from coming into your community/facility?
When we first initiated our Covid-19 Coronavirus resident protection procedures on March 9,2020 we have been constantly reviewing and updating our policies in compliance with the regulatory agencies of CDC, DAHL, and the Governor's office. Comprehensive staff in services on handwashing, social distancing, and PPE have taken place. Other items that have been implanted are:
 - No communal dining- meals are delivered to resident apartments
 - All resident events have been cancelled
 - Visitor restrictions are in place
 - All staff are screened scanned upon arrival for his/her shift, and have been in serviced on the symptoms of Covid-19
 - Staff have been asked to follow the established guidelines as announced by the Governor
 - Staff are dedicated to a primary building on campus
 - Staff have been minimized to one employer at this time
 - Staff are not permitted to leave the facility once they arrive for their shift
 - Tele Health visits are utilized, if for some reason the resident requires further attention only essential medical providers would be permitted after they have been screened, scanned, gloved and escorted in and out of their destination
 - No window visits with residents
 - Volunteering has been cancelled within the facility
 - All staff required to wear face masks while in the building, and to wear gloves with resident interaction
 - Sanitation of all areas take place throughout the day/everyday (all surface contact areas)
 - All resident items being delivered are left outside the building, and gloved/masked staff member will sanitize it outside before bringing it inside for resident delivery
 - Discouraging residents from gathering and educating on social distancing
 - Offering virtual visits with residents to see their families
 - Promoting Kroger on line purchases for food and supplies
 - We are offering a resident cart for snack and sundry supplies to minimize outside deliveries
 - Emphasized and in serviced on handwashing
 - Masks have been provided to the residents on several occasions
 - New residents are quarantined for 14 days upon moving in. If they have been previously in a health care setting, we request the negative Covid results in writing

prior to moving in. If the resident utilizes services in that period staff will don on PPE that includes a double mask, gloves, shoe covers, and a gown. These articles are donned at point of entry to the apartment. Afterwards the articles are removed and placed in a bio hazard bag for disposal.

2. What plans are you putting into place to ID infection early?

- The staff have been in serviced on identifying signs and symptoms and share with management of any resident changes immediately.
- The staff are interacting and visiting with all residents at least once a day during meal delivery, along with performing wellness checks.
- Residents have been asked to report if they feel feverish or have symptoms of respiratory infection
- Thermometers have been offered to residents if they feel that they want to check their temperature
- Residents that have been out for an essential doctor visit will be screened/scanned upon arrival.
- Staff have been in serviced to report excessive resident coughing or feverish complaints.
- We have offered an in house all resident Covid test.

3. What action steps are you taking to prevent the spread of the infection in your community/facility?

- In addition to the listed items in question one, we are ensuring that proper hygiene, and the donning of PPE
- Any symptomatic residents would be sent via EMS for diagnosis and would be required to be tested, upon return they would be quarantined until the results were shared with management. Written communication will be shared with staff in a discrete format. If services are utilized the resident will wear a mask, and the staff will mask, glove and wear eye protection while in their apartment.
- New resident transfers require communication and a questionnaire between the AL Director and the discharge planner with the prospect resident on day of discharge. The questionnaire includes if there are any active cases of Covid at their location, if so, the resident will be asked to be tested. The results will need to be furnished in writing prior to moving in or returning. The resident would then be quarantined once they move in for 14 days.

4. What is your current PPE inventory and what measures are you taking to optimize your current supply?

- At present we have 20,000 assorted sizes of gloves 16 gallons sanitizer, 14 gallons hand sanitizer, 10,000 masks, 16,000 shields, 1,300 gowns
- Supplies are inventoried weekly
- We have taken advantage of the local consortium for supplies to replenish our inventory
- Donations have been accepted for all types of supplies
- Hand sewn masks were delivered
- If in dire need we will pull supplies from our skilled center
- We sign up for everything and respond to all emails as a non profit

5. Describe how you plan to identify and manage residents who are sick.

During daily visits staff will inquire with residents regarding their health through general conversation; If a resident verbally expresses or presents as symptomatic, we will contact EMS to transport for diagnosis, and we will update the family as they are transported.

- If positive for fever or symptoms, we will implement recommended IPC practices.
- The health department, DAIL and our campus DON shall be notified about residents that have tested positive.

VISITOR ATTESTATION FORM

Sayre Christian Village

Purpose: Our facility is committed to a safe and secure environment.

Policy: All visitors pledge to self-monitor and self-report to avoid exposures to communicable diseases such as COVID-19.

Rationale: COVID-19 virus is extremely dangerous for older adults. Many populations outside of older adults do not show symptoms, but they may be able to transmit the virus to others. Because of this, we are asking for the following commitment from you:

We ask the following of visitors and others who are entering and interacting within the facility to commit to the following precautions and practices:

1. Handwashing: While you are here but also while you are not here, we ask you to wash your hands frequently. For example, before you leave one area and enter another wash your hands with soap and friction. Use hand sanitizer when soap is not available.
2. Avoid individuals who have any of the following COVID-19 symptoms:
 - a. Feeling of fever
 - b. Cough
 - c. Shortness of breath
 - d. Difficulty breathing
 - e. Chills
 - f. Rigors
 - g. Headache
 - h. Sore throat
 - i. Muscle aches
 - j. Change in sense of smell or taste
3. Avoid individuals who have traveled internationally within the last 14 days to areas where COVID 19 cases have been confirmed.
4. Avoid individuals who have been in a setting where COVID 19 cases have been confirmed.
5. Avoid gatherings of people.
6. Not visit our facility if you or someone in your household is ill or has been diagnosed with COVID-19.
7. Not visit our facility if you been in contact with anyone who is ill or has been diagnosed with COVID-19.
8. Wear a mask when in our facility and when out in the community
9. Observe social distancing when visiting with our residents and when out in the community.
10. Report contact with any individual with suspected or confirmed infection with COVID-19 to the director of the facility.

As a part of our protection activities, we ask for these practices to be attested to by your signature. In addition, we will be asking you to submit to having your temperature taken when you come to visit. We appreciate your commitment in protecting our community.

Signature _____ Date _____



CORONAVIRUS HEALTH SCREENING FORM

As a precaution and preventative measure against the spread of infection, we ask that those entering and interacting within the facility to commit to answering the screening form. All visitors will need to commit to the following precautions; answer the questionnaire, wear a mask while in the building, maintain social distancing, and follow proper handwashing guidelines as established by CDC at Friendship Towers Assisted Living facility, Baunta and Forest View Apartments. Additionally, we have made the decision to **screen employees** at the start of each shift until further notice.

We apologize in advance for any inconvenience, but please know that our primary objective is to protect the health of our residents, many of whom are already medically compromised and are at great risk for infection. In addition to following the recommendations of the CDC on prevention steps, Sayre Christian Village is also following recommendations from the Office of the Governor, the Office of the Inspector General, the Kentucky Department of Public Health and the Lexington-Fayette County Health Department. We are also in constant communication with our medical director to ensure we have the latest information on the prevention of COVID-19 in our community.

HEALTH SCREENING QUESTIONNAIRE

NAME: _____ (First & Last Name)

PATIENT TYPE: **EMPLOYEE** **OTHER:** _____

QUESTIONS (to be completed by PATIENT)	PATIENT RESPONSE
1) Do you currently have a fever &/or had a fever within the last 48 hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO
TO BE COMPLETED BY SCREENER Current Temperature of Patient:	_____ °F <input type="checkbox"/> Ear <input type="checkbox"/> Forehead <input type="checkbox"/> Oral
2) Do you currently have any of the following symptoms: cough, sore throat &/or experiencing unusual shortness of breath?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3) Have you traveled outside of the United States within the last 30 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4) Have you been in contact with anyone suspected &/or diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5) Do you work anywhere else that has a confirmed positive COVID-19 case?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PATIENT & SCREENER ACKNOWLEDGMENT

PATIENT: _____
Signature (Patient) Date

SCREENER: _____
Signature (Screeener) Date