

Essential Caregiver Designation Form

A Touch of Class Adult Care LLC · Assisted Living Facility · Port St. Lucie, FL

This form designates an Essential Caregiver for a resident of A Touch of Class Adult Care LLC ALF. By completing this form, the resident or their legal representative consents to the terms outlined below and acknowledges all applicable facility policies and infection control procedures.

SECTION 1 — CAREGIVER DESIGNATION

I,

Resident / Legal Representative — Full Name

hereby designate:

Essential Caregiver — Full Name

Relationship to Resident

Essential Caregiver Phone Number

as Essential Caregiver for:

Resident Full Name

Resident Room / Unit

Date of Designation

SECTION 2 — TERMS OF DESIGNATION

In making this designation, I consent to and understand the following:

1. Visits by essential caregivers are subject to A Touch of Class Adult Care LLC's policies and procedures and the facility's ability to screen visitors and monitor visits.
2. All essential caregiver visits may be scheduled based on current facility conditions and will be set for a minimum of 2 hours daily.
3. Visits are limited to one visitor at a time and to designated areas only. Please speak with the Administrator regarding possible exceptions for end-of-life situations.
4. The resident retains the ability to object to a visit at any time, including in the following circumstances: end-of-life situations; transitions from home to facility care; major medical decision-making; emotional distress or grief; need for cueing or encouragement to eat or drink; or significant withdrawal from social interaction.
5. Essential caregivers must follow all infection control and education policies and procedures. Compliance requirements will not exceed those for staff, and proof of vaccination will never be required.
6. Essential caregivers must sign an acknowledgment of completion of required training and adherence to all infection prevention and control policies.

7. Visits may be suspended for failure to follow infection prevention and control requirements or other related facility rules. In such cases, the resident or their legal representative may designate a new essential caregiver.

SECTION 3 — SIGNATURES

Resident or Legal Representative — Signature

Date

Resident or Legal Representative — Printed Name

Date

Essential Caregiver — Signature

Date

Essential Caregiver — Printed Name

Date

Facility Representative — Signature

Date

Facility Representative — Printed Name

Date