



September 16, 2020

Dear Gianna Homes Families,

The Minnesota Department of Health (MDH) has developed Recommendations for Long-term Care Visitation and Activities: How and When to Safely Transition to the Next Level throughout the COVID-19 Pandemic. Attached you will find the Updated Visitation Letter, Updated Visitation FAQ and Essential Caregiver Acknowledgement of Risk Form.

Please complete and sign this form as well as for the Essential Caregiver, the Essential Caregiver Acknowledgement of Risk form and return it on or prior to your next visit. (You might consider making a photocopy for your records). As always you can reach out to me with any questions.

Cari Doucette  
Executive Director

I \_\_\_\_\_ (Essential Caregiver name) am the designated Essential caregiver for \_\_\_\_\_ (resident name). I have read and understood the above policies and/or memos from Gianna Homes and I am committed to helping to keep the Gianna Homes' community compliant with all state and federal regulations during this Covid19 Pandemic. I understand that every person makes a difference in how successful we are in keeping this virus at bay and our dear residents safe.

I acknowledge that my loved one lives in a community setting and thus it takes all of us to come together and work together for the common good of all residents in our care, their families and our devoted staff and their families. In this mindset I will help the Gianna Homes' communities by following all policies as outlined above and returning the outside or inside areas at Gianna Homes where I have been back to their original condition and will help by sanitizing all surfaces I may have touched during my visit. This gives me the opportunity to help our RN's and Nurses' Aides have more time to be with the residents in our care.

Printed name: \_\_\_\_\_ Relationship to Resident: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**POWER of ATTORNEY AUTHORIZATION** \_\_\_\_\_

If the Essential Caregiver is a person other than the resident's Power of Attorney please sign below that you agree to these policies and to the above listed person to be the Essential caregiver for: \_\_\_\_\_ (Resident name)

Power of Attorney Printed name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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