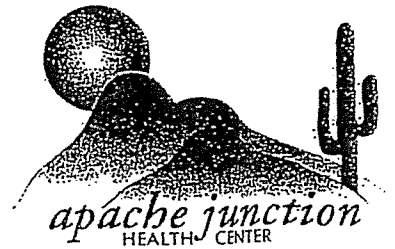


October 1st, 2020

Dear Residents and Families,



Apache Junction Health Center cares deeply about the safety and well-being of our residents. All Apache Junction Health Center residents and staff have been tested for COVID-19 and we will continue testing when clinically indicated. Upon completion of our testing, we currently have Zero residents who have tested positive.

Our facility has adequate staffing and an adequate supply of personal protective equipment (PPE).

We are in regular communication with Pinal County Health and Human Services and ADPH. We continue to implement all current CMS, CDC, and ADPH guidelines regarding COVID-19.

### **Benchmarks for Progressive Re-opening Visitation**

The facility will follow ADHS Requirements for Visitation at Congregate Settings for Vulnerable Adults.

**Designated Essential Visitor:** Families may designate one or two family member(s) to serve as a "Designated Essential Visitor". The Essential Visitor presents the facility documentation of a "negative Covid Test on the same interval required by CMS for the facility.

### **CMS Positivity Rate standard for Facility County:**

- Minimal (percent positivity <5%; Once a month – testing
- Moderate 5%-10%: Once a week – testing
- Substantial >10%: Twice a week - testing

**\*\*Currently Apache Junction Health Center in Pinal County:** Positivity Rate 2.8%, Requires Once a Month testing.

### **Requirements/Mitigation Measures for all Visitation**

Signs will be posted at the entrances to the facility advising visitors to check-in with the front desk to be screened for symptoms consistent with COVID-19 prior to entry. Screen visitors for:

- a. Fever ( $T \geq 100.0^{\circ}\text{F}$ ) or chills
- b. Cough
- c. Shortness of breath or difficulty breathing
- d. Fatigue
- e. Muscle or body aches
- f. Headache
- g. New loss of taste or smell
- h. Sore throat
- i. Congestion or runny nose
- j. Nausea or vomiting
- k. Diarrhea

1. Restrict anyone with fever, symptoms, or known exposure from entering the facility.

### **APACHE JUNCTION HEALTH CENTER**

2012 W. Southern Avenue • Apache Junction, AZ 85220 • (480) 983-0700 • Fax (480) 983-7318

2. Upon entry all visitors must present a negative COVID test (either PCR or antigen/point of care) that is less than 48 hours old and sign an attestation that they have isolated since the test and are symptom free. **Designated Essential Visitor** (see attached form) will need the Covid test within the 48 hours of schedule visit, along with Attestation form and Designee Form that they have isolated since the test and are symptom free. **Designated Essential Visitor:** this test will be good for the month **"As long as the County stays within the CMS Positivity Rate. This could change weekly, so please be aware. Facility will communicate if changes occur.**
3. Inform all the visitors that the facility requires mask-wearing by residents (when safe), And visitors
4. Educate visitors on proper hand hygiene, and that they must sanitize hands before Visiting.
5. Ask visitors to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility.
6. The facility will maintain a visitor log for contact tracing purposes.

#### **Visitor Access to Chapel or Training Room**

- A mask is worn at all times by the visitor and resident
- The visitor must wash their hands before entering and when leaving the room
- Visitor is to remain 6 feet from all resident and staff
- Visitors are only allowed in the designated visitation areas for 20 minutes

#### **Facility Specific Visitation Policy**

- The facility visitation hours are \_\_\_8:00am – 4:30pm\_\_\_.
- The facility's resident visitation is by appointment only.
- Only \_1\_ visitors are allowed per resident for \_20\_\_minutes per visit.
- Only \_1 o 2\_ number of visits permitted per day. (based on schedule times available)  
Visitation is only allowed in Chapel/training room.

Please see attached Attestation Form be completed prior to your schedule Visitation appointment. Make sure you and your family adhere to these requirements so the facility can continue a safe and secure infection control environment. We encourage both residents and loved ones to continue communicating with each other by email or enjoying time on Zoom, FaceTime, or Skype.

Added: If you have a family member in our care and would like an update on his or her condition, please call our facility at **480-983-0700**. You can also visit our website <https://ajsnf.com> for other helpful information and links to CDC and CMS websites.

Sincerely,

Todd Corless  
Administrator

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Apache Junction Health Center  
2012 W Southern Ave  
Apache Junction, AZ 85120

**“Designated Essential Visitor”  
Information Form**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residents Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County

\_\_\_\_\_  
Phone Number

# COVID-19 Visitor Attestation of Test

Visitor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

I am visiting \_\_\_\_\_ at <Apache Junction Health Center >

I attest that I was tested for COVID-19 on \_\_\_\_\_, 2020, and the results of my test came back negative on \_\_\_\_\_, 2020.

I am within the 48-hour look back period to be able to visit the above-named person indoors at this facility/community. I attest that between the time I took the test and the time I arrived at this location, I have isolated myself to prevent the spread of COVID-19.

**Given the nature of COVID-19, I understand there is a risk of being exposed to COVID-19 while visiting the Facility by virtue of the type of patients, care, and services provided at the Facility. Regardless of the Facility's efforts, I understand that the Facility cannot prevent any and all COVID-19 exposure while I am at the Facility. I further understand that exposure to COVID-19 can be detrimental to my health with potential risks including but not limited to infection, hospitalization, and short-term and long-term health complications, including death. Acknowledging the risks, I still wish to proceed with the Facility visit.**

\_\_\_\_\_ Initials

I hereby agree to abide by State Guidelines and <Apache Junction Health Center> protocol when visiting indoors or outdoors. That protocol is as follows:

- I will set up an appointment in advance of the visitation and adhere to visitation hours.
- I will bring my test results with me to the visitation.
- I will have my temperature taken at the beginning of the visitation.
- I will wear a clean mask that covers my mouth and nose at all times.
- I will not unmask while on the premises.
- The indoor visitation shall occur \_\_\_\_\_.
- I will use hand sanitizer upon entering the facility.
- I will socially distance from my relative/friend no less than 6 feet.
- I will visit behind the indoor/outdoor plexiglass except for in bedroom visitations.
- I can visit my relative's bedroom for no more than 15 minutes while masked and socially distanced.
- To prevent the spread of COVID-19, I will not use the restroom facilities nor touch surfaces.
- If two families arrive for visitations at the same time, management will prioritize the visits.

I declare that to the best of my knowledge the above is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date