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To All Families and Residents:

PLEASE READ THE **ENTIRE** NEWSLETTER FOR IMPORTANT INFORMATION ON COVID. THIS IS THE PRIMARY MEANS OF COMMUNICATION ON THIS TOPIC.

"WELCOME" TO OUR NEW FAMILY CONTACTS

We are required to notify all residents, families and staff of a facility whenever we have a positive COVID test result for any staff member or resident. Two points of contact are required.

To help us meet these requirements, we have utilized a broadcast tool (School Messenger) to send emails and automated phone calls to up to two email addresses and two phone numbers per resident or resident contact, which is usually the first Health Care Proxy. The system then broadcasts to all the contact phone numbers and emails in this database. We also use this system to send out this update letter to our resident family contacts.

You will also receive a broadcast when we have a staff member or resident test positive for COVID-19. This includes an email and a phone call. We understand these phone calls can come at inconvenient times and would like to offer you the option to opt out of the phone calls for one or both of the numbers on file so long as we have an email address on file to receive the alert. This opt out will only effect the notification databases used by School Messenger. All contact info will remain on file in our Electronic Health Record, PointClickCare.

If you wish to opt out of alerts for one or both phone numbers we have file, please email me at pm@goodshepherdcommunities.org with the specifics. Please note it will take time to make the changes to the databases, so dependent on volume, there may be a delay from the time you make the request and the time the database revisions are completed. Thank you in advance for your patience.

Changes to the information provided below are highlighted in green.

STATISTICS

as of 2/24/2022	GSFH	GSVE	Chase
VT- D-1			
Year To Date +			
residents SNF	1	0	17
	1	0	17
ACF IL	2		n\a
IL	U	0	n\a
Year To Date + Staff			
SNF	21	8	22
ACF	12	13	n\a
IL	n\a	6	n\a
Year To Date Deaths			
SNF	0	0	1
ACF	0		n\a
IL	0	0	n\a
Active Residents			
Cases (in-house or			
hospitalized) SNF	0	0	0
ACF	0	0	0
IL	0		
iL.	U	0	n\a
Staff Furlaughed	4		
Staff Furloughed SNF	0	0	0
ACF	0		n\a
IL			
IL	n\a	0	n\a

CDC CHANGES GUIDANCE AND ADVISES LONGER INTERVALS BETWEEN VACCINE DOSES

US health officials say some people getting Pfizer or Moderna Covid vaccines should consider waiting up to eight weeks between the first and second doses, instead of the three or four weeks previously recommended.

CDC officials said they were reacting to research showing that the longer interval can provide more enduring protection against the coronavirus. Research suggests that 12- to 64-year-olds – especially males ages 12 to 39 – can benefit from the longer spacing. They also say the longer wait may help diminish an already rare vaccination side effect: a form of heart inflammation seen in some young men.

The suggestion to wait up to two months does not apply to all. The original, shorter interval is still recommended for people with weakened immune systems; people 65 and older; and anyone who needs fast protection due to risk of severe disease.

Primary series

COVID-19 Vaccination Schedule*

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month
Pfizer- BioNTech (ages 5-11 years)	1" dose	2 rd dose (3 weeks after 1 st dose						
Pfizer- BioNTech (ages 12 years and older)	1 st dose	2 rd dose† (3-8 weeks after 1 rd dose)			Booster dose‡ (at least 5 months after 2 nd dose)			
Moderna (ages 18 years and older)	1" dose	2 nd dose† (4-8 weeks after	^s dose)				Booster dose‡ (at least 5 months	after 2 nd dose)
Janssen (ages 18 years and older)	1 st dose		Booster dose‡ (at least 2 months after 1st dose)					

NYS Mask Mandate

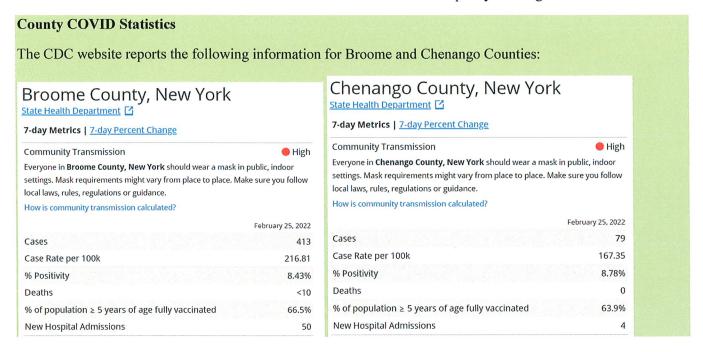
The Governor has lifted the mask mandate for businesses, but noted Counties, Cities and businesses can choose to continue to require masks. The mask requirement remains in effect for the following:

- State regulated Health Care Settings
- State regulated Adult Care Facilities and Nursing Homes
- Correctional Facilities
- Schools and Child Care Centers
- Homeless Shelters
- Domestic Violence Shelters
- Buses and bus stations, trains and train stations, subways and subway stations, and planes and airports

Part of her presentation included the following:



Despite this good news, we are still concerned about the community transmission rate, and given our vulnerable population, we will continue to require masks for both staff and residents in Independent Living when in public areas other than when seated for drinks or a meal. We will re-evaluate this policy on a regular basis.



NYS State of Emergency Extended

Gov. Kathy Hochul has extended the COVID-related state of emergency in New York through March 16, 2022.

The Governor signed an executive order to sustain the state government's disaster emergency powers, which allow state officials to continue various efforts to support COVID-19 vaccine distributions and enforce other regulations intended to limit the virus' spread

NYS COVID GUIDANCE UPDATE

SNF Visitors Masking and Distancing:

- All visitors must wear a well-fitting non-surgical paper mask or a mask of higher quality (i.e., surgical mask, KN95, or N95) at all times during any visitation at the facility. If the visitor wishes, a cloth mask may be placed over the paper mask. The masks must cover both the nose and the mouth.
- O All visitors must physically distance from facility personnel and other patients/residents/visitors who are not directly associated with the specific resident(s) being visited by that individual.

• SNF Visitor Testing

- O All nursing homes "must verify that visitors have received a negative SARS-CoV-2 test result one day prior to visitation for antigen tests and two days prior to visitation for NAAT (e.g., PCR) tests." This means, for example, that a test for a Sunday visit should be conducted no earlier than Saturday if it's an antigen test or Friday if it's a PCR test. We can accept lab results or the results of a home test.
- o Results should be presented at screening.
- o GS will provide rapid tests for those *unable to obtain them elsewhere*. These tests can be obtained from the receptionist screening the visitor, but must be administered outside of the facility independent of any assistance from our staff. Unfortunately, our staff will not be able to provide direction or physical assistance with the testing, so visitors who are unsure of their ability to self-

administer the test should make alternate arrangements. For visitors who visit for multiple days, including a visitor who comes every day, proof of negative testing is required as often as feasible, at a minimum every third day (meaning at a minimum testing is required on day 1, day 4, day 7, and so on).

- O Please note that GS has a limited supply of these tests. We encourage all visitors to explore alternative sources for testing:
 - Every home in the U.S. is eligible to order 4 free at-home COVID-• 19 tests. The tests are completely free. Orders will usually ship in 7-12 days. The following link will allow you to order your free tests: https://special.usps.com/testkits
 - Pharmacies and other retail outlets.
 - Community based testing sites. To find one in your area, use the following link https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html

o Exemptions:

- Ombudsman representatives. Under certain circumstances, the resident and ombudsman should be made aware of the potential risk of visiting, and the visit should take place in the resident's room.
- Compassionate care visitors who are visiting in anticipation of end of life or in the case of significant mental, physical, or social decline or crisis. Other compassionate care visits are not exempted- only those that are so urgent in nature that the requirement to provide test results would result in an unacceptable delay in visiting. The visitor must wear any additional PPE that the facility deems appropriate.
- Emergency Medical Services personnel.

Protocol for SNF visitor testing:

- When visitors enter the building for screening they will be asked for their negative test results. Negative tests results could be: a test card (Antigen Rapid test), electronic results (shown from their phone or tablet), or a paper laboratory result (PCR.)
- Receptionist/designee will confirm negative results on the visitor sign in log
- If the visitor does not present negative test results they will be given an iHealth OTC COVID-19 Antigen Rapid Test.
- The visitor should then return to their car and complete the test
- All tests cards should be discarded in a red biohazard bag located in the lobby.
- In the event a visitor refuses testing they will not be permitted in the facility. The receptionist should contact the HC Nurse immediately. The visitor may provide their contact information and the Nursing Home Administrator will contact them on the next business day.
- Note: If a visitor enters the facility after normal reception hours, the House Charge Nurse will be responsible to confirm negative test results and document on the visitor sign in log.
- o Positive Results and Infection within Prior 90 Days:
 - If a visitor tests positive, they should be excluded until they meet the Centers for Disease Control and Prevention (CDC) criteria for discontinuing isolation for the general public (i.e., currently for five days) and present a negative test.
 - If a visitor has had COVID-19 in the past 90 days, they must still be tested. If they test positive, they must be excluded.

COVERAGE OF AT HOME COVID-19 KITS

Original Medicare does not currently pay for over-the-counter COVID-19 tests, but **CMS** is launching an initiative in early spring 2022 that provides payment directly to eligible pharmacies and other entities that are

participating in this initiative to enable people with Medicare to get up to eight free over-the-counter COVID-19 tests a month. Starting in early spring, people with Medicare will be able to go to an eligible pharmacies and other entities that are participating in this initiative to receive over-the-counter COVID-19 tests for free through their Medicare part B coverage. More information about eligible pharmacies and other entities that are participating in this initiative will be available in the early spring. Once the initiative is up and running, CMS will encourage beneficiaries to ask their local pharmacy or current health care provider whether they are participating in this initiative.

This new initiative will enable payment directly to eligible pharmacies and other entities that are participating in this initiative to allow Medicare beneficiaries to pick up tests at no cost at the point of sale and without needing to be reimbursed.

Right now, Medicare Advantage Plans may cover and pay for over-the-counter COVID-19 tests as a supplemental benefit in addition to covering Medicare Part A and Part B benefits. If you're in a Medicare Advantage Plan, check with the plan to see if it will currently cover and pay for these tests. All Medicare beneficiaries with Part B will be eligible to get eight free over-the-counter COVID-19 tests per month through our new initiative, whether enrolled in a Medicare Advantage plan or not.

Where else can I get free tests?

- Starting Wednesday, Jan. 19, 2022, all Americans will be able to order free at-home COVID-19 tests through the federal government website, covidtests.gov. An order placed on 1/27/22 in Broome County is not due for home deliver until 2/26/22, so please plan accordingly.
- Check with your county health departments. Many health departments periodically offer free tests.

BOOSTER MANDATE FOR HEALTH CARE EMPLOYEES

NYS announced it will not enforce the booster mandate that went into effect 2/21/22 and that they will reassess this in 3 months. However, GSC still strongly urges all staff to receive the booster when they are eligible to protect themselves, our residents, our staff and the greater community.

The CDC posts the following on its website:

The New York State Department of Health today highlighted progress in getting healthcare workers boosted and announced additional efforts to increase booster rates among healthcare workers.

According to the latest data reported to New York State by healthcare facilities, 75% of the State's healthcare workforce have either received or are willing to receive a booster, including 88% among direct care staff in hospitals.

The State will continue to work closely with hospitals and healthcare facilities to make sure employees are up to date on their vaccines. Efforts will focus on expanding access for healthcare workers to receive a booster dose, including bringing boosters directly to healthcare settings.

"The vaccine and booster are critical tools to keep both healthcare workers and their patients safe, and we continue to urge everyone to get vaccinated and receive a booster dose when eligible, "said **State Health Commissioner Dr. Mary T. Bassett.** "While we are making progress with 75% of staff received or are willing to receive their booster, the reality is that not enough healthcare workers will be boosted by next week's requirement in order to avoid substantial staffing issues in our already overstressed healthcare system. That is why we are announcing additional efforts to work closely with healthcare facilities and ensure that our healthcare workforce is up to date on their doses."

In order to avoid potential staffing issues and give healthcare workers more time to get boosted, the State will no longer enforce the booster requirement that will go into effect on February 21. The State will reassess in three months whether additional steps need to be taken to increase booster rates among the healthcare workforce. The original vaccination requirement for healthcare workers remains in effect.

See below a healthcare workforce booster summary as of February 15, 2022:

TOTAL STAFF:

	Received Booster	Willing and Awaiting Booster	Total	As a % of Total Staff
Hospitals	278,164	154,598	432,762	84%
Nursing Homes	62,540	12,536	75,076	51%
Adult Care Facilities	14,548	4,359	18,907	63%
LHCSAs (Home Care)	83,341	106,292	189,633	70%
Hospice	3,719	2,088	5,807	95%
CHHAs (Home Care)	6,680	4,646	11,326	84%
Total	448,992	284,519	733,511	75%

DIRECT CARE STAFF:

	Received Booster	Willing and Awaiting Booster	Total	As a % of Total Direct Care Staff
Hospitals	188,732	119,565	308,297	88%
Nursing Homes	39,621	8,574	48,195	51%
Adult Care Facilities	6,888	2,491	9,379	62%
LHCSAs (Home Care)	75,583	96,695	172,278	68%
Hospice	2,627	1,419	4,046	91%
CHHAs (Home Care)	5,205	3,594	8,799	85%
Total	318,656	232,338	550,994	76%