

Sunnyside Care Center

VISITATION GUIDELINES

At this time, limited in-person visitation will include family members, loved ones and representatives from the LTC Ombudsman Program (LTCOP) only.

We are required to follow very specific guidelines imposed by CMS and the NYS DOH in order to allow in-person visits.

Visitation is limited to no more than 10% of the residents per day, with two (2) visitors allowed, per resident. At least one visitor must be over 18 years of age.

At this time, in-person visits will be by appointment only. They will be offered outside in our gazebo, Monday-Friday, from 9:30-11:30am and 3-4:30pm. Visits will be limited to 30 minutes. To give **every family** equal opportunity to enjoy in-person visits, we will schedule one 30-minute in-person visit per week per resident/family.

Please call the facility at 315-656-7218 to schedule all visits. On days in which there is inclement weather, or days in which oppressive heat would be unsafe for the residents, in-person visits will be cancelled.

- All visitors will be screened for signs and symptoms of Covid-19 prior to resident access. Visitation will be refused if any visitor does not comply with, or safely pass, the screening process (temperature check with questionnaire)
- All visitors must provide documentation of their full name, physical address, daytime and evening phone contact information, email address (if available) along with the date and time of their visit
- All visitors must wear a facemask that covers both the nose and mouth, at all times, and no food or drink is permitted during visits; the facility will provide alcohol-based hand sanitizer, for which all visitors will be required to use upon arriving for the screening process
- Visits will be supervised by facility staff to provide wheelchair and ambulation assistance to residents, and to assure that 6 feet of social distancing is maintained between residents and visitors
- Meeting with clinical staff, therapy staff or business office staff is to be scheduled via telephone and cannot be accommodated during family visits

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VISITATION SCREEN

Date: _____ Time: _____

Resident _____

Visitor _____

Address: _____

Day Phone: _____

Eve Phone: _____

Email: _____

Temperature: _____

Are You Experiencing Any of The Following:	YES	NO
Cough		
Shortness of Breath		
Chills/Shaking		
Muscle pain		
Headache		
Sore Throat		
Loss of Taste/Smell		
Diarrhea		
Have you traveled out of the State of New York within the last 14 days?		

I have read and I understand the Visitation Guidelines presented to me and I agree to adhere to them. I understand that if I fail to comply with the facility guidelines for visitation, I will not be permitted to schedule in-person visitation until at which time the Covid-19 Pandemic has been declared to be over.

Signature _____