

Betsy Ross Nursing and Rehabilitation Center  
1 Elsie Street Rome, New York 13440 Telephone 315-339-2220 Fax 315-339-1592

### **IN-PERSON VISITATION RULES**

1. Visitors are asked to pre-schedule their visits with the Receptionist. The Receptionist is on duty from 8am through 8pm daily.
2. A total of three (3) visitors may visit at one time (Exceptions must be approved by the DON or Administrator). Children under the age of 18 years must be accompanied by an adult 18 years or older.
3. Visitation can occur on the patio (weather permitting) or in the resident's room. If the resident has a roommate and the roommate does not want to leave the room the facility will make arrangements for another private area for the visitation.
4. Visitors are requested to call the facility when they arrive (339-2220) to facilitate entry into the building
5. Visitors must enter the building through the Patio Entrance wearing a well-fitting face mask. Face coverings are not acceptable. The facility will provide a face mask if needed.
6. The visitor must perform hand hygiene prior to screening.
7. The visitor must comply with answering all screening question, having their temperature taken, and completing the visitor's log including: first/last name, street address, day/evening phone numbers, and email address (if applicable).
8. If all screening questions are answered and do not indicate the possibility of a COVID-19 infection and the visitor's temperature is <100F, the staff person screening the visitor will escort the visitor to the identified visitation area.
9. The visitor must maintain social distancing of 6 feet from the resident s/he is visiting, all other residents and visitors while in the building unless both the resident and visitors are fully vaccinated – then the visitor may and resident may remove their mask and have close contact.
10. The visitor must wear their face mask at all times while in the facility with the exception as listed above in #9.
11. Visitors and residents should not share food and/or beverages.
12. The visitor agrees to inform the facility if s/he is diagnosed with COVID-19 if the visit occurred from 2 days prior to the onset of the visitor's symptoms or in the 2 days prior to the date of the collection of the positive sample.
13. The visitor acknowledges that a COVID-19 test is not required to visit but is encouraged and can be provided by the facility prior to the visitation.

**VISITORS WHO FAIL TO ADHERE TO THE RULES WILL BE ASKED TO LEAVE AND WILL NOT BE ALLOWED TO SCHEDULE IN-PERSON VISITATION FOR FUTURE DATES UNTIL THEY HAVE SPOKEN WITH THE ADMINISTRATOR OR DIRECTOR OF NURSING. REPEATED FAILURE TO FOLLOW THE RULES MAY RESULT IN A PERMANENT RESTRICTION FROM IN-PERSON VISITATION UNTIL THE END OF THE PANDEMIC.**

By signing below I agree that I have received a copy of the above listed rules, have had all questions answered and agree to abide by the stated rules of visitation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_