



MORNINGSIDE CENTER

NURSING HOME AND ASSISTED LIVING APARTMENTS

LIVINGSTON COUNTY NURSING HOME DISTRICT, 1700 MORNINGSIDE DRIVE, CHILlicothe, MO (660) 646-0170
FAX (660) 646-0173

It's a way of life!

February 17, 2021

Dear Family Members, Residents and Staff,

COVID UPDATE:

We are happy to report for over 14 continuous days the facility has not had a resident or staff person test positive for COVID. The Livingston County, Mo., positivity rate is at 8.33 percent. Due to these two factors, Morningside Center Nursing Home and Assisted Living Apartments will be taking appointments for indoor visiting to begin the week of February 22, 2021.

GUIDELINES FOR INDOOR VISITING:

- Visits will be by scheduled appointment only. To arrange a visit, one must call the facility during business hours 8:30 a.m. to 4:30 p.m., Monday-Friday.
- Visits will be held in the zip room in the front lobby of the nursing home, and on the porch of the Assisted Living Apartments.
- Only 2 visitors will be allowed to visit during the scheduled appointment. Please note residents could select a total of 5 people whom they chose to be on their visiting list but only 2 of the 5 can visit at one time. In the beginning if a resident has multiple people who want to visit, those visits will be scheduled based on all residents having the opportunity for a scheduled visit before the second visit for an individual resident would be accommodated.
- Visits will be for 30 minutes.
- The resident and the visitors will have to practice social distancing, sit 6 feet apart and properly wear masks and face shields.
- Visitors will be screened upon arrival at the facility. The screening will consist of filling out a form with required information regarding the visitor's exposure to COVID and identifying information in the event of a subsequent COVID outbreak among staff and residents. Please see the form at the end of this newsletter and be prepared to answer honestly all the required information.
- Visitors will also have their temperature and oxygen level taken. No visitor will be allowed to visit with signs and symptoms consistent with COVID or who are unable to demonstrate proper use of infection control techniques.
- The visiting area will be sanitized prior to and after all visits.

PLEASE NOTE TESTING WILL BE DONE ON MONDAY, FEBRUARY 22, 2021

AND SHOULD ANYONE TEST POSITIVE, VISITING WILL CEASE!

WE WANT TO BE OPEN FOR VISITING SO WE ARE ASKING EVERYONE TO ADHERE TO ALL GUIDELINES!

We are all looking forward to the day when there are no visiting restrictions.

Other information:

For those who have furniture that needs to be moved from apartments or picked up please plan to get the furniture. Please coordinate the date and time for picking up the furniture so Morningside Center's maintenance department is available to assist.

Compassionate and end-of-life visit guidelines continue to be the same.

Thank you:

Family members and friends: We would like to thank you for working with us through these ever-changing times. Your support means so much to the staff and residents.

To the Board of Directors: I want to thank you for always being forward thinking in allowing the facility to have the equipment needed to provide for the residents.

To the staff members who have continued to show up and give 100 percent every day: You are the best and you are appreciated.

Question, suggestions, recommendations:

If you have questions, suggestions or recommendations please contact me.

Respectfully,

Joan Sweets

Joan Sweets
Administrator



VISITOR QUESTIONNAIRE REGARDING VIRUS

Date _____

Visitor Name _____ Resident you are visiting _____

City _____ State _____ Phone _____ Visitor Initials _____

1) Signs or symptoms of infection: (please circle) fever cough sore throat chills muscle pain headache
Shortness of breath / difficulty breathing new loss of taste or smell diarrhea stomach flu none

2) Current Temp _____ 3) O₂ SAT _____

4) Have you been tested for COVID-19? Yes No

If yes, when was your last test? _____

Result of test _____

5) Within the last 14 days, have you had contact with someone who has COVID-19 or is under investigation for COVID-19?

Yes No

If yes, was the contact (circle one): Direct Indirect

Please Explain:

If a visitor falls into one of the above categories, the facility may restrict them from entering the facility. A resident's risk factors for infection and current health status should be considered prior to restricting visitors. *** PLEASE FOLLOW THE GUIDELINES TO PROTECT YOURSELF AND YOUR LOVED ONES ***

Screener's Initials _____

PLEASE READ AND SIGN THE BACK OF THIS FORM

I agree to follow the core principles of COVID-19 infection prevention outlined by the Centers for Disease Control and Prevention. Visitors who do not adhere to the core *principles* will be asked to leave and will be restricted from future visits.

- 1) Face covering at all times.
- 2) Maintain 6-feet social distancing.
- 3) Hand sanitizer to be used before visit.
- 4) Screening of symptoms and potential exposure.

Signature

Date