Attachment C

Sunland Terms and Conditions for Resident Visitation

Kesia	ent's name:	Home:	
Appoi	intment date & time:		
his/he	r Legal Representative may	nts and their approved visitors is encouraged. The resident on also designate an essential caregiver who will be allowed at on. Below are the terms and conditions that must be followed to I visitation.	
	• • •	the number of visitors and anticipated length of visit) must be less otherwise approved by the Facility Superintendent or	
2.	•	n 8:00 a.m 4:30 p.m. (CST) unless otherwise approved by the lesignee.	
	Visitors shall complete a screening questionnaire prior to entering the facility. Any visitors who have active symptoms or a positive test for an infectious illness, shall not enter the facility and the visitation will be rescheduled.		
	Visitors shall receive information on and shall follow all current facility infection contro measures and personal protective equipment requirements, including proper hand hygiene wearing face coverings or masks (covering the mouth and nose) while indoors, and physica distancing at least six feet from other residents or facility staff.		
5.	The facility shall provide an	y required personal protective equipment, upon request.	
		place in a location designated by the facility.	
	•	ne visitor and resident is allowed unless the resident objects.	
9.	Visitors shall report to the re	the visit based on the resident's needs. esidential home staff any notable events that occurred to the , falls, seizures, illness, bruises, scratches, etc.).	
	e to comply with the Terms esult in suspension of the	s and Conditions for Resident Visitation. Failure to comply visitation.	
Visitor	1Name:	Signature:	
Visitor2Name:		Signature:	
Visitor3Name:		Signature:	
Visitor4Name:		Signature:	