



PLATTDUETSCHER
RETIREMENT HOME

IN-HOUSE VISITATION

STARTING WEDNESDAY, APRIL 21, 2021

In-house visitation will be on Wednesdays, Thursdays and Saturdays at the following time slots: 10:00 a.m. to 10:45 a.m. **or** at 11:00 a.m. to 11:45 a.m.

Currently, there are only five (5) resident sessions per time slot for Wednesday and Thursday scheduled for visitation and only three (3) resident sessions per time slot for Saturday. Those residents are allowed two (2) guests over the age of 16 years.

The visitors **must** call the receptionist for an appointment, (516) 352-4252.



Adopted April 7, 2021

PLATTDUETSCHÉ HOME SOCIETY

COVID-19 On-Site Visitation Policy

Policy: It is the policy of PLATTDUETSCHÉ HOME SOCIETY to conduct visitation On-Site in accordance with the most recent Department of Health guidance regarding adult care facility visitation. Strategies will be updated as more information becomes available and guidance changes.

Procedures:

1. Conditions for Visitation

- There have been no orders by local health department or NYS Department of Health to quarantine the community.
 - With the exception of compassionate care visits (available in circumstances reviewed by the Nurse Supervisor, such as the situation of New Residents on move in), to be eligible for visitation, residents must not be in isolation or observation with suspected or confirmed COVID-19 diagnosis.
 - Visitors under 16 years of age must be accompanied by an adult aged 18 or older.
 - Compassionate care and end of life visitation will be permitted when visitation is not otherwise permitted in accordance with the Department of Health's current visitation guidance.
2. All visitation must be conducted with strict adherence to the Core Principles for reducing the risk of COVID-19 transmission (copy attached) and in accordance with PLATTDUETSCHÉ HOME SOCIETY's adopted and effective visitation plan.
 3. All relevant COVID-19 infection control procedures must be communicated to staff, residents and visitors to keep them informed of the safeguards in place to safely conduct visitation at the community.
 4. Appropriate signage regarding facemask utilization and hand hygiene as well as social distancing floor markings/delineations must be in place at the facility.
 5. Visits must be pre-scheduled No Less than 48 hours in advance, unless expressly authorized by the Administrator/Enriched Housing Program Coordinator or the NURSE SUPERVISOR. designee.
 6. **HOW TO REGISTER:** Contact our Reception Desk, Monday through Friday, during the hours of 10AM to 5:30PM to schedule your Planned Visit Day and Time. All visitors are



encouraged to provide copies of their Covid-19 Vaccination Record Card from the CDC (dob may be redacted) or negative Covid Test Result prior to arrival for scheduled visitation. This will satisfy our Contact Tracing requirements. Your registration and reservation is complete upon emailing (frontoffice@plattseniorliving.com) or faxing ((516) 352-8656) the above, indicating the date of your visit and the NAME OF THE RESIDENT being visited.

7. Visitation is permitted ONLY on following days and times of the week:
 - [Wednesday or Thursday or Saturday] and [10 AM slot or 11 AM slot]
8. The maximum length of each visit is ONE (1) HOUR , inclusive of 7 minute allotted time for escorted walk through the common areas to Room /Apartment upon arrival and departure.
9. Visits are limited to TWO (2) Visitors per resident at one time, who must be the SAME persons registered for the visitation.
10. Outdoor visits are conducted in the open air PAVILION, weather conditions permitting
11. Indoor visits are conducted IN THE RESIDENT'S PRIVATE LIVING SPACE, for the entire duration of the visit.
12. At no time will the total number of visitors inside or outside exceed TWO (2) persons. NO swapping out of visitors during either visitation is permitted. (You are encouraged to bring an iPad or Tablet or Smart Phone with at least 4G capability, so that you may share the visit virtually with other family members)
13. Prior to the visit, RECEPTION STAFF or other designated STAFF will direct the visitor to the facility website to review the facility's adopted and effective Visitation Policy and Visitation Plan. Whenever possible, any family member or representative unable to access the website must be provided a print copy before coming for the visit. The visitation plan will be maintained at the Main Lobby Triage Reception area at 1150 Hempstead Turnpike, Franklin Square, and should be provided to visitors upon request.
14. Upon arrival, the staff person/receptionist receiving the visitors at the Adult Home Lobby Triage Reception area will provide a facemask and offer use of hand sanitizer to any visitor that does not have a face covering or would like to sanitize their hands before proceeding.
15. PLATTDUETSCH HOME SOCIETY will designate facility staff to supervise and monitor permitted visitors for adherence to the Core Principles for reducing the risk of COVID-19 transmission, and shall chaperone such visitors as an escort, to the room or apartment location of the Resident being visited.
16. All visitors, including those making compassionate care visits, will sign in, be given a fact sheet outlining visitor expectations and will be screened for COVID-19 signs and



symptoms. Visitation will be denied to any potential visitor that does not pass the health screening, then current requirements regarding international travel and/or who has been exposed to a COVID-positive person in the previous 14 days.

17. The staff person screening visitors will collect their full name, home address, day/evening phone number, email address (if available); the name of the resident they are visiting, where the visit will take place as well as confirming the visitor cleared screening protocols will also be documented
18. Visitors will cooperate with STAFF to allow time for entry of all the above information and Visitors will answer all questions and SIGN the Visitation Contact Tracing Sheet immediately prior to being chaperoned and escorted to the room / apartment of the Resident. All visitors are encouraged to ADD the Required Information in 17. above, to their copies of their Covid-19 Vaccination Record Card from the CDC (dob may be redacted) or negative Covid Test Result prior to arrival for scheduled visitation.
19. When CHECK IN REGISTRATION is COMPLETED, the designated facility staff will escort and accompany the visitor(s) to the identified meeting location. If that is not possible, designated facility staff will remind visitors of appropriate COVID-19 infection control procedures (e.g. social distancing, mask wearing, handwashing etc.) and direct visitors to go directly to the visitation place.
20. ALL staff shall observe for and report to [ADMINISTRATOR, NURSE SUPERVISOR or CASE MANAGERS] any visitors that are not following social distancing, face covering or other rules. NO VISITOR SHOULD BE MOVING ABOUT THE COMMUNITY UNACCOMPANIED BY A STAFF PERSON.
21. **Supervision for indoor and outdoor visits in communal areas:** Staff persons assigned to supervise visits will keep their distance from each visit group to allow for privacy unless assistance is needed. Staff will maintain general awareness that visitors and residents are complying with social distance, face mask and other rules. Any visitor not complying shall be given a warning that further noncompliance will result in loss of their ability to continue the visit or to visit again. Repeated noncompliance should be reported to the [ADMINISTRATOR, NURSE SUPERVISOR or CASE MANAGERS].
22. **Supervision for in-resident-living quarters:** Supervision in residents' living quarters is comprised of:
 - Documenting health and travel screening;
 - Providing the visitor with the applicable rules regarding visitation;
 - Reminding the Visitors and Resident to open windows to maintain ventilation and air flow during the duration of of the visit; Reminding the Visitors and Residents to wash their hands with soap and water before commencing the visit and at its conclusion.
 - Observing visitor's compliance when walking to and from the resident room;



Any visitor not complying shall be given a warning that further noncompliance will result in loss of their ability to continue the visit or to visit again. Repeated noncompliance should be reported to the [ADMINISTRATOR, NURSE SUPERVISOR or CASE MANAGERS].

23. **Noncompliant visitors:** If the [ADMINISTRATOR, NURSE SUPERVISOR or CASE MANAGER] determines that a noncompliant visitor must end their visit or not be allowed a future visit because the [ADMINISTRATOR, NURSE SUPERVISOR or CASE MANAGERS] reasonably believes the visitor is directly endangering the safety of any resident, the [ADMINISTRATOR, NURSE SUPERVISOR or CASE MANAGER] will record and maintain on-site a written statement of the incident including why visitor access was denied or cut short, the date and time and identification of the individual, and make the documentation available upon request to the resident involved and to the person denied visitor access.
24. **Cleaning between and after visits:** Assigned staff persons will clean and disinfect high frequency touched surfaces and designated visitation areas on a regular basis and after each visit. Refer to [PHS Covid-19 CLEANING POLICY] for proper cleaning techniques. Resident rooms where a visit has occurred shall also be cleaned and disinfected after each visit.
25. **Resident visits/social outings off the community's property:** The person(s) with whom the resident is visiting will be made aware of the community's COVID safety precautions and will be asked to sign that they understand the protocols and the importance of adhering to them. This documentation will be maintained in the resident's record. Upon return to the community, residents will be required to undergo required screening activities.

SIGNS AND SYMPTOMS OF COVID-19

- 1. FEVER / HILLS**
- 2. COUGH**
- 3. SHORTNESS OF BREATH**
- 4. FATIGUE**
- 5. MUSCLE OR BODY ACHES**
- 6. HEADACHE**
- 7. LOSS OF TAST OR SMELL**
- 8. SORE THROAT**



Core Principles

Adherence to Core Principles: Regardless of how visits are conducted certain core principles and best practices reduce the risk of COVID transmission including:

<input type="checkbox"/>	Screening all who enter for signs and symptoms (temperature checks, questions and observations for signs/symptoms. Denial of entry of anyone with signs or symptoms, or who had close contact with a COVID positive person in the 14 days prior.
<input type="checkbox"/>	Hand hygiene (preferably alcohol-based hand rub)
<input type="checkbox"/>	Use of face coverings or masks covering both mouth and nose
<input type="checkbox"/>	Social distancing between persons, at least 6 feet
<input type="checkbox"/>	Signage throughout facility including proper visitor education on signs and symptoms, infection control precautions use of masks, specified entries, exits and routes, hand hygiene, etc.
<input type="checkbox"/>	Cleaning and disinfecting high frequency touched surfaces and designated visitation areas often and after each visit.
<input type="checkbox"/>	Appropriate staff use of PPE
<input type="checkbox"/>	Effective cohorting of positive or presumed positive residents to the greatest extent possible
<input type="checkbox"/>	Residents in isolation or observation and residents with suspected or confirmed COVID-19 diagnosis, irrespective of vaccination status, should not have visitors outside of compassionate or end of life care.

PLATTDUETSCHER HOME
1150 Hempstead Turnpike
Franklin Square, NY 11010-1535
(516) 352-4252



RENKEN APARTMENTS
1140 Hempstead Turnpike
Franklin Square, NY 11010-1535
(516) 352-8656 – Fax

Helmut Muskulus, President
Dieter Emmerling, Vice President
Dieter Borbeck, Treasurer
Roger Gerland, Asst. Treasurer

PLATTDUETSCHER
RETIREMENT HOME

Stephen Killian, Secretary
Kord Fick, Sgt. of Arms
Steven Kordisch, Administrator

Incorporated 1913

April 7, 2021

2021 PHS ON-SITE RESIDENT VISITATION PLAN

Residents may receive visitors under visitation rules strictly adhering to the core principles for reducing the risk of COVID-19 transmission, in accordance with the PHS, adopted and effective Visitation Policy, April 7, 2021.

Visitors (limited two (2) visitors per visit) must pre-register for reserved dates and times, by calling the Receptionist for availability (See Policy for details) 516-352-4252. The procedures for this on-site visitation must be strictly adhered to as set forth in the Policy, for the safety of the residents, staff and visitors themselves. Following the directions of staff will be critical.

I acknowledge receipt of a copy of the Policy in my visit with

Resident

in AH _____ or EH _____ this ____ day of _____, 2021
Room Room

Visitor

Staff



PLATTDUETSCH
RETIREMENT HOME

1150 Hempstead Turnpike
Franklin Square, NY 11010
(516) 352-4252

Visitor Screening

AH/EH _____

Visit Schedule date: _____

Visitor #1

Name: _____

Physical Address: _____

Daytime Phone: _____

Evening Phone: _____

Date of visit: _____

Time of visit: _____

Email address: _____

PLEASE CIRCLE Y or N:

1. Have you been out of the country within the last 30 days? Y/N
2. Do you reside or have had close contact with anyone who has been in been out of the country within the last 14 days? Y/N
3. Have been directed to quarantine, isolate or self-monitor at home for the coronavirus by a doctor, hospital, or health agency? Y/N
4. Have been diagnosed with, or have been close to anyone diagnosed with COVID-19? Y/N
5. Have attended any gathering of people other than your immediate household in the last 14 days? Y/N
6. Have flu-like symptoms? Y/N

By signing below, I agree that I have answered these questions truthfully.

Signature: _____

EMPLOYEES ONLY: Visitor 1

Visitor 2

Temperature: _____

Temperature: _____

Initial of Emp: _____

Covid-19 test result attached? Y/N

If N, Emailed? Y/N



PLATTDUETSCHER
RETIREMENT HOME

1150 Hempstead Turnpike
Franklin Square, NY 11010
(516) 352-4252

Visitor Screening

AH/EH _____

Visit Schedule date: _____

Visitor #2

Name: _____

Physical Address: _____

Daytime Phone: _____

Evening Phone: _____

Date of visit: _____

Time of visit: _____

Email address: _____

PLEASE CIRCLE Y or N:

1. Have you been out of the country within the last 30 days? Y/N
2. Do you reside or have had close contact with anyone who has been in been out of the country within the last 14 days? Y/N
3. Have been directed to quarantine, isolate or self-monitor at home for the coronavirus by a doctor, hospital, or health agency? Y/N
4. Have been diagnosed with, or have been close to anyone diagnosed with COVID-19? Y/N
5. Have attended any gathering of people other than your immediate household in the last 14 days? Y/N
6. Have flu-like symptoms? Y/N

By signing below, I agree that I have answered these questions truthfully.

Signature: _____

EMPLOYEES ONLY: Visitor 1

Visitor 2

Temperature: _____

Temperature: _____

Initial of Emp: _____

Covid-19 test result attached? Y/N

If N, Emailed? Y/N