

PORT ORANGE ASSISTED LIVING FACILITY 1111 Buttermilk Lane, Port Orange, Florida 32129

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VISITATION POLICY AND PROCEDURES

PURPOSE:

In-Person Visitation bill has been signed into law, creating Chapter 408.823, which is subject "In-person visitation." This policy and these and procedures are intended to serve as a sample for assisted living facilities to comply with the regulations set forth in Chapter 408.823, Florida Statutes. A resident may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver.

EXHIBITS:

A: IN-PERSON VISITATION Policy and Procedures B: Resident Essential Caregiver Designation Form

C: Essential Caregiver Acceptance Form

A. Policy and Procedures

POLICY:

Under general circumstances, visitation is completely open 7 days a week from 9am-9pm without restrictions for length of visits, number of visitors, and appropriate physical contact. The facility will maintain the requirements of sign in/check in, hand hygiene and screening for: temperature, symptoms of Covid-19 or other illness or any type of communicable diseases, or recent exposure to Covid-19. If the facility is undergoing a Covid-19 outbreak, or the local county is experiencing a surge, in-door visitation may temporarily be adjusted with the following procedures to be followed to identify Essential Caregivers for residents and the expectations. These procedures will be administered equally to all residents that request to have an essential caregiver, without regard to race, color, religion, sex (including gender identity and transgender status), age, national origin, disability, or veteran status. Essential caregiver visitors provide emotional support to help a resident deal with a difficult transition or loss, upsetting event, making major medical decisions, needs cueing to eat and drink, stops speaking, or endof-life. Essential caregiver visitors may be allowed entry into facilities on a limited basis for these specific purposes. The provider must allow at a minimum in-person visitation for at least 2-hours daily under these circumstances. At the facility, the 2-hour visitation will be between 9:00 a.m. - 9:00 p.m. The facility may make exceptions to the 2-hour visitation on a case-bycase basis for end-of-life residents. These exceptions will be discussed and agreed upon in writing by the facility's designee and the resident's responsible party.

PROCEDURES:

I. General Visitation:

- **1.** All guests must check in and sign in at the front desk, be properly screened for any signs and symptoms of any communicable diseases such as <u>covid-19</u>, <u>monkey pox</u>, <u>chicken pox to name a few and many more contagious diseases</u>.
- **2.** All guests must conduct proper hand hygiene and follow general infection control standards for education purposes.
- **3.** A copy of the infection control policy will be available for all guests to review.
- **4.** The facility may require all guests to wear a proper PPE including a facial covering if the county is experiencing a surge or the facility is experiencing an outbreak.
- **5.** Facility Director is to ensure staff and visitors adhere to policies and procedures.

II. For Designation and Utilization of Essential Caregiver Visitors.

- **1.** The facility will provide the Agency for Health Care Administration (AHCA) with a copy of the facility's essential caregiver visitor's policy and procedure, with the initial licensure application, renewal application and/or change of ownership application.
- **2.** The facility's essential caregiver visitor's policy and procedure is available on homepage of www.portorangealf.com.
- **3.** The Administrator will designate the floor supervisor or Facility Director as key staff to support infection prevention and control training.
- **4.** The facility will set a limit on the total number of visitors allowed in the facility at any given time based on the ability of staff to safely screen and monitor and the space to accommodate the essential caregiver visitors:
 - a. Identify locations for visitation/care to occur planning for residents in shared spaces and facilities with minimal common space to identify maximum time availability.
 - b. Provide outdoor visitation spaces that are protected from weather elements, such
 as porches, courtyards, patios, or other covered areas that are protected from heat and sun,
 with cooling devices, if needed
 - c. Create indoor visitation spaces for residents in a room that is not accessible by other residents
 or in a resident's private room if the resident is bedbound and for health reasons cannot leave his
 or her room
- **5.** All residents and/or POA/Guardian if appropriate will be asked if they want to identify an Essential Caregiver.
- **6**. All new residents will be asked if they would like to identify an Essential Caregiver upon move-in.
- **7.** All residents will be allowed to update as requested the named Essential Caregiver of record within 2 business days of request.

- **8.** Residents are allowed in-person visitation in all the following circumstances, unless the resident, client, or patient objects:
 - a. End-of-life situations.
 - b) A resident, client, or patient 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.
 - c) The resident, client, or patient is making one or more major medical decisions.
 - d) A resident, client, or patient is experiencing emotional
 - distress or grieving the loss of a friend or family member who recently died.
 - e) A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
 - f) A resident, client, or patient who used to talk and interact with others is seldom speaking.
- 9. Maintain a visitor log for signing in and out.
- **10.** No more than one essential caregiver visitor may be designated per resident.
- **11.** The policy need NOT prohibit essential caregiver visitor visits, if the specific resident to be visited is quarantined, tested positive, or showing symptoms of a communicable disease. Visits in these circumstances will likely require a higher level of PPE than standard surgical masks. The general visitation requirement that the facility has no new facility-onset cases of a communicable disease (for example COVID-19) is not applicable to visitation by essential caregiver visitors.
- **12.** The facility is not required to provide for "facility-provided" COVID-19 testing if, and only if, it is based on the most recent CDC and FDA guidance. The cost of this testing cannot be passed on to the visitor. No health care facility in Florida may require a vaccine as a condition to visitation and must allow for consensual physical contact between patients and their loved ones.
- **13.** Essential caregiver visitors must wear Personal Protective Equipment (PPE) per facility's Infection Control Policies. The PPE required must be consistent with the most recent CDC guidance for healthcare workers. At the facility the essential caregiver visitors shall wear the same PPE that staff wear to provide care or services to the resident.
- **14.** Any changes to the facility's essential caregiver visitor policies must be promptly communicated to affected residents and essential caregiver visitors.

III. <u>To facilitate visits by Essential caregiver visitors upon a request from a resident or friend/family member:</u>

- 1. The resident (or their representative) will read and sign the policy and procedures. The acknowledgement of the signature represents that the essential caregiver visitor will abide by the policies set forth in this document.
- **2.** The essential caregiver visitor will complete training on the facility's infection prevention and control including the use of PPE, use of masks, hand sanitation, and social distancing.
- **3.** The essential caregiver visitor must immediately inform the facility if they develop symptoms consistent with a communicable disease within 24-hours of their last visit at the facility.
- **4.** Essential caregiver visits may take place in the resident's room or a designated area determined by the facility at the time the visitation scheduled is developed and agreed upon.

IV. When an essential caregiver visitor is scheduled to visit, the facility will:

- 1. The facility will thoroughly screen the visitor per the facility's infection control policy and procedure and document the name of the individual, the date and time of entry, and the screening mechanism used, along with the screening employee's name and signature. Just as with staff entering the building, if the visitor fails the screening, the visitor CANNOT be allowed entry.
- **2.** The facility will ensure that the required consents, and training and policy acknowledgements are in place.
- **3.** The facility will ensure that the caregiver visitor has appropriate PPE if applicable.
- 4. The facility will require the essential caregiver visitor to sign in and out on the visitor log.
- **5.** The facility will monitor the essential caregiver visitor's adherence to policies and procedures.
- **6.** If the essential caregiver visitor fails to follow the facility's infection prevention and control requirements, after attempts to mitigate concerns, the facility shall restrict or revoke visitation.
- **7.** In the event the essential caregiver visitor's status is revoked due to the individual not following the facility's policy and procedures, the resident may select a different essential caregiver visitor who will be granted visitation rights upon proper vetting and agreeing to policies and procedures.

If you or your loved one have been met with resistance from a hospital, hospice, or long-term care facility, when attempting to visit with loved ones, you may file a complaint with the Agency for further review and action.

Submitting this complaint online may assist the Agency in expediting review with the goal of swift resolution. If you prefer to make this complaint via phone, the Agency has established a dedicated phone line for visitation related complaints **888-775-6055**. A link to the complaint portal is found below:

https://apps.ahca.myflorida.com/hcfc/

B. <u>Essential Caregivers Designation</u>

Date signed:_____

I, designatecaregiver for	as essential
In making this designation, I consent and understand	
• Visits by essential caregivers are subject to the facility's visitors and monitor visits.	policies and procedures and ability to screen
• All essential caregiver visits may be scheduled, based or set for a minimum of 2 hours daily.	current facility conditions and are at will be
• Limited to one visitor at a time, and are limited to designate Administrator regarding possible exceptions for end-of-life	
 The facility has the ability to object to a visit at any time, of a facility has the ability to object to a visit at any time, of a facility and a	amily before being admitted to the provider's nd lack of in-person family support. nore major medical decisions. cional distress or grieving the loss of a friend or ouragement to eat or drink which was er.
• Essential caregivers will need to follow the facility's infect procedures and agree to such. At no time will they be more require to submit proof of vaccination.	
• Essential caregivers must sign an acknowledgement of c to infection prevention and control policies.	ompletion of required trainings and adherence
• Visits by a specific essential caregiver may be suspended control requirements or other related rules of the facility. At representative can designate a new essential caregiver.	
Resident or legal representative signature: Date signed:	
Facility Representative signature:	

C. <u>Essential Caregivers Acknowledgement</u>

l,	_accept the designation as an essential caregiver for the resident

I understand that:

- My visits as an essential caregiver are subject to infection control and education policies and procedures. I acknowledge receiving the policies and procedures and agree to abide by them at all times.
- My visits as an essential caregiver may be scheduled, and may be no less than two hours per day.
- Essential caregiver visits cannot occur if the resident personally objects/declines your visit no matter the circumstance per 408.823 of F.S. "(c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects:
 - 1. End-of-life situations.
- 2. A resident, client, or patient 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, client, or patient is making one or more major medical decisions.
- 4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
- 5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
 - 6. A representative to talk and interact with others is seldom speaking."
- When visiting, as an essential caregiver, I will utilize personal protective equipment (PPE) as determined by facility policies and procedures related to current facility status and any current medical condition.
- I acknowledge having received training on infection prevention and control, use of PPE, use of masks, hand sanitation, and social distancing. I am satisfied with the training provided and do not have any questions regarding any of these topics.
- I acknowledge my obligation and agree to immediately notify the facility if I experience symptoms of a respiratory infection, cough, fever, shortness of breath or difficulty breathing, congestion or runny nose, sore throat, chills, headache, muscle pain, repeated shaking with chills, new loss of taste or smell, nausea or vomiting, diarrhea, **symptoms possibly related to a contagious infection**, or if I test positive for COVID-19 within fourteen (14) days of a visit.
- Visits by essential caregivers may be restricted or revoked for failure to follow infection prevention and control procedures of the facility.

Designated Essential Caregiver name:			
Designated Essential Caregiver signature:		_Date signed:	
Facility Representative name:			
Facility Representative signature:	_Date signed:		