The Centers for Medicare & Medicaid Services has lifted some visitor restrictions. In the best interest of infection control, please answer the following:

|  |  |
| --- | --- |
| 1. Do you have any of the following symptoms: cough, fever, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea, or sore throat? | Yes No |
| 1. In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, or someone who was ill with respiratory symptoms? | Yes No |
| 1. Have you tested positive for COVID-19 within the last 14 days? | Yes No |

If the answers to all of the above questions is NO, you are eligible to enter the facility for a visit assuming you follow the expectations outlined below. If the answer to any of the questions is YES, you are not eligible to enter the facility. Persons wishing to discuss the denial of their visit may contact:

* Skilled Nursing:
  + Jennifer Eslinger, VP of Health Services (717-368-8295), or
  + Brandi Rager, Director of Social Work (x7991)
* Personal Care:
  + Josh Bashore-Steury, Assistant Administrator (x3661), or
  + Barbara Bunting, Senior Clinical Coordinator (x7997)

Persons deemed eligible to visit today must:

* Use hand sanitizer upon entering the building
* Limit your movement to the resident’s room or designated area (e.g., reduce walking the halls, avoid going to the dining room, café, etc.)
* If the resident shares the room with someone else, your visit must be held in the parlor or an alternative place other than the resident’s room
* Ensure you wear your face mask covering your nose and mouth at all times
* Practice social distancing with staff and residents – do not shake hands or hug, and remain at least six feet apart
* Practice social distancing with the resident you are visiting, if possible
* If possible, visit outdoors. This is still recommended as the safest option for visits
* Use proper hand hygiene – wash hands with soap and water for 20 seconds or use hand sanitizer
* Advise us if you develop respiratory symptoms within 48 - 72 hours of your visit today
* Advise us if you test positive for COVID-19 within 14 days of your visit today
* We ask that you try to keep your visiting time to approximately an hour unless exceptions are granted
* Return to the Main Reception Area to check out at the conclusion of your visit
* Visiting may be restricted in the event that there is a COVID-19 outbreak
* Visitors who cannot adhere to these guidelines will be asked to exit the building
* Visitors are encouraged to be vaccinated
* Provide the following information for the purpose of contact tracing if needed:

Name of Resident you are Visiting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name (Printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccination status: Fully vaccinated\_\_\_\_\_\_\_\_\_\_\_\_\_ Partially vaccinated\_\_\_\_\_\_\_\_\_\_\_\_\_

Booster\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not vaccinated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand and agree to follow the expectations outlined above for visiting.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return form to the person who is checking you in