

BETSY ROSS NURSING AND REHABILITATION CENTER
1 Elsie Street Rome, New York 13440 Telephone 315-339-2220 Fax 315-339-1592

VISITATION RULES

1. If a visitor, resident, or their representative wants to visit, they must be aware of the risks associated with visitation, and the visit must occur in a manner that does not place other residents at risk (e.g., in the resident's room), the resident must be allowed to receive visitors as he/she chooses.
2. The facility will widely communicate to residents, staff, and visitors; and the facility will always allow indoor visitation. Facility will not limit the number of visitors per resident at one time. Visitation does not have to be scheduled or timed.
3. Visits can be conducted inside or outside as per resident and representative wish and when practicable. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality).
4. Weather permitting, residents may also be assisted to go outdoors with staff supervision and the appropriate infection control, safety and social distancing requirements maintained.
5. Visitors are requested to call the facility when they arrive (315) 339-2220 to facilitate entry into the building
6. Visitors may enter the facility through the Main Entrance or side Patio Entrance (adjacent to the front entry way) wearing a well-fitting face mask. Face coverings are not acceptable. The facility will provide a face mask if needed.
7. Upon arrival and entry, the visitor must comply with answering all health screening questions, having their temperature taken, and completing the visitor's log including: first/last name, street address, day/evening phone numbers, date and time of visit, resident visiting, and email address (if applicable).
8. Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, will not be permitted to enter the facility.
9. Visitors must wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status.
10. Visitors must be able to adhere to the core principles, including infection prevention and control policies, and staff will provide monitoring for those who may have difficulty adhering to core principles.

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11. Adequate PPE will be made available for residents to wear such as a face mask, if medically able to utilize a face covering during visitation.
12. Visitors must wear a face mask when on the premises of the nursing home and maintain social distancing. The facility will have an adequate supply of masks on hand for visitors and make available to visitors who lack an acceptable face covering.
13. Residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident must wear a well-fitting facemask (if tolerated).
14. Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary to visit the resident and visitors must adhere to the core principles of infection prevention. They must wear a mask during visits or other appropriate PPE regardless of vaccination status, and visits will occur in the resident's room.
15. The facility will provide alcohol-based hand rub to visitors or representatives of the long-term care ombudsman visiting residents and those individuals able to demonstrate appropriate use. The visitor must perform hand hygiene prior to screening.
16. 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.
17. 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.

**REPEATED NON-ADHERANCE TO THE RULES MAY RESULT IN THE VISITOR
BEING 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.**

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: _____