



Welcome Back!

We are working with families and friends to create safe, physically distant outdoor and indoor visiting opportunities. These visits are dependent on certain federal, state and community COVID-19 requirements, as well as the facility COVID-19 status and staffing levels. The visits are subject to change without notice. CMS has indicated that preference for visitation should take place OUTSIDE whenever possible. Thank you for following these guidelines and keeping safety a number one priority!

Residents have a health screen several times a day. If any resident is off baseline or not feeling well, we will ask you to reschedule your visit.

General Guidelines for all Visits:

- Hours of visitation will be scheduled visits between the hours of 10 a.m. to 12 p.m. and 2 to 8 p.m. daily.
- Visits will be scheduled in 30-minute increments, depending on availability.
- Visitation appointments must be made at least 24 hours prior to the visit to ensure staffing availability.
 - Contact the facility at 712.200.2620 to schedule your appointments.
- If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after.
- The facility will have no more than two visitors per resident and no more than two simultaneous visits occurring at the same time. In consideration of infection control standards and social distancing requirements, these limitations may be amended by the executive director on a case-by-case basis (i.e. a special event such as a birthday).
- Children are allowed. It is not recommended children under 2 wear a mask which may place the child at risk for exposure, so visits are at the decision of the parent/guardian. All other children must be able to wear a mask and all children must be able practice good infection control such as not touching/hands to self, wear mask, sanitize, pass entrance screen, etc.
- Please arrive 5 minutes prior to your scheduled appointment and wait in your vehicle. Please call the facility and let them know you have arrived. Unfortunately, delays in the process may result in shortened visits.
- We will provide you a clean mask during your visit (If cloth, please turn it in at the end of your visit.) Always wear your mask.
- As soon as they are able, staff will complete the screen and have you sign the visitation agreement. Staff will provide educational material to you prior to your visit regarding COVID-19, hand hygiene, cough etiquette and maintaining at least 6 ft. social distancing.
 - What you should know about COVID-19 to protect yourself and others
 - Stop the Spread of Germs.
 - Face Mask Dos and Don'ts



QUALITY CARE WITH RESPECT, DIGNITY AND KINDNESS

705 West Seventh Street • Alta, Iowa 51002 www.wlalta.com p: 712.200.2620 f: 712.200.1174

- You will then be escorted to the assigned area. (The resident's room may be utilized in rare situations.)
- The resident will be escorted to the designated visiting area. Resident will be provided a mask and hand sanitizer prior to being escorted to the visitation area. The mask must remain on during the visit.
- Visits will occur with discreet oversight of our staff to ensure that safety practices are always followed.
- After the visit, the resident will be helped back into the facility or to their room.
- Once the resident has departed, you will then be able to return to your vehicle.
- Pets are allowed during indoor and outdoor visitation. Keep them from engagement with other persons not included in the visitation session.
- If the facility is restricted to outdoor visits according to the guidelines:
 - During outdoor visits, visitors cannot enter the building for any reason. Please use the restroom before you come for a visit.
 - On inclement weather days or when temperature is too hot or too cold, we will reach out to you to reschedule (unless indoor visits are allowed).
- Visits for unvaccinated residents will be discontinued when the county positivity rate rises above 10% and less than 70% of facility residents have been vaccinated.
 - If there is a positive case on the wing/hallway of your loved one, visits will be suspended during the outbreak status.
- We are grateful that this opportunity is now available. PLEASE, if any visitor develops COVID symptoms within 48-hours after their visit or is notified of exposure in the 14-days prior to the visit to a person who has tested positive, they must report these symptoms or exposure to us immediately so we may institute contact tracing measures. It may impact all of our residents.

We hope you have a wonderful visit. You have been greatly missed!!!

NOTE: This facility's specific visitation plans will vary slightly based on local area restrictions and factors, such as internal exposure, local or state health department guidance, staffing, testing, PPE, etc. We will continue to monitor new information on COVID-19 as well as any impact the pandemic has on the facility as we consider future plans. Should we see a change in the virus or increase in cases, we will pause our efforts and resume restricted operations protocols and evaluate our next steps.

By signing this Agreement, you agree to abide by the above-written rules and below Risk and Waiver, as well as all other rules, regulations, policies, procedures, practices, and recommendations communicated to you by the Facility. Failure to abide by any of the foregoing may result in the Facility staff shortening your visit, cancelling your visit, denying you any and/or all subsequent visits, and/or banning you from the Facility's premises for an indefinite period.

SIGNATURE: _____

Date _____

PRINT NAME: _____

Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus (also known as COVID-19) is a highly contagious disease and has been declared a worldwide pandemic by the World Health Organization. Medical knowledge about COVID-19 is constantly evolving. Currently, the virus is believed to spread from person-to-person interaction and/or contact, and/or by contact with contaminated surfaces and objects. COVID-19 is also believed to be airborne in certain environments. People can be infected and exhibit no symptoms but can still spread the disease. The exact methods of spread and contraction are unknown. Presently, there is no cure or widely available vaccine for COVID-19. Evidence shows that COVID-19 can cause serious and potentially life-threatening illness, including death.

The Facility cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while on the Facility's premises. Though the Facility has taken steps to reduce the risk of spreading COVID-19, it is not possible to fully prevent against the presence of the disease. Therefore, if you choose to enter and utilize the Facility's premises, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

RISK ASSUMPTION: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 in order to enter and utilize the Facility's premises. The Facility's premises are of sufficient importance to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to enter and utilize the Facility's premises in-person rather than arranging for alternative methods of communicating with residents (such as by videoconference).

WAIVER OF LIABILITY AND LAWSUIT: I hereby release and waive my right to bring suit against the Facility and its owners, officers, directors, managers, individual affiliates, corporate affiliates, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to Facility's premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen, or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State in which this facility is located will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

SIGNATURE: _____ Date _____

PRINT NAME: _____