

# Visitation During COVID-19

Effective: 10/15/2020  
Reviewed: 06/13/2022  
Revised: 06/13/2022

Coronavirus Disease (COVID-19)  
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## Policy Statement:

PruittHealth will allow visitation when the Healthcare Center has met all criteria of the CMS/ State reopening recommendations. There will be three options for allowing visitation: compassionate care, indoor visitation, and outdoor visitation. The indoor and outdoor visitation option is dependent upon state approved visitation criteria. Once visitation has been approved, the healthcare center will adhere to the visitation protocol. Visitation is allowed for all residents regardless of transmission-based precautions.

## Scope:

This policy applies to all PruittHealth Healthcare Centers and Assisted Living Facilities.

## Definition:

**Compassionate Care Visits** provide emotional support to help a resident deal with a difficult transition or loss, upsetting event or end of life. Compassionate care visitors will be allowed entry into the facility on a limited basis for these specific purposes.

**“Up-to-date”** means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

## Procedure:

### I. Compassionate Care Visit All States, Essential Caregiver Visit

PruittHealth does not restrict compassionate care visitation. Through a person-centered approach, healthcare centers should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits. Compassionate care visits are always allowed. There are few scenarios when visitation should be limited only to compassionate care visits. In the event a scenario arises that would limit visitation for a resident (e.g., a resident is severely immunocompromised and the number of visitors the resident is exposed to needs to be kept to a minimum), compassionate care visits would still be always allowed.

A resident or patient has the option to designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least two hours daily in addition to any other visitation.

In-person visitation is allowed in all the following circumstances, unless the resident, client, or patient objects:

- End-of-life situations.
- A resident, client, or patient who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support.

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- A resident, client, or patient is making one or more major medical decisions.
- A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
- A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
- A resident, client, or patient who used to talk and interact with others is seldom speaking.

## II. Indoor Visitation

1. Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine should not enter the center until they meet the criteria used for residents to discontinue transmission-based precautions (quarantine). The center will screen all who enter for these visitation exclusions.
2. Indoor visitation is allowed for all Level residents (regardless of vaccination status).
3. **Number of visitors per resident** – Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents. Facilities should ensure that physical distancing can still be maintained during peak times of visitation (e.g., lunch time, after business hours, etc.). Also, facilities should avoid large gatherings (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.
  - During indoor visitation, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area.
4. **Entrance screening** – All visitors will be required to submit to an entrance screening process, including a temperature check. Visitation will be denied for any visitor exhibiting any symptoms, including a temperature above 99.9°F.
5. **Hand hygiene** – All visitors will be required to perform hand hygiene before entering the visitation area. Hand hygiene may occur via handwashing with soap and water for 20 seconds or via the use of alcohol-based hand sanitizer for 20 seconds.
6. **PPE** – Face coverings and physical distancing during visits
  - Visitors should wear face coverings or masks and physically distance when around other residents or healthcare personnel, regardless of vaccination status.
  - If the nursing home's county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, always.

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- In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are not up to date with all recommended COVID-19 vaccine doses.
  - Residents, regardless of vaccination status, can choose not to wear face coverings or masks when other residents are not present and have close contact (including touch) with their visitor.
    - Residents (or their representative) and their visitors, who are not up to date with all recommended COVID-19 vaccine doses, should be advised of the risks of physical contact prior to the visit.
7. **Designated visitation area(s)** – Visitation may occur in the resident’s room. If a resident’s roommate is not up to date with all recommended COVID-19 vaccine doses, or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident’s room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
  8. **Social distancing** – Physical contact is discouraged during the visit. This continues to be the safest way to prevent the spread of COVID-19, particularly if either party is not fully vaccinated. However, we acknowledge the toll that separation and isolation has taken. We also acknowledge there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, if the resident and visitor are 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 visit. Regardless, visitors should physically distance from other residents and staff in the facility.
  9. **Visitation with residents on Transmission-based Requirements:** While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident’s room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary to visit the resident. Visitors should adhere to the core principles of infection prevention. Facilities may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.
  10. **When a new case of COVID-19 is identified:**
    - The center will immediately begin outbreak testing. While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of

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infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in the resident's room.

## III. Outside Visitation

1. While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred when the resident and/or visitor are not up to date with all recommended COVID-19 vaccine doses. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status, quarantine status) may hinder outdoor visits. When conducting outdoor visitation, all appropriate infection control and prevention practices should be followed.
2. **Number of visitors per resident** – Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents. Facilities should ensure that physical distancing can still be maintained during peak times of visitation (e.g., lunch time, after business hours, etc.). Also, facilities should avoid large gatherings (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.
3. **Entrance screening** – All visitors will be required to submit to an entrance screening process, including a temperature check. Visitation will be denied for any visitor exhibiting any symptoms, including a temperature above 99.9°F.
4. **Hand hygiene** – All visitors will be required to perform hand hygiene before entering the visitation area. Hand hygiene may occur via handwashing with soap and water for 20 seconds or via the use of alcohol-based hand sanitizer for 20 seconds.
5. **PPE** – If the nursing home's county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, always. In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are unvaccinated. If the resident and all their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact. Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of

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vaccination status.

6. **Designated visitation area(s)** – Visitation area will be clearly designated. Visitors are required to stay in the visitation area during the scheduled visit and adhere to the core principles of COVID-19 infection prevention.
7. **Social distancing** – Physical contact is discouraged during the visit. This continues to be the safest way to prevent the spread of COVID-19, particularly if either party is not fully vaccinated. However, we acknowledge the toll that separation and isolation has taken. We also acknowledge there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, if the resident and visitor are 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 visit. Regardless, visitors should physically distance from other residents and staff in the visitation area.

**Post-visit resident process** – After each resident’s visit, you must follow the below steps:

- Hand hygiene – use alcohol-based hand sanitizer immediately after the visit. Resident to perform handwashing with soap and water for 20 seconds upon returning to their room.
- Replace surgical mask – dispose of the resident’s mask once the resident has returned to their room.
- Sanitize all surfaces in the visitation area, as well as the resident’s assistive devices (wheelchairs, walkers, etc.).
- Continue current resident monitoring protocol to include observing for signs and symptoms, temperature checks, and O2 saturation checks twice per day.

## **Post-visit visitor requirements:**

- Screening with temperature check
  - Hand hygiene prior to entering the facility and before leaving the facility
  - Mask always required while visiting
  - Social distancing must always be maintained while visiting
  - Visitors who fail to comply with the visitation protocol will be asked to leave
8. **Types of visitation** may continue under limited, controlled conditions coordinated by the facility in consideration of social distancing and universal source control. These visitations include:
    - Window visits through closed windows
    - Outdoor parades with all residents and staff wearing masks and practicing

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social distancing

9. **All Healthcare Personnel** are allowed based on risk analysis by the facility infection control team.

- Physicians
  - Nurse Practitioner/Physician Assistant
  - Podiatry Services
  - Dental Services
  - Optometry Services
  - Psych Services
  - Lab Services
  - X-ray Services
  - Wound Services
- 1) All healthcare personnel will be screened and submit to temperature checks upon each entry.
  - 2) COVID-19 testing is required for all unvaccinated healthcare personnel according to county level of transmission.
  - 3) All healthcare personnel are required to wear a face mask or N95 respirator, when indicated, for the duration of the time in the facility, as well as appropriate additional PPE based on the patient being treated.
  - 4) Each healthcare provider will service one patient at a time.
  - 5) All healthcare personnel must practice hand hygiene and safe infection control and prevention practices.
  - 6) All healthcare personnel are encouraged to receive the COVID-19 vaccination.

## IV. Leave of Absence

Facilities must permit residents to leave the facility as they choose. Should a resident choose to leave, the facility should remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene and to encourage those around them to do the same.

Upon the resident's return, nursing homes should take the following actions:

- Partner will review the RP Risk Assessment and Education with the family and resident before leaving the center.
- Partner will screen residents upon return with the LOA Departure and Return Checklist for signs or symptoms of COVID-19. If the resident or family member reports possible close contact to an individual with COVID-19 while

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outside of the nursing home, test the resident for COVID-19, regardless of vaccination status. Place the resident on quarantine if the resident has not been fully vaccinated. If the resident develops signs or symptoms of COVID-19 after the outing, test the resident for COVID-19 and place the resident on Transmission-Based Precautions, regardless of vaccination status.

- The center may also opt to test unvaccinated residents without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.
- Facilities might consider quarantining unvaccinated residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended infection prevention measures.
- Monitor residents for signs and symptoms of COVID-19 daily. Residents who leave the facility for 24 hours or longer should generally be managed as a new admission or readmission.

\*Please note that there are exceptions to quarantine, including for fully vaccinated residents.

## V. Surveyors and Ombudsman Representatives

Surveyors and ombudsman representatives will be allowed to enter the facility with the following guidelines:

- If an ombudsman is planning to visit a resident who is in TBP or quarantine, or a resident, who is not up-to-date with all recommended COVID-19 vaccine doses, in a nursing home in a county where the level of community transmission is substantial or high in the past 7 days, the resident and ombudsman should be made aware of the potential risk of visiting, and the visit should take place in the resident's room.
- The surveyor or ombudsman must be screened for symptoms and submit to a temperature check prior to entrance.
- All surveyors and ombudsmen are required to wear a face mask or N95 respirator, when indicated, as well as appropriate additional PPE as required, for the duration of the time in the facility.
- All surveyors and ombudsmen will practice hand hygiene and safe infection control and prevention practices for the duration of the visit.
- Currently, CMS guidance does not require COVID-19 testing of this group.
- If the resident or the Ombudsman program requests alternative communication in lieu of an in-person visit, facilities must, at a minimum, facilitate alternative resident

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communication with the Ombudsman program, such as by phone or using other technology.

## VI. Beauty and Barber

If beauticians and barbers are determined a low risk for entry, the below mitigation steps should be followed:

1. Beauty and barber services will be provided to all residents.
2. The beautician or barber must be vaccinated and properly screened when entering the facility and must wear a mask for the duration of time in the facility.
3. The beautician or barber must remain in the salon area and avoid common areas of the facility.
4. Staged appointments should be utilized to ensure salons are limited to one resident at a time, maintain social distancing, and allow time for proper sanitation and infection control practices between appointments.
5. Resident must wear a face mask during his/her salon visit.
6. Salons must properly sanitize equipment, salon chairs, and other high-touch surfaces between each resident.
7. The beautician or barber must perform proper hand hygiene in between resident salon appointments.
8. No hand-held dryers may be used.
9. The salon must be deep cleaned by housekeeping at the end of each day the salon has been in use.

## VII. Procedure for cleaning between outside visitations:

1. Perform Hand Hygiene
2. Don your Personal Protective Equipment.
  - Gloves
  - N-95/KN-95 Respirator
  - Splash Resistant Face Shield
  - Isolation Gown
3. While wearing your Boss Pro-320 Backpack Disinfecting Sprayer with QC 57 Peroxide Multi-Surface Cleaner & Disinfectant inside, spray each area of the visitation booth.
4. Spray each surface so that there is enough solution on the surface to stay wet for at least three (3) minutes. This is the dwell time of the disinfectant.
5. Spray each surface in this order:
  - Chairs and table on the visitor side.

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- Chair and table on the resident side.
  - Each of the four (4) legs of the pop-up tent below the vinyl covering.
6. Ensuring that the tables and chairs have been wet for at least three (3) minutes, use a dry-cleaning cloth to wipe down the furniture and remove any excess moisture.
  7. The four (4) legs of the pop-up tent can be allowed to air dry during between-visit cleaning.
  8. Doff Personal Protective Equipment and dispose of it in an appropriate, pre-determined location.
  9. Perform Hand Hygiene.
- \*\*\* After the cleaning has been performed at the end of the visitation day, please break down and take all components of the visitation tent inside the building for safe keeping overnight.**

## Procedure for cleaning when in-door visitations:

1. Perform Hand Hygiene.
2. Don your Personal Protective Equipment:
  - Gloves
  - N-95/KN-95 Respirator
  - Splash Resistant Face Shield
  - Isolation Gown
3. Spray each surface so that there is enough solution on the surface to stay wet for the dwell time of the disinfectant.
4. Ensuring that it has been at least the dwell time since spraying the areas in the room, wipe down surfaces with a dry-cleaning cloth.
5. Doff Personal Protective Equipment and dispose of it in an appropriate, predetermined location.
6. Perform Hand Hygiene.

## VII. Vendor Management/ Thermal Cameras

1. Visitors who enter any PruittHealth building will be required to check-in using the Visitor Management Kiosk (VMS) located in the lobby. The visitor is required to scan their identification card, or in the event of its absence, enter their first and last name, their mobile number or email, and the person they intend to visit.
2. Each visitor must have their photo taken and answer a series of screening questions. Their temperature will then be taken. If a visitor fails any of the screening questions or is detected to have an elevated temperature, they will not be permitted to enter the building.

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3. All Partners are to check visitors for a visitor badge. If a Partner identifies a visitor not displaying a visitor badge, they should politely approach the visitor and inform the visitor that they must return to the front of the building for check-in and screening. If the visitor refuses, a supervisor should be notified immediately.
4. All visitors in the building will have their temperature detected by thermal cameras. If a temperature is determined to be elevated, the visitor will be escorted from the building.
5. Visitors who enter a room of a resident on isolation precautions are encouraged to wear the designated personal protective equipment (PPE) and perform hand hygiene.

## VIII. Post-Acute, Admission and Care Plan Meetings

1. **Designated visitation time** – will be made by appointment only and determined by the center.
2. **Number of visitors per resident** – Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.
3. **Entrance screening** – All visiting meeting attendees will be required to submit to an entrance screening process, including a temperature check. Meeting attendance will be denied for any visitor exhibiting any symptoms, including a temperature above 99.9°F.
4. **Hand hygiene** – All visiting meeting attendees will be required to perform hand hygiene before entering the meeting area. Hand hygiene may occur via handwashing with soap and water for 20 seconds or via the use of alcohol-based hand sanitizer for 20 seconds.
5. **PPE** – PPE is required for all visiting meeting attendees and residents during meeting. Residents will wear surgical masks for the duration of the visit, which will be disposed of following each visit. At minimum, visiting meeting attendees should wear cloth face coverings or surgical masks for the duration of the visit. Visiting meeting attendees should bring their own face coverings, but if a visiting meeting attendee arrives without one the center may provide a surgical mask.
6. **Designated visitation area(s)** – Meeting may occur in the resident's room. Meeting for residents who share a room should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room meeting while adhering to the core principles of COVID-19 infection prevention. Meeting may occur in a common area or an office with sufficient room to social distance. Tele-conferencing with the IDT members may be utilized in limited spacing situations.
7. **Social distancing** – Physical contact is discouraged during the meeting. This continues to be the safest way to prevent the spread of COVID-19, particularly if either party is

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not fully vaccinated. However, we acknowledge the toll that separation and isolation has taken. We also acknowledge there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, if the resident and visiting meeting attendees are 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 meeting. Regardless, visiting meeting attendees should physically distance from other residents and staff in the facility.

### IX. Pets

1. **Visitation area** -- Pets are allowed with indoor and outdoor visitation.
2. Pets should be current on vaccinations.
3. Pets exhibiting signs and symptoms of illness should not be brought to the center for visitation.

### X. Outdoor Jobs Fairs

1. **Designated job fair time**– Scheduled per center.
2. **Entrance screening** – All applicants will be required to submit to an entrance screening process, including a temperature check. Application process and/or interview will be denied for any applicants exhibiting any symptoms, including a temperature above 99.9°F.
3. **Hand hygiene** – All applicants will be required to perform hand hygiene before entering the interview area. Hand hygiene may occur via handwashing with soap and water for 20 seconds or via the use of alcohol-based hand sanitizer for 20 seconds.
4. **PPE** – PPE is required for all applicants during the job fair. Applicants should wear cloth face coverings or surgical masks for the duration of the interview. Applicants should bring their own face coverings, but if an applicant arrives without one the facility may provide a surgical mask.
5. **Designated interview area(s)** –Applications and interviews will be conducted in the designated outdoor job fair area.
6. **Social distancing** – Physical contact is discouraged during the job fair. This continues to be the safest way to prevent the spread of COVID-19, particularly if either party is not fully vaccinated. Applicants should physically distance from other applicants and staff at the facility.

### XI. Facility Tours

1. **Number of visitors per resident** – Only two visitors will be allowed during the tour.

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2. **Entrance screening** – All tour attendees will be required to submit to an entrance screening process, including a temperature check. The tour will be denied for any visitor exhibiting any symptoms, including a temperature above 99.9°F.
3. **Hand hygiene** – All tour attendees will be required to perform hand hygiene before entering the center. Hand hygiene may occur via handwashing with soap and water for 20 seconds or via the use of alcohol-based hand sanitizer for 20 seconds.
4. **PPE** – PPE is required for all tour attendees. At minimum, tour attendees should wear cloth face coverings or surgical masks for the duration of the tour. Tour attendees should bring their own face coverings, but if a visiting tour attendee arrives without one the center may provide a surgical mask.
5. **Designated touring area(s)** – Tour areas will include Admission office, tour marketing resident room, dining room and commons areas only.
6. **Social distancing** – Physical contact is discouraged during the tour. This continues to be the safest way to prevent the spread of COVID-19, particularly if either party is not fully vaccinated. Tour attendees should physically distance from other residents and staff in the facility.

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