

# Long Island State Veterans Home



AT STONY BROOK UNIVERSITY

100 Patriots Road  
Stony Brook, NY 11790-3300  
P 631.444.8500  
F 631.444.8575  
LISVH.org

September 4, 2020

Dear LISVH Family Member:

With the Labor Day weekend upon us, we want to update you on our current situation in our ongoing fight against the novel Coronavirus (COVID-19). Suffolk County has reached a new milestone earlier this week, as we surpassed 45,000 persons testing positive for the virus. While the virus remains prevalent in our region, many of the new cases appear to be asymptomatic.

Earlier today, we had two residents test positive for the virus, bringing our current total of positive residents to three. Please note, all three are asymptomatic and resting comfortably here at the Home. Since the recent (2) positive residents had roommates, we have properly cohorted and quarantined all five individuals in accordance with federal and state infection control guidelines.

In addition, we had an employee test positive for the virus on September 2, 2020. Fortunately, this employee is showing no symptoms and is quarantining at home for the next two weeks. Current staff numbers indicate that 144 of our 675 employees have tested positive since March 10, 2020. A total of three employees are now quarantining at their homes and 141 are fully recovered and have returned to work.

Due to our recent positive cases, "Window Visits" are temporally suspended and will resume on Thursday, September 17, 2020. Full outdoor visitation has been rescheduled and will begin on Thursday, October 1, 2020. We continue to recognize family frustration with this process, but all our energy and focus is on avoiding a resurgence of the virus throughout the Home. Your patience and understanding is truly appreciated at this time.

We want to inform you that we are preparing for the regular influenza season as well. We traditionally administer the influenza immunization right after the Labor Day holiday. Therefore, this process will start up when the vaccine arrives in our pharmacy later this month. Over the years we have had great compliance with the influenza immunization of our residents. Should you want to decline from having the flu vaccine administered to your loved one, please complete the declination letter that was mailed to the next of kin. If you did not receive this letter, the declination form is included with today's correspondence.

In closing, we want to recognize the significance of Labor Day. While it does represent the end of summer, it is also a day to reflect on the importance of our workers as they continue to achieve our mission. We are grateful that LISVH employees are dedicated and steadfast in all their actions – as they provide compassionate care to your loved one. As we begin this holiday weekend, we acknowledge our caregivers and ancillary staff for all they do: every day, every shift. As always, please call if we can be of further assistance.

Sincerely,

Fred S. Sganga, FACHE  
Executive Director  
631-444-8606

Jonathan Spier, MHA, LNHA  
Deputy Executive Director  
631-444-8615

Frank Cervo, MD  
Medical Director  
631-444-8602

Rona Schlau, RN  
Director of Nursing  
631-444-8707

Jean Brand, MSW  
Director of ADHC  
631-444-8530

## INFLUENZA IMMUNIZATION – PNEUMOCOCCAL IMMUNIZATION DECLINATION FORM

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Name of Resident: \_\_\_\_\_

I have received education regarding the benefits and potential side effects of influenza and pneumococcal immunization. I have been informed that seasonal influenza and the pneumococcal immunization are recommended by the New York State Department of Health and the Centers of Disease Control. I am aware these immunizations/vaccinations offer protection and reduce the risk of influenza and/or pneumonia to myself, my family and the residents and staff of this facility.

- I decline the Pneumococcal Conjugate Vaccine (**PCV 13**) at this time.
- I decline the Pneumococcal Polysaccharide Vaccine (**PPSV 23**) at this time.
- I decline the Influenza Vaccine at this time.

\_\_\_\_\_  
Print Name of Designated/ Resident Representative or Health Care Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Designated/ Resident Representative or Health Care Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Mail to: Long Island State Veterans Home  
Attn: Infection Control Preventionist  
100 Patriots Road  
Stony Brook, NY 11790