

VISITATION ACKNOWLEDGEMENT

By signing below, I _____, while visiting resident _____, will abide and follow all provisions and stipulations put into place by **Gardens of Lake Alfred**.

The Facility has developed and implemented a visitation policy which takes into consideration acquisition and transmitting of infectious diseases, such as COVID-19. COVID-19 is highly contagious and most often causes respiratory [symptoms](#) (such as fever; chills; cough; shortness of breath or difficulty breathing; new loss of taste or smell) that can feel much like a cold, a flu, or pneumonia.. According to the CDC, some people become severely ill. Some people including those with minor or no symptoms may suffer from [post-COVID conditions](#) or “long COVID”; older adults and people with [certain underlying medical conditions](#) are at increased risk of severe illness from COVID-19. The conditions include but are not limited to:

- Chronic Kidney, Liver, Lung, or Heart Disease;
- Diabetes (type 1 and 2)
- Immunocompromised state (weakened immune system)
- Overweight or Obesity
- Smoker (current or former)

While the facility implements an infection prevention and control program in accordance with CDC recommendations and all applicable state, federal and local laws, rules, and regulations, any visitor is at risk of acquiring an infectious disease, such as COVID-19, and/or transmitting COVID-19 or any other infectious disease to others including your loved one and those with whom you may live or work. **Any infectious disease, such as COVID-19, has the potential to cause serious complications which includes death.**

To aide in protecting yourself and others, the CDC recommends the use prevention steps based on your [COVID-19 Hospital Admission Levels](#), Florida Department of Health and your local health departments. Prevention steps these include use of masks under specified conditions; avoidance of close contact with anyone who is ill or who is positive for an infectious disease; washing your hands often; covering coughs and sneezes and monitoring your health. The CDC strongly urges every eligible individual to stay up-to-date with vaccinations to help protect yourself, your loved ones and others around you. The facility will be happy to provide information on vaccination.

Please be advised, the facility does request that visitors experiencing signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet¹ or airborne² transmission are requested to defer non-urgent, in-person visits until they meet the CDC criteria to end isolation. If the visit cannot be deferred, then the visitor will be required to wear a facemask.

Visits are conducted in designated areas (both indoors and outdoors) and, under certain circumstances may be conducted in the resident’s room. Visitors are provided education on infection control; use of appropriate Personal Protective Equipment (PPE) such as face masks; hand saniting and social distancing. Visitors are asked to limiting movement in the facility. Visitors are requested to immediately inform the facility if they develop a fever or symptoms consistent with any infectious disease, such as SARS-CoV-2, and/or test positive for any infectious disease, such as SARS-CoV-2, within fourteen (14) days of a visit to the facility. You will be asked to sign in on a “Visitor’s Log”. You may also be requested to provide personal identification upon entrance.

Visitation is permitted between the hours of 9AM-9PM. Upon request, the facility will make provisions to adjust visiting hours for caregivers, out of town guests and for other similar situations. Under certain circumstances, such as facility infectious disease outbreaks, the facility may need to limit visitors. At these times, in addition to a resident’s essential caregiver, if the resident has chosen to appoint one, each resident may be permitted no more than 2 in-person visitors per day for visits which may not exceed 30 minutes in length. The Facility shall **NOT** compel visitors to provide proof of vaccination or immunization status. In addition, the facility shall **NOT** deny visitation based on a visitor’s vaccination or immunization status.

Please acknowledge understanding of each section by initialing:

_____ **(Initial)** Residents (or their representatives), regardless of vaccination status, may to choose to have close contact (including consensual physical touch) with their visitor(s). Please be advised that both the resident and visitor are at risk of spreading and acquiring infectious diseases, such as COVID-19, and that there are potentially serious consequences for such action.

¹ Droplet-pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking

² Airborne-pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).

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_____ **(Initial)** The facility does recommend that both residents and visitors implement strategies to protect themselves and others in accordance with CDC recommendations, including use of facemasks, or other source control for individuals who are immunocompromised or at high risk for severe disease.

_____ **(Initial)** Visitation may be suspended during very limited circumstances such as disasters, civil unrest, and/or as directed by state, federal or local health officials.

_____ **(Initial)** Visitation may be modified by infectious disease outbreaks as noted above and in the facility's visitation policy. All visitors are hereby notified that visitation during a facility outbreak may substantially increase your risk of acquiring an infectious disease. Use of source control, as noted above, is necessary in order to visit the resident.

_____ **(Initial)** Visitation for residents who are on isolation or transmission-based precautions due to an infectious disease that can be spread through droplet or airborne transmission, such as COVID-19, is ***NOT*** recommended due to the ***HIGH*** risk of transmission. In these cases, the resident will be requested to wear a well-fitting facemask (if tolerated). Before visiting residents, who are on isolation or transmission-based precautions due to an infectious disease that can be spread through droplet or airborne transmission, visitors are hereby advised that visitation substantially increases your risk of infection and transmission. Visitors will be required to use face masks in accordance with CDC recommendations. The facility strongly urges individuals who visit residents on isolation or transmission-based precautions due to an infectious disease that can be spread through droplet or airborne transmission, be up-to-date with their vaccinations, as defined by the CDC; do not have an underlying medical condition, as defined by the CDC; and are not moderately or severely immunocompromised.

_____ **(Initial)** **The facility strongly urges that visitors with a confirmed infectious disease that can be spread through droplet or airborne transmission, such as SARS-CoV-2 infection, or compatible symptoms who have not met CDC criteria for healthcare settings to end isolation, as well as visitors who have had close contact with someone with an infectious disease that can be spread through droplet or airborne transmission, such as SARS-CoV-2, who are within 10 days after their close contact if they meet the CDC healthcare guidance noted above, who are unable to defer in-person visitation due to urgent circumstances will be required to wear a face mask at all times in a designated area. Visitors are hereby advised that visitation substantially increases your risk of transmitting an infectious disease, such as COVID-19, to your loved one and others in the facility and serious consequences may result.**

_____ **(Initial)** For visitors with a child (under age of 18), the adult accompanying the child assumes all responsibility for the child's adherence to infection control policies. The child will, at all times, be under the supervision of the adult. The adult visitor assumes all responsibility for the health of the child.

_____ **(Initial)** For visitors with a child (under age of 18), the adult visitor attests there is **NO** reason to believe the child has an infectious disease and that the child has **NOT** tested positive for an infectious disease.

Visitors may opt-out of utilizing face coverings or facemasks if an alternate method of infection control or infectious disease prevention is available except when the resident and/or visitor has tested positive for or diagnosed with an infectious disease that can be spread through droplet or airborne transmission; are symptomatic and/or when the resident is on transmission-based precautions (TBP) or isolation due to infectious disease that can be spread through droplet or airborne transmission, such as COVID-19.

Should you have any questions or concerns, please contact the Administrator for assistance.

ACKNOWLEDGEMENT AND UNDERSTANDING OF VISITATION POLICY AND RISK:

The facility has provided education on infection control which included effective handwashing, donning of personal protective equipment (PPE) also called source control, and social distancing and I understand these infection control measures. I agree to adhere to proper infection control policies and practices, follow staff instruction on use of PPE/source control, practice social distancing with residents, staff and other visitors; and comply with the facility's visitation policy. I will not walk around the facility unattended and will visit in the assigned designated area only. I will report any illness symptoms before, after (up to 14 days) or during my visit immediately to the Administrator at **Gardens of Lake Alfred**.

I understand the facility may restrict or revoke visitation for failure to follow infection prevention and control requirements; violation of the facility's visitation policy or follow directions of facility staff.

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I acknowledge and understand the facility's visitation policy and risks associated with visiting in a health care facility and I assume all responsibility for my health and well-being and that of the resident I am visiting. I agree to adhere to all safeguards put into place by The **Gardens of Lake Alfred** and understand that in not doing so, I am putting my health and the health of others at risk.

Printed Name of Visitor

Date

Visitor's Signature

Facility Witness Signature with Title