Panorama Living

an Assisted Living Facility

VISITATION POLICIES AND PROCEDURES "No Patient Left Alone Act".

- 1. Screening: All visitors shall fill-out the Visitor Screening Form
- 2. PPE: For the safety of the residents, visitors are highly encouraged to wear mask or face covers
- 3. Infection Prevention Strategies & Healthcare Visitors:

Hand hygiene remains the cornerstone of infection prevention and has been well-demonstrated to reduce organism transmission between individuals, thereby protecting both patients and visitors in healthcare settings. Hand hygiene should be practiced before and after any visitor—patient contact. The use of alcohol-based hand rub has been generally accepted as an appropriate means of hand hygiene in most healthcare settings, excluding situations concerning the transmission of spore-forming organisms such as Clostridium difficile, and potentially norovirus. Ensuring that hand hygiene stations are easily accessible and healthcare visitors are educated regarding the importance of hand hygiene before and after patient contact can improve adherence.

Visitors who are clinically ill should avoid visiting healthcare facilities, as ill visitors can potentially transmit infection to patients, healthcare staff and other visitors. In outbreak settings, active screening of visitors for acute illness has been efficacious in reducing the spread of influenza and norovirus. During the severe acute respiratory syndrome (SARS) epidemic, all hospital visitors were screened at hospital entry for acute illness using questionnaires and temperature assessment. The optimal strategy and location for screening visitors for acute illness depends on the infectious agent of concern. Healthcare visitors should avoid contact with multiple patients as much as feasible, as this can potentially reduce the role of visitors as potential vectors for HAIs. Additionally, visitors should not be present in situations in which aerosolized secretions may be generated as this process can facilitate the spread of microorganisms that may infect visitors.

- 4. Visitor Infection Control Education see infection prevention flyer
- 5. In-person visitation are always allowed and encouraged unless the resident objects.
- 6. In-person visitation is allowed by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider.
- 7. Visitors are NOT required to submit proof of vaccination or immunization
- 8. Consensual physical contact between resident, client or patient and visitor is allowed.
- 9. Visitation may be suspended for violating the policy.
- 10. The Administrator responsible for ensuring that staff adhere to policies and procedures
- 11. The facility strictly adheres to the following Resident Rights:

Residents has the right to private and uncensored communication, including, but not limited to, receiving and sending unopened correspondence, access to a telephone, visiting with any person of the resident's choice during visiting hours, and overnight visitation outside the facility with family and friends in accordance with facility policies, physician orders, and Title XVIII

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(Medicare) and Title XIX (Medicaid) of the Social Security Act regulations, without the resident's losing his or her bed. Facility visiting hours shall be flexible, taking into consideration special circumstances such as, but not limited to, out-of-town visitors and working relatives or friends. Unless otherwise indicated in the resident care plan, the licensee shall, with the consent of the resident and in accordance with policies approved by the agency, permit recognized volunteer groups, representatives of community-based legal, social, mental health, and leisure programs, and members of the clergy access to the facility during visiting hours for the purpose of visiting with and providing services to any resident.

Resident Bill of Rights

- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
- (a) Live in a safe and decent living environment, free from abuse and neglect.
- (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
- (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
- (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
- (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
- (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
- (g) Share a room with his or her spouse if both are residents of the facility.
- (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.

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- (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
- (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
- (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
- (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

Visitor Screening Tool

Name of Visitor: **Date of Screening:** Have you traveled by plane or cruise ship within If YES, please indicate details: and/or outside the United States in the last 14 days? Fever (>99.6°F) or history of fever within the last Please indicate temperature and/or history 14 days? details: Sore throat ☐ Yes ☐ No □ No Yes Cough □ No ☐ Yes Runny nose Shortness of breath □ No Yes Diarrhea Yes □ No Contact with a person with confirmed or under If YES, please indicate details: investigation for coronavirus (COVID-19) within the last 14 days? ☐ Printed materials Education and/or Materials Provided? ☐ Hand hygiene, including return demonstration **Date of Screening:** Have you traveled by plane or cruise ship within If YES, please indicate details: and/or outside the United States in the last 14 days? Fever (>99.6°F) or history of fever within the last Please indicate temperature and/or history 14 days? details: Sore throat ☐ Yes No. Yes ☐ No Cough □ No ☐ Yes Runny nose Shortness of breath Yes ☐ No ☐ No Yes Diarrhea Contact with a person with confirmed or under If YES, please indicate details: investigation for coronavirus (COVID-19) within the last 14 days? ☐ Printed materials Education and/or Materials Provided? Hand hygiene, including return demonstration Date of Screening: Have you traveled by plane or cruise ship within If YES, please indicate details: and/or outside the United States in the last 14 davs? Fever (>99.6°F) or history of fever within the last Please indicate temperature and/or history 14 days? details: Sore throat Yes ☐ No ☐ No Yes Cough Yes ☐ No Runny nose ☐ No Shortness of breath Yes ☐ No Yes Diarrhea Contact with a person with confirmed or under If YES, please indicate details: investigation for coronavirus (COVID-19) within the last 14 days? ☐ Printed materials Education and/or Materials Provided? ☐ Hand hygiene, including return demonstration

You are an important part of infection prevention!



Wash your hands with soap and water or use hand sanitizer often.

Ask healthcare workers and your visitors to do the same.



If you are having surgery, ask if you should shower with a germ-killing soap ahead of time.



Speak up for your care!



Clean your hands and make sure everyone around you does too.



Sneeze and cough into your elbow, not your hand.



Take medications as directed.



Ask about safe injection practices. Remember: One Needle, One Syringe, only One Time.



Every day, ask if you still need your catheter.



If your room looks dirty, ask to have it cleaned.