VISITATION POLICY – FLORIDA

Policy: The policy of this facility ensures that the resident has appropriate access to visitors of his/her choosing at the time of his/her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. The resident has the right to interact with members of the community and participate in community activities both inside and outside of the facility.

Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with 42 CFR §483.10(f)(4)(v). A nursing home must facilitate in-person visitation consistent with applicable State and Federal guidelines.

Responsible: Administration/Designee

Procedure: The facility will provide access to any resident of these individuals:

a. Immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time;

b. Others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time;

c. Any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.

Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices of infection control that reduce the risk of transmission. Each facility's administrator is responsible for ensuring the following measures are in place and that staff adhere to this policy.

Core Principles of Infection Control Program

A. Screening of all staff, providers, and authorized vendors who provide direct care to our residents who enter the facility for signs and symptoms of an infectious and transmittable infection. This is noted on facility postings of possible signs and symptoms. Entry may be denied for those with signs or symptoms of a contagious infection (regardless of the visitor's vaccination status) if the visitor refuses to comply with CORE principles.

B. Hand hygiene (use of alcohol-based hand rub is preferred).

C. Face covering or mask (covering mouth and nose) worn by individuals providing direct care for our residents who are on transmission-based precautions.

D. Social distancing of at least six (6) feet between persons on transmission-based precautions is encouraged (residents may allow consensual physical contact with their visitors, e.g., allow to come close to them and to touch them).

E. Instructional signage and visitor education handouts on illness signs and symptoms and infection control practices is available for visitors.

F. Cleaning and disinfecting of high-frequency touched surfaces in the facility often.

G. Appropriate staff use of Personal Protective Equipment (PPE) (e.g., for those on transmission-based precautions).

H. Effective cohorting of residents (e.g., those requiring transmission-based precautions).

I. Resident and staff testing conducted as required at 42 CFR §483.80(h).

J. The risk of transmission can be further reduced using social distancing.

K. Screening, Personal Protective Equipment (PPE), and education on its use is available for visitors by the infection preventionist or designee.

L. The facility will not place any restriction on the length of time of the visit or the number of guests visiting.

M. The facility allows for in-person visitation in all circumstances including the following, unless the resident objects or denies visitation:

1. End-of-Life situations.
2. A resident who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support.
3. The resident is making on or more major medical decisions.
4. The resident is experiencing emotional distress or grieving the loss of a friend or close family who recently passed away.
5. A resident needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
6. A resident who used to talk and interact with others is seldom speaking.
7. A resident may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The essential caregiver is allowed in-person visitation for at least 2 hours daily in addition to any other visitation authorized by the provider. The essential caregiver is not required to provide any care to the resident.

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of Infection Control, outdoor visitation is preferred. Facility should consider the residents condition, inclement weather, family preference, and/or other environmental concerns which may require indoor visitation.

Outdoor visits generally pose a lower risk of transmissions due to increased space and airflow. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

Indoor Visitation
Facilities should allow indoor visitation at all times and for all residents, but visitors should physically distance themselves when appropriate from other residents and staff in the facility. For residents who share a room, social distancing should be observed. Visiting outside of the shared room is encouraged when possible.

Visitation During a Communicable Disease Outbreak:
An outbreak exists when a new nursing home onset of an infectious illness with transmittable potential occurs. The facility will initiate contact tracing, post signage and education for visitors. Visitors should be notified about the potential for exposure in the facility and adhere to the core principles of infection prevention, including effective hand hygiene and social distancing, and appropriate use of source control

The facility may need to modify its visitation practices when there are infectious outbreaks or pandemics to align with current CMS guidance and CDC guidelines that enable maximum visitation, such as by:

• Restrictions placed to prevent community-associated infection or communicable disease transmission to one or more residents. A resident's risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors. Consensual physical contact should be allowed between a resident and a visitor. Appropriate PPE for source control should be discussed with the resident and any visitors.

• Offering options for outdoor or virtual visitation or indoor designated visitation areas.

• Providing education and instructions for infection prevention, i.e., hand hygiene, cough etiquette, etc.

• Ensuring access to hand hygiene supplies and any other PPE required.

• Taking other actions that would allow visitation to continue to occur safely despite the presence of a contagious infection.

• Contact the local health authorities for guidance or direction on how to structure the visitation to reduce the risk of communicable disease transmission during an outbreak.

• During an infectious disease outbreak, while not recommended, residents who are on transmission-based precautions (TBP) can still receive visitors. In these cases, before visiting residents who are on TBP, visitors should be made aware of the potential risk of visiting and the precautions necessary in order to visit the resident. Visitors are encouraged to adhere to the principles of infection prevention. Education and infection control practice recommendations such as required personal protection equipment will be posted and handouts available for

visitors. These postings will also cover any screening questions/symptoms relevant to any infectious diseases. The vaccination or immunization status of visitors is irrelevant regarding visitation.

Visitor Vaccination
Visitors are not required to be tested or show proof of vaccination as a condition of visitation.

Federal Disability Rights Laws and Protection and Advocacy (P&A) Programs
CMS regulation 42 CFR §483.10(f)(4)(i)(E) and (F) requires the facility to allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and the designated agency or entity responsible for the protection and advocacy (P&A)system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000). Under its federal authorities, representatives of P&A programs are permitted access to all facility residents, which includes "the opportunity to meet and communicate privately with such individuals regularly, both formally and informally by telephone, mail and in person. This includes qualified interpreters that are necessary for communication with the resident. All individuals would be required to adhere to the core principles of infection prevention and control.

Entry of Healthcare Workers and Other Providers of Services
Healthcare workers who are not employees of the facility, but provide direct care to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to showing signs or symptoms of an infectious illness.

EMS are not required to be screened, so they can attend to any emergency without delay. All facility staff, including individuals providing services under contract or arrangement, as well as volunteers, should adhere to the core principles of infection prevention.

Communal Activities and Dining
Communal activities and dining may occur while adhering to the core principles of infection prevention. Residents on transmission-based precautions may eat in the same room as other residents with social distancing among residents (e.g., a limited number of people at each table and with at least six feet between each person). Group activities may be facilitated for residents on transmission-based precautions with social distancing among residents, source control if able and appropriate hand hygiene.

Survey Considerations
Federal and state surveyors are not required to be vaccinated and must be permitted entry. Surveyors should also adhere to the core principles of infection prevention .

Guidance:

The facility may have reasonable clinical and safety restrictions such as policies, procedures or practices that are intended to protect the health and security of the facility residents and staff. These may include, but are not limited to:

• Resident's family members are not subject to visiting hour limitations or other restrictions not imposed by the resident, with the exception of reasonable clinical and safety restrictions, consistent with §483.10(f)(4)(v), placed by the facility based on recommendations of CMS, CDC, or the local health department. With the consent of the resident, facilities must provide 24-hour access to other non-relative visitors, subject to reasonable clinical and safety restrictions.

• Visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life.

• In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication), or according to CDC guidelines, and/or local health department recommendations.

• Keeping the facility locked or secured at night with a system in place for allowing visitors approved by the resident;

• Denying access or providing limited and supervised access to an individual if that individual is suspected of abusing, exploiting, or coercing a resident until an investigation into the allegation has been completed or has been found to be abusing, exploiting, or coercing a resident;

• Denying access to individuals who have been found to have been committing criminal acts such as theft;

• Denying access to individuals who are inebriated or disruptive; or

• Denying access or providing supervised visitation to individuals who have a history of bringing illegal substances into the facility which places residents' health and safety at risk.

• For purposes of this regulation, immediate family is not restricted to individuals united by blood, adoptive, or marital ties, or a State's common law equivalent. It is important to understand that there are many types of families, each of which being equally viable as a supportive, caring unit.

• Residents have the right to define their family.

• Resident's family members are not subject to visiting hour limitations or other restrictions not imposed by the resident, except for reasonable clinical and safety restrictions. There is no set

time length for a visit, however, any overnight stays will need to be discussed with the Administrator.

• Visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life.

• There is no set limit on number of visitors, unless during time of infectious disease concerns, such as a pandemic with restrictions such as a roommate, then efforts will be made to provide a private space for visitation.

• If familial visitation rights infringe upon the rights of other residents, facility staff must find a location other than a resident's room for visits. For example, if a resident's family visits in the late evening when the resident's roommate is asleep, then the visit should take place somewhere other than their shared room so that the roommate is not disturbed.

• Individuals who provide health, social, legal, or other services to the resident have the right of reasonable access to the resident. Facility staff must provide space and privacy for such visits.

Visitation and Illegal Substance Use:

• The facility staff may identify signs, symptoms, and triggers of possible illegal substance use such as changes in resident behavior, particularly after interaction with visitors or leaves of absence, increased unexplained drowsiness, lack of coordination, slurred speech, mood changes, and/or loss of consciousness, etc. Following such occurrences, this may include asking residents who appear to have used an illegal substance (e.g., cocaine, hallucinogens, heroin), whether they possess or have used an illegal substance.

• If the facility determines illegal substances have been brought into the facility by a visitor, the facility should not act as an arm of law enforcement. Rather, in accordance with state laws, these cases may warrant a referral to local law enforcement. To protect the health and safety of residents, facilities may need to provide additional monitoring and supervision. Additionally, facility staff should not conduct searches of a resident or their personal belongings, unless the resident or resident representative agrees to a voluntary search and understands the reason for the search.

References:

AHCA Operational Updates: Hospitals, and Long Term Care Facilities dated 9/20/2022.
CDC Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes @ https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-riskassesment-hcp.html
Florida Statute 408.823 (1-2)