



706 East Alder Street • Oakland, Maryland 21550
(301)-334-2319 Fax: (301)-334-3345

WEEKLY UPDATE

October 26, 2020

Dear Residents and Families/Representatives,

Please accept this letter as our weekly update regarding the status of COVID-19 in our facility. We are happy to report that, as of today, we have no confirmed cases of COVID-19 in our facility. We continue to mass test our staff on a weekly basis, as well as screen them each time they report to work.

You may have noticed, if you have completed an indoor visit, our Facility Pledge located at the lobby entrance. The pledge acknowledges that we (family members, staff, residents and vendors) strive to protect ourselves and others from infections and illness by:

- receiving an annual flu vaccine,
- keeping rooms tidy,
- only bringing allowable items into the center,
- taking antibiotics as prescribed and only as necessary and not to pressure the doctor to prescribe antibiotics against their clinical judgement,
- asking the Infection Preventionist any questions we have,
- not visiting the facility if we feel ill,
- sneezing or coughing into our elbow or a tissue,
- asking the healthcare provider to clean their hands,
- ask for assistance with cleaning of our hands, if necessary,
- perform hand hygiene upon entering the facility and frequently during visits.

Enclosed is a copy of the pledge for your review. We ask that you sign the pledge as an indication of your acknowledgement and return it in the self-addressed stamped envelope.

Please continue to check our website for weekly updates as well as notification of new cases. As always, we will notify you if we receive confirmation of a new positive case in our facility and we will reach out to you individually if your loved one is displaying symptoms of COVID-19 or tests positive for COVID-19.

If you have any questions or concerns please contact us directly at 301-334-2319.

Sincerely,

Sheila Jones-Marino

Sheila Jones-Marino, CNHA FACHCA
Administrator

EQUAL OPPORTUNITY EMPLOYER

Resident and Family Pledge

I will strive to protect myself and others from infections and illness.

I pledge to...

- Receive my annual flu vaccine
- Help keep my (or my family member's) room tidy
- Only have or bring allowable items into my (or my family member's) room
- Take antibiotics as prescribed and only when deemed necessary by my doctor
- I will not pressure the doctor to prescribe antibiotics against their clinical judgment
- Ask the Infection Preventionist questions I have about infection prevention
- Inform my nurse when I do not feel well. As a family member, if I feel ill, I will not visit the facility
- Sneeze and cough into my elbow or a tissue
- Ask healthcare providers to clean their hands
- Ask for assistance with cleaning my hands
- Perform hand hygiene upon entering the facility and frequently during visits (family)

Acknowledgement _____ Date _____