

MAPLE KNOLL COMMUNITIES, INC.
COVID-19 ASSISTED LIVING FACILITY GUIDANCE- OUTDOOR VISITATION

POLICY:

It is the policy of this facility to follow Responsible RestartOhio guidelines in regards to visitation in Assisted Living Facilities within the organization. The facility will consider all implications for resident physical and mental well-being when determining when to allow facility and personal visitation decisions.

DEFINITION:

Visitors- visitors may include: family, friends, acquaintances and others that the resident wishes to have visitation with at the facility.

PROCEDURES:

1. Visitors should be permitted for outdoor visitation only and with safety standards met by all participants.
2. Visitation practices may include limiting the number of visits, the length of visits, the number of visitors at one time, the location of visits, and the supervision of visits as necessary.
3. Education will be provided by the facility to residents regarding the risk of spreading COVID-19 when interacting with visitors, including the appropriate/applicable safety precautions.
4. Education will be provided to families, friends, and other visitors of the risks of the spread of COVID-19 and the potential health impact for not just their loved one, but all residents of the facility.
5. The facility will continue to encourage visitation through technology means available currently, including but not limited to: Skype, FaceTime, and other social media platforms.
6. The facility can determine how to best implement outdoor visitations for the residents in a way that works best for them.
7. Family, friends and other visitors will be screened prior to visitation, including temperature and symptom screening.
8. Visitors must wash their hands or use hand sanitizer upon arrival for visitation.
9. Visitors must wear facial coverings for the duration of each visit.
10. Visitors agree to no physical contact and to abide by 6 foot social/physical distancing requirements.

MAPLE KNOLL COMMUNITIES, INC.
COVID-19 ASSISTED LIVING FACILITY GUIDANCE- OUTDOOR VISITATION

11. Visits must be in structured settings that are designed to and encourage social distancing, and are monitored to address any misuse of wearing facial coverings or lack of cooperation with social distancing.

Originated: Karen Pendleton, RN CPASRM RAC-CT

Date: 06/08/2020

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Maple Knoll Communities, Inc. ("the Facility") has put in place preventative measures to reduce the spread of COVID-19; however, the Facility cannot guarantee that you will not become infected with COVID-19. Further, visiting the resident you could increase your risk and the resident's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by visiting the resident and that such exposure or infection may result in personal injury, illness, permanent disability, and death to myself and/or the resident. I agree to abide by the Facility policies and procedures regarding visitation. I understand that the risk of becoming exposed to or infected by COVID-19 at the Facility may result from the actions, omissions, or negligence of myself and other visitors. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness to my myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with visitation at the Facility. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Facility, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Facility, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any visitation at the Facility.

Signature

Date

Printed Name

Name of Resident visited