

MEMORANDUM

TO: Daughters of Sarah Nursing & Rehabilitation Center Families and Residents
FROM: Mark L. Koblenz, CEO
DATE: September 16, 2020
RE: Visitation Plan

We are exceedingly pleased to let you know that we are going to begin having outdoor visits with residents and family members!!! We are confident that, with your cooperation, we can manage visitation in a cautious, yet safe and secure manner.

We realize that several months have passed without face to face visits. Our initial goal, therefore, is to structure a first phase of visits so that each resident who wants to have a visit, gets a visiting opportunity right out of the gate. The first phase of visitation will start later next week. Visiting days will be designated by unit, as follows:

Wednesday, September 23rd – Blue & Gold Thursday, September 24th – Red & Green

Friday, September 25th – MEU

Visits will occur at various tents or pavilions outside at the Nursing & Rehabilitation Center. You will be advised as to a specific location when you check in on visiting day.

On your unit's designated day, a visit can be scheduled for 9:30 AM; 10:30 AM; 11:30 AM; 12:30 PM; 1:30 PM; 2:30 PM; 3:30 PM; 4:30 PM; or 5:30 PM. Visits will only be held weather permitting.

To reserve a slot for a visit, please call our Visitation Registration phone at 518-724-3202, or reply to this email. When responding, please be certain to provide:

- A. Your name and phone number.
- B. Your loved one's name.
- C. Your 1st and 2nd choices as to your desired time slots for a visit on the day assigned to your loved one's unit.

Reservation slots will be filled on a first come/first serve basis. We will endeavor to accommodate your requests, but as, pursuant to Department of Health (DOH) regulations, we are limited in the number of visitors we can have at the same time, we do reserve the right to assign times.

Attached you will find a *Fact Sheet for Questionnaire*, outlining the DOH rules and our guidance. We do want to highlight the following:

1. Visits will be limited to 30 minutes, to permit disinfection in-between.
2. Each resident will be allowed only 2 visitors per visit. Moreover, each resident will be allowed only one scheduled visit during this Phase 1 of visitation.
3. We ask you to arrive about 15 minutes prior to the time of your scheduled visit to allow time for Registration check-in.
4. Visitors will be screened for possible COVID-19 symptoms and temperatures will be taken. Anyone exhibiting symptoms is precluded by DOH rules from participating in a visit.
5. Both visitors and residents must wear face masks and maintain 6 feet of separation at all times.
6. Each visitor must present proof of a negative COVID test. The form must include the visitor's name and test results of "Not Detected", which is how labs report a negative result. I have attached a sample of the type of test result form you will need. (This sample is the result you get from the SUNYA testing site.) You can either print out a copy of your test report, or be able to display it on a mobile device.

We recognize that the testing requirement will be burdensome, and want to help you with securing one. If you want to get a test at SUNYA, you need to make an appointment in advance, which you can do at 1-888-364-3065. Results from the lab can take anywhere from 2 to 5 days; so, plan accordingly.

If you have any testing questions, please call our Infection Control Nurse, Tina Clement at 518-724-3222. (Tina can help with testing questions; she will not be able to make reservations for visits.)

7. Each visitor must complete a *Visitor Screening Sheet*. Attached is the form. To speed up the Registration process, if you can, please fill it out in advance, and bring it with you on the day of your visit.
8. Each visitor will need to bring a picture ID with them.

On these visitation days, we will not be scheduling any window visits.

These visiting days and time slots will only be in effect for the first week of visitation. For subsequent visits after this first week, we will inform you as to the structure of the second phase of visitation.

Please remember that we are developing components of our Visitation Plan as we go; there may be changes and clarifications as we receive further guidance from DOH. We therefore really appreciate your support, understanding, and assistance.

We truly look forward to being able to welcome you to the campus.

Fact Sheet for Visits

WELCOME FOR YOUR VISIT!

We ask everyone to follow these guidelines while visiting your loved one

- Visits will take place on the side patio and by the front entrance of the Nursing & Rehabilitation Center. You should park at the Nursing Center parking lot, and approach the small tent with the Registration Table. Please arrive for your visit 15 minutes early to allow for Registration check-in and please be wearing a mask or face covering.
- To ensure everyone's safety, all visitors have to check-in for COVID symptom screening and be cleared at the Registration Table. If you can, please make sure that you bring with you a completed copy of the *Visitor Screening Questionnaire* and proof of a negative COVID test for each person who will be visiting. (The date of the test – not the date you received the result – must be no more than 7 days prior to the date of your visit.) You may print a copy of your test report, or display it on a mobile device.
- Once you register, you will be advised as to the specific location for your visit. Please follow all instructions as to the prescribed flow of traffic.
- If there is a wait at the Registration Table or at your visitation location, please remember to maintain 6-foot separation between you and other visitors.
- No more than 2 visitors can be permitted per resident. Children under the age of 18 must be accompanied by an adult, have the ability to wear a mask at all times during their visit, and maintain 6 feet social distancing. (Given infection cautions, visitors cannot “swap out” portions of their visitation time with other family members.)
- Masks must be worn by the visitors and residents at all times during the visit.
- 6-foot separation must be maintained between visitors and residents at all times.
- Food and drink should not be shared between a resident and visitor. Unfortunately, no hugging, kissing, or shaking hands can be allowed. Please do not exchange items with residents. Staff will be happy to disinfect and deliver packages to residents per our usual procedure.
- Visits will be 30 minutes in length. When your visit ends, please leave promptly so we can prepare for the next visitor.
- At this time, we are only scheduling visits for September 24th, 25th, and 26th. We will provide instructions after this first week as to arranging second and third visits.
- We reserve the right to reschedule visits due to inclement weather. (We do not plan to cancel visitation for drizzle or minor cloud bursts, as visitation sites will be covered.)
- Non-adherence to the requirements for visiting will result in a visit being suspended.
- Please note that short-term residents who are currently in quarantine are not eligible for visits.

SAMPLE NEGATIVE TEST RESULT

BioReference
LABORATORIES
an **OPKO** Health Company

Final Report

PHYSICIAN	ZUCKER, HOWARD	PATIENT	DOB: [REDACTED]	Age: [REDACTED]	SAMPLE	Specimen ID: 108773553
	NYS - ALBANY		Address: [REDACTED]	ALBANY, NY 12208		Date Of Report: 09/15/2020
	1400 WASHINGTON AVENUE		Tel: [REDACTED]			Time Of Report: 13:48
	Albany, NY 12222					Date Collected: 09/14/2020
	Acct #: (CV112-0) AP					Time Collected: 10:03
Tel:				Date Received: 09/14/2020	Time Received: 23:48	North America Eastern Time

CLINICAL REPORT

MISCELLANEOUS							
Test	Result	Abnormal	Reference	Units	Rpt. Date	Prior Result	Date
COVID-19 Nasal/ Nasopharynx	Not Detected		Not Detected		09/15/20	Not Detected	09/08/20
NOTE: Please consider re-collection of a new specimen, if clinically indicated.							
NOTE: The COVID-19 assay is under Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration. BioReference Laboratories is designated as a high complexity laboratory by the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and is qualified to perform this test. ASSAY INFORMATION: Real Time RT-PCR or TMA.							

Final Report

VISITOR SCREENING QUESTIONNAIRE

NAME: (PLEASE PRINT) _____ **Residents Name:** _____

ADDRESS: _____

PHONE: DAY: _____ **EVENING:** _____ **EMAIL:** _____

Have you been outside of New York state within the last 14 days? YES NO

If YES, what state(s)? _____

In the last 14 days, have you had any signs or symptoms of respiratory infection that cannot be attributed to another health condition, such as:

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| • Fever (over 100 degrees) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • New Shortness of breath | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • New or change in cough | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • New Muscle Aches | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Headaches | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • New Sore Throat | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • New or Unexplained Fatigue | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Decreased appetite or loss of taste or smell | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Close contact (i.e. within 6 feet for more than 15 consecutive minutes) without the use of proper personal protective equipment with someone who is currently sick with, suspected to have, or confirmed to have COVID 19. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

By signing this form, I attest that all information given is true; that I will abide by all of the visitation procedures set forth by Daughters of Sarah; and that I will not hold Daughters of Sarah liable if I test positive for COVID-19 subsequent to my visit.

Visitors Signature: _____

FACILITY STAFF ONLY: This visitor's temperature, when taken by staff, was within normal limits; responses to the screening questions indicate that the visitor has not had symptoms of COVID-19 in the past 14 days; and proof of a COVID-19 negative test result was presented.

Signature of facility witness: _____ Date: _____ Time: _____ AM PM