

Policy: Interim Visitation Guidelines

Responsibility: Direct: Program Director and DSPS

Consultative: Executive Director and Designated Management Consultant Staff

Residents may choose and will be encouraged to have family and friends visit frequently and to take residents home overnight unless contraindicated by the attending physician or safety-related policies. Regular visiting hours will be established, and a visitor sign in procedure will be adopted. Steps will be taken to protect the privacy and rights of other residents.

The facility must follow state and federal recommendations, industry best practices and CDC guidelines for visitation, infection prevention, and the screening and triage of everyone entering a facility for signs and symptoms of COVID-19.

Purpose:

- 1) To ensure residents' choice of visitors, and their right to privacy for family and friends.
- 2) Provide interim visitation guidelines for our residents in compliance with all current government regulations regarding visitation and provide a safe environment.

Standards: The facility shall establish procedures and guidelines for consumers to have visitors at the ICFs. SB 988, No Patient Left Alone Act.

CMS Memo QSO-20-39-NH revised 3/10/22

Agency for Health Care Administration Re-Opening of Long-Term Care Facilities Emergency Order 21-001 Questions & Answers, March 29,2021

CMS Memo QSO-21-14-ICF/IID & PRTF <https://www.cms.gov/files/document/qso-21-14-icf-iid-prtf.pdf>

https://ahca.myflorida.com/docs/Final_FAQ_Document_March_29_2021.pdf

Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#Visitation>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Definitions:

1. **AHCA** –Agency for Health Care Administration
2. **CDC** - Centers for Disease Control and Prevention
3. **Compassionate Care Visitors** - Visitors who provide emotional support to help a resident deal with a difficult transition or loss, upsetting event, or end-of-life. Examples may include:

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
 - A resident who is grieving after a friend or family member recently passed away.
 - A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
 - A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past)
4. **DSPS** – Direct Support Professional Supervisor
 5. **FDA** – U.S. Food and Drug Administration
 6. **Fever** - Temperature of 100.0 °F or higher or report feeling feverish
 7. **Outbreak** – An outbreak exists when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff).
 8. **P&A** - Protection & Advocacy
 9. **PPE** – Personal Protective Equipment
 10. **TBP** - Transmission-Based Precautions
 11. **Up-to-Date with COVID-19 vaccine doses** – Have received all COVID-19 vaccines doses as recommended by the CDC, including booster dose(s) when eligible. Refer to <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

Procedures:

1. Administration of the policy
 - a. The Program Director is responsible for oversight of this policy.
 - b. The facility has designated the DSPS to oversee that daily visitation policies and procedures are followed by staff.
 - c. All staff are responsible for ensuring that visitation policies are followed by residents and visitors.
2. The facility will develop a visitation plan in compliance with local, state, federal and CDC guidelines. This plan will be communicated to staff, residents, family and guardians and all other visitors. The plan will establish a process to allow visitation at all times for all residents under existing regulations, while promoting core principles of infection prevention.
3. Family, visitors and guests may park in any designated parking area except near fire hydrants, or in areas designated for handicapped parking without proper disabled parking permit or

sticker. Visitors may not park in the carport or driveway except when transporting resident or delivering goods to a resident.

4. Visitation may be conducted through different means based on the facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors with adequate environmental control, and for circumstances beyond compassionate care situations. Virtual visits will also be supported.
5. Visitations will be person-centered, taking into account resident and family/visitor needs and privacy will be provided. Consensual physical contact between residents and their visitors/loved ones is allowed.
6. Unless contraindicated by resident choice, parents, close relatives, legal guardians or guardian advocates will be permitted to visit at any hour and without prior notice. All family/guardians are encouraged to call in advance to make sure the resident will be at home. Visitations are encouraged from 8:00 a.m. to 8:00 p.m. seven days a week so as not to disturb other residents who may be sleeping.
7. Essential Caregivers
 - a. A resident may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver.
 - b. An essential caregiver is not required to provide necessary care to a resident, and will not be required to provide such care.
 - a. The facility will allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation allowed.
8. The facility will allow in-person visitation in all of the following circumstances, unless the resident, objects:
 - End-of-life situations.
 - 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.
 - A resident is making one or more major medical decisions.
 - A resident is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
 - A resident needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
 - A resident who used to talk and interact with others is seldom speaking.
 - For hospitals, childbirth, including labor and delivery.
 - Pediatric patients
9. All other visitors and guests must contact the Program Director or his/her designee to arrange visits. CFC (i.e. Executive Director, Quality Assurance staff) may visit unannounced at any time to conduct business. CFC staff do not have to make contact with DSPS nor do they need to sign

the visitors' logs, but must comply with any screenings or restrictions that are required of facility staff and visitors.

10. All visitors and guests are required to check in with the DSPS and to sign the visitor's log. The DSPS will be responsible for the signing-in procedure of all visitors onto Visitation Log Form SP-30 (sample attached). Visitor logs will be kept in a clearly marked binder in the DSPS office. Completed forms will be maintained by the Social Worker.
11. The visitor's log or sign-in book will contain a conspicuous statement notifying the visitor that by entering the premises, they have given informed consent to video (not audio) monitoring. Refer to facility policy on video monitoring (ICF B-23).
12. The facility will follow the core principles of COVID-19 infection prevention.
 - a. Screening of all who enter the facility for signs, symptoms, and risks of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms);
 - b. Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine will be denied entry to the facility until they meet the criteria used for residents to discontinue transmission-based precautions (quarantine);
 - c. Visitors will not be required to provide proof of vaccination or immunization status;
 - d. Hand hygiene (use of alcohol-based hand rub is preferred);
 - e. Face covering or mask (covering mouth and nose) and physical distancing at least six feet between persons according to CDC guidelines;
 - f. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene);
 - g. Cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit;
 - h. Appropriate staff use of Personal Protective Equipment (PPE);
 - i. Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care); and
 - j. Resident and staff testing conducted as required (QSO-20-38-NH).
13. The facility may choose to have visitors sign that they agree to the facility policy and procedures.
14. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention will not be permitted to visit or will be asked to leave. The facility may choose to have visitors sign that they agree to the facility policy and procedures.
15. Visitation may be restricted based on reasonable clinical and safety restrictions and the Resident's right to deny consent at any time.

- a. These restrictions and any other restrictions based on safety, will not be more stringent than requirements for staff.
 - b. Visitors with signs and symptoms of a communicable disease or symptoms of an Influenza-like illness or COVID-19 will be informed of facility Infection control and prevention policies.
 - c. Visitors with signs and symptoms of a transmissible infection such as a fever or Influenza-like illness or COVID-19 will be restricted from visitation until they are no longer infectious, 24 hours after resolution of fever without any antipyretic medications (Influenza), or as recommended by the CDC or DOH. Exceptions will be made for certain circumstances such as end of life situations.
 - d. Visitors not abiding by facility policies, after re-education may be restricted from visiting. This includes the prohibition of smoking on campus grounds.
 - e. The Director of Nursing and Medical Director may provide guidance on the clinical reason for visitation restriction. This restriction will be documented in the Resident's record.
 - f. Once a clinical or safety restriction is no longer a concern, the Director of Nursing or designee will promptly review and remove the visitation restriction, if appropriate.
16. Refer to facility policies regarding Infection Prevention and Control (i. e. NE-3, NE-4, CFC RM E-2, RM B-21).

17. Outdoor visitation

- k. Outdoor visitation is preferred when the resident and/or visitor are ***not*** up-to-date with COVID-19 vaccine doses.
- l. Existing infection prevention and control measures apply indoors and outdoors. Refer to Interim Public Health Recommendations for Fully Vaccinated People at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>.
- m. Environmental considerations, in addition to the residents' health status will be considered. It is understood that weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status, quarantine status) may hinder outdoor visits.

18. Indoor visitation

- a. The facility will allow indoor visitation at all times and for all residents as permitted under regulations (regardless of vaccination status).
- b. While there is no limit on the number of visitors that a resident can have at one time, visits will be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.
- c. The facility will ensure that physical distancing can still be maintained during peak times of visitation (e.g., lunch time, after business hours, etc.).
- d. Large gatherings (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained will be avoided.

- e. Visitor movement will be limited; walking directly to the resident's room or designated visitation area.
- f. Visitors, regardless of vaccination status should physically distance from other residents and staff in the facility.
- g. Visits for residents who share a room should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, and the roommate is not up-to-date with all recommended COVID-19 vaccines doses or immunocompromised, regardless of vaccination status, the facility will attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
- h. Level of County COVID-19 Transmission
 - i. If the facility's COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance at all times.
 - ii. If the facility's COVID-19 community level of transmission is low to moderate, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are not up-to-date with all recommended COVID-19 vaccine doses.
- i. Residents, regardless of vaccination status, can choose not to wear face coverings or masks when other residents are not present and have close contact (including touch) with their visitor.
- j. Residents (or their representative) and their visitors, who are not up-to-date with all recommended COVID-19 vaccine doses, should be advised of the risks of physical contact prior to the visit.
- k. Visitors should wear face coverings or masks and physically distance when around other residents or healthcare personnel, regardless of vaccination status.
- l. Residents not up-to-date with all recommended COVID-19 vaccine doses may also choose to have physical touch based on their preferences and needs, such as with support persons for individuals with disabilities and visitors participating in certain religious practices, including in end-of-life situations. In these situations, a resident who is not up-to-date with all recommended COVID-19 vaccine doses (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit.
- m. Transmission-Based Precautions (TBP) - While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention. The facility may offer a well-fitting facemask or other appropriate PPE, if available.

19. Indoor Visitation During an Outbreak

- a. The facility will adhere to regulations and guidance for COVID-19 testing, including routine testing of staff who are not up-to-date with all recommended COVID-19 vaccine doses, testing of individuals with symptoms, and outbreak testing.
- b. When a new case of COVID-19 among residents or staff is identified, outbreak investigation and testing will begin according to CDC guidelines.
- c. The local health department may be consulted for guidance.
- d. Visitation can still occur, but visitors shall be made aware of the potential risks of visiting during an outbreak investigation and to adhere to core principles of infection prevention.
 - i. Visitors should wear face coverings or masks during visits regardless of vaccination status
 - ii. Visits should ideally occur in the resident's room

20. Visitor Testing and Vaccination

- a. While not mandatory, visitor testing and vaccination will be encouraged.
- b. During substantial or high levels of county transmission levels, the facility will attempt, if resources are available, to offer testing to visitors and/or encourage they be tested on their own before coming to the facility (e.g. 2-3 days before).
- c. The facility will provide visitors education of COVID-19 vaccination and encourage vaccination. While vaccination is not mandatory, anyone unvaccinated or declining to disclose their vaccination status will be required to wear a face covering or face mask at all times.

21. Compassionate Care Visits

- a. Compassionate care visits will be allowed at all times.

22. Entry of Healthcare Workers and Other Providers of Services

- a. Health care 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, and those educating and assisting residents with transitions in the community etc., will be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened.
- b. EMS personnel do not need to be screened.

23. Federal Disability Rights Laws and Protection & Advocacy (P&A) Programs

- a. The facility will allow resident access to any representative of the protection and advocacy systems.
- b. Visits required under federal disability rights law, will be allowed at all times and the facility will comply with federal disability rights.
- c. If the P&A representative is planning to visit a resident who is in TBP or quarantine, or resident who is not up-to-date with all recommended COVID-19 vaccine doses, in a county where the level of community transmission is substantial or high in the past 7 days, the resident and P&A representative should be made aware of the potential risk of visiting and the visit should take place in the resident's room.
- d. If a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility will allow the individual entry into the facility to interpret or facilitate, as long as they meet screening criteria and adhere to core infection prevention practices.

24. Communal Activities, Dining and Resident Outings

- a. While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. The safest approach will be encouraged, which is to wear a face mask or covering while in communal areas of the facility regardless of vaccination status.
- b. Residents have the right to leave the facility as they choose.
- c. Should a resident choose to leave, the facility will remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene, and to encourage those around them to do the same.
- d. Upon the resident's return, the facility may take the following actions:
 - iii. If the resident or family member reports possible close contact to an individual with COVID-19 while outside of the facility, test the resident for COVID-19, regardless of vaccination status. Place the resident on quarantine if the resident is not up-to-date with recommended COVID-19 doses. If the resident develops signs or symptoms of COVID-19 after the outing, test the resident for COVID-19 and place the resident on Transmission-Based Precautions, regardless of vaccination status.
 - iv. The facility may test residents who are not up-to-date with recommended COVID-19 vaccine doses, without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.
 - v. The facility may quarantine residents who are not up-to-date with recommended COVID-19 vaccine doses, and who leave the

facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended infection prevention measures.

- vi. Monitor residents for signs and symptoms of COVID-19 daily.
- e. Residents who leave the facility for 24 hours or longer should generally be managed as a new admission or readmission, as recommended by the CDC's "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes." <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>.

****Note that there are exceptions to quarantine, including for residents who are up-to-date with recommended COVID-19 vaccine doses**

25. Barbers and beauty salons may resume services to residents as long as they meet facility criteria and follow proper precautions.

26. Policy access:

- a. The facility shall provide their visitation policies and procedures to the AHCA when applying for initial licensure, licensure renewal, or change of ownership, and The provider make the it available to the AHCA for review at any time, upon request
- b. This policy will be posted in the facility and on the facility's website homepage on as required by regulations.

27. Exception - Infection prevention and control practices should be followed and PPE should be worn according to CDC guidelines. Visits should be monitored for compliance.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#Visitation>. Refer to AHCA's FAQs on visitation.

Central Florida Communities, Inc.

Visitation Acknowledgement

By signing below, I agree to the following regarding visitation to the facility:

1. I have been provided a copy of the facility's visitation policy regarding COVID-19.
2. As a compassionate/essential care visitor, I have participated in facility-provided training on infection prevention and control, use of PPE, use of masks, hand sanitation, and social distancing, and will adhere to the facility's infection prevention and control policies.
3. As a general visitor, I have participated in training on the facility's visitation and infection control policies and will adhere to the facility's infection prevention and control policies.
4. I understand that if I should have any questions about infection control, I should contact the Infection Preventionist or Director of Nursing.
5. I agree to comply with the facility's policy on visitation and will sign in and out when visiting
6. I agree to immediately inform the facility if I develop a fever or symptoms consistent with COVID-19, or test positive for COVID-19 within fourteen (14) days of a visit to the facility.
7. I will wear a mask while in the facility as required and comply with infection prevention measures such as hand hygiene, wearing of PPE, social distancing and visiting only in designated areas.
8. I understand that visitation may be prohibited in most situations if the resident is quarantined for COVID-19 and not recovered or symptomatic for COVID-19. Risks will be discussed.
9. I understand that I must comply with screening procedures and other requirements of this policy. Non-compliance will be addressed with education. After attempts to mitigate concerns, the facility reserves the right to restrict or revoke visitation to visitors who fail to follow infection prevention and control requirements or other COVID-19-related rules of the facility.

Printed Name: _____ Signature: _____ Date: _____

Central Florida Group Homes, L.L.C.

Visitation Acknowledgement

By signing below, I agree to the following regarding visitation to the group home:

1. I have been provided a copy of Central Florida Group Homes' (CFGH) visitation policy regarding COVID-19.
2. As a compassionate/essential care visitor, I have participated in CFGH's training on infection prevention and control, use of PPE, use of masks, hand sanitation, and social distancing, and will adhere to the facility's infection prevention and control policies.
3. As a general visitor, I have participated in training on CFGH's visitation and infection control policies and will adhere to their infection prevention and control policies.
4. I understand that if I should have any questions about infection control, I should contact the Program Director or Lead Nurse.
5. I agree to comply with CFGH's policy on visitation and will sign in and out when visiting.
6. I agree to immediately inform CFGH if I develop a fever or symptoms consistent with COVID-19, or test positive for COVID-19 within fourteen (14) days of a visit to the facility.
7. I will wear a mask while in the home as required and comply with infection prevention measures such as hand hygiene, wearing of PPE, social distancing and visiting only in designated areas.
8. I understand that visitation may be prohibited in most situations if the resident is quarantined for COVID-19 and not recovered or symptomatic for COVID-19. Risks will be discussed.
9. I understand that I must comply with screening procedures and other requirements of this policy. Non-compliance will be addressed with education. After attempts to mitigate concerns, CFGH reserves the right to restrict or revoke visitation to visitors who fail to follow infection prevention and control requirements or other COVID-19-related rules of the group home.

Printed Name: _____ Signature: _____ Date: _____