



Revised 8/12/20

Outdoor Visitation Policy

Outdoor visitation will begin Tuesday August 18th, 2020

Outdoor visitation will be allowed with the following conditions:

1. Visitors will be screened (see attached screening form for your reference only) for symptoms and not permitted to visit – even outdoors -- if symptomatic.
2. A staff member will ensure that visitors and residents are wearing a face covering at all times and will provide the masks if necessary.
3. A staff member will provide hand sanitizer to residents and visitors before and after each visit. In addition, hand sanitizer will be available at each table.
4. A staff member will ensure that visitors and residents maintain proper social distancing at all times. Physical contact is not allowed during visits. Residents will be considered PUI (patients under investigation) and placed on the observation unit for 14 days if any direct contact is made with their visitors.
5. Items in the visitation area will be cleaned and disinfected by PACC staff between visits.
6. A staff member will be present to ensure resident safety and appropriate adherence to guidelines. Visitors who do not comply with safety recommendations (e.g. masking and social distancing) will be asked to leave.
7. Only 2 visitors are allowed per resident per visit. Visits will be scheduled in 30 minute intervals on a first come first served basis and may only be scheduled one week in advance.
8. PACC will accommodate 3 simultaneous outdoor visits at a time. If the system goes well and we see we can accommodate more visits per day we will add appointments to the schedule. Attached is a schedule of available visitation appointments. **Please call the front desk or email receptionist at PACC.reception@autumnhc.net to schedule your visit.**
9. Visits will take place on the patio. Please park in the back lot and proceed to the white picket fence to the left of the Terrace floor entrance. Please wait outside the fence until a staff member lets you in. NOTE: There is a slight hill leading to the fence gate. The incline may be too challenging for people that have difficulty walking. Please do not make an outdoor visitation appointment if you think you will have trouble accessing the patio.
10. PACC will also continue to allow visits through the windows of the front vestibule. Please call the main number and ask to speak with Missy or the unit manager to make the arrangements.



VISITOR SCHEDULE

3 APPOINTMENTS AVAILABLE FOR EACH OF THESE TIMES

TUESDAYS

10:30 AM-11:00AM

2:30PM-3:00PM

WEDNESDAYS

10:30 AM-11:00AM

2:30PM-3:00PM

THURSDAYS

10:30 AM-11:00AM

2:30PM-3:00PM

FRIDAYS

10:30 AM-11:00AM

2:30PM-3:00PM

SATURDAYS

11:00AM-11:30AM

1:00PM-1:30PM

2:30PM-3:00PM

SUNDAYS

11:00AM-11:30AM

1:00PM-1:30PM

2:30PM-3:00PM



VISITOR SCREENING Page 1 of 2

The safety of our employees, residents and visitors remains Post-Acute Care Center’s overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spread globally, PACC’s medical and security teams are monitoring the situation closely and will periodically update facility guidance based on current recommendation from the Center for Disease Control and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building or event. Thank you for your time.

Visitor Name: Please Print	Visitor Mobile/Home Phone Number:
Resident Name:	
Self-Declaration by Visitor	
1	<p>Have you or any household members had close contact with or cared for someone diagnosed with COVID-19 within the last 14 Days?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
2	<p>Have you or any household members experienced any cold or flu-like symptoms in the last 14 Days (including fever, cough, sore throat, respiratory illness, and shortness of breath, Loss of smell or test)?</p> <p>Temp _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes to the question above , you will not be allowed to visit your loved one, you should make another appointment after 10 days</p>
3	<p>Physical Address:</p> <p>County of Residence</p>

Visitor Signature: _____

Date: _____



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To be completed by Staff Screening

1. Is the visitor wearing a mask _____

- Yes
- No

If answered no, provide a mask

2. Does the visitor appear physically well (no chills, sneezing , coughing)

- Yes
- No

If No, do not allow visit to continue, visitor to reschedule after 10 days

Screened by _____

Date: _____

Please Print

Visit authorized

Visit Denied