

Visitation Policy

Policy

All associates are responsible for ensuring the safety and well-being of residents, associates, and visitors. Resident's family members are not subject to visiting hour limitations or other restrictions not imposed by the resident. However, the community does close its doors for the safety of our residents between 8pm and 8am. During such times, visitors are encouraged to ring the front doorbell for entry into the community. The community will not restrict, limit, or otherwise deny visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. There are, however, safety and wellness restrictions made with the consent of the residents, associate handbook, and community. The number of visitors and the length of the visit are not restricted. All visitors must check in at the front desk and complete the visitor sign in and screening process.

Our residents have a right to receive visitors of his or her choosing at the time of his or 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 community will provide immediate access to a resident by immediate family and their relatives of the resident, subject to the resident's right to deny or withdraw consent at any time.

Consensual physical contact is allowed between a resident and visitor.

Wellness restrictions may be 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.

Visitors will not be required to be tested or vaccinated or show proof of immunization status under any circumstance.

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 state, local health department recommendations.

Residents will be provided 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. Visitors are allowed at any time. For enhanced safety, the community entrances are locked from 8:00 pm – 8:00 am but visiting hours are 24/7.

The community and or resident can:

- Deny access or provide 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.

- Deny access to individuals who have been found to have been committing criminal acts such as theft.
- Deny access to individuals who are inebriated or disruptive; or provide supervised visitation to individuals who have a history of bringing illegal substances into the facility which places residents' health and safety at risk.

Procedure

Visitors should screen and check in and out at a designated location within the community through Accushield, to ensure that the community has an accurate accounting of individuals within the community and for infection control, safety, and emergency management.

The community will provide immediate access to the resident by the resident's physician, representative, and various state and federal officials and organizations as outlined in the regulation, which would include state and federal surveyors.

Individuals who provide health, social, legal, or other services to the resident have the right of reasonable access to the resident. Community associates must provide space and privacy for such visits. Surveyors are considered representatives of the Secretary and/or the State. Community associates cannot prohibit surveyors from talking to residents, family members, and resident representatives.

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

Resident Visitation in Response to Infectious Diseases

Communities should provide guidance (e.g., posted signs at entrances) about recommended actions/education for visitors. Visitors with confirmed infectious disease symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with an active infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance.

- Visitors are encouraged to practice hand hygiene (use of alcohol-based hand rub is preferred).
- Face covering or mask (covering mouth and nose), in accordance with CDC guidance. Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, bistro's).
- Cleaning and disinfecting frequently touched surfaces in the community often, and designated high traffic areas.

Visitation of Resident on Transmission-Based Precautions

1. Residents who are on transmission-based precautions (TBP) can still receive visitors. In these cases, visits should occur in the resident's apartment and the resident should wear a well-fitting facemask (if tolerated).

2. Before visiting residents who are on TBP, visitors should be made aware of the potential risk of visiting and precautions necessary to visit the resident. Visitors should adhere to the core principles of infection prevention.

3. Communities should provide instruction, before residents enter the resident's apartment, on hand hygiene, limiting surfaces touched, and use of PPE according to current community policy.
4. Visitors should be instructed to only visit the resident's apartment. They should minimize their time in common areas.
5. Appropriate associate use of Personal Protective Equipment (PPE) based on local health department, state and CDC guidelines.
6. Resident and staff testing conducted following nationally accepted standards such as CDC, state, or local health department recommendations.
7. All healthcare workers must be permitted to come into the community as long as they are not subject to work exclusion or showing signs or symptoms of an infectious disease. In addition to health care workers, personnel educating and assisting in resident transitions to the community should be permitted entry consistent with this guidance. We note that EMS personnel do not need to be screened, so they can attend an emergency without delay. We remind communities that all associates, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of infectious diseases prevention.

General Considerations

1. The above core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for residential living communities and should be adhered to at all times.
2. Additionally, visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life.
3. The risk of transmission can be further reduced through the use of physical barriers.
5. The community may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of an infectious disease transmission.
6. The visitation policies and procedures must 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 moving into community is struggling with the change in environment, or resident is making on or more major medical decisions.
 - A resident is experience 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.

The Executive Director/ Administrator is responsible for ensuring that the community adheres to the policies and procedures.