

# VISITATION

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## Policy Statement

Our facility permits residents to receive visitors subject to the resident's wishes and the protection of the rights of other residents in the facility.

### Policy Interpretation and Implementation

1. Residents are permitted to have visitors of their choosing at the time of their choosing, with no limitation being placed on the number of visitors allowed.
2. The facility provides 24-hour access to individuals visiting with the consent of the resident, with no limitation being placed on length of visits.
3. Family members are designated as such by the resident or representative. Immediate family is not limited to individuals related by blood, adoption, marriage or common law.
4. Visitors may include, but are not limited to:
  - a. spouses (including same-sex and transgender spouses);
  - b. domestic partners (including same-sex and transgender domestic partners);
  - c. other family members;
  - d. friends;
  - e. Any representative of the federal or state government, including, but not limited to, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elderly Affairs; any law enforcement officer; any representative of the State Long-Term Care Ombudsman Program; and the resident's individual physician.
5. All lawful marriages and spouses are recognized for purposes of this and all other policies, regardless of any contradictory state or local laws.
6. Visitors are not required to show proof of vaccination or immunization status.
7. Consensual physical contact is permitted between resident and visitors and may be revoked by the resident at any time.
8. Residents have the right to decline/deny personal visitation of their choosing as long as their choice does not negatively impact or infringe on the rights of other guests/residents.

The visitation policies and procedures 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 resident, client, or patient who used to talk and interact with others is seldom speaking.
  7. For hospitals, childbirth, including labor and delivery.
  8. Pediatric patients.
9. The Administrator/Designee is responsible for ensuring adherence to visitation policy and procedures.

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## Reasonable Clinical and Safety Restrictions

1. Some visitation may be subject to reasonable clinical and safety restrictions that protect the health, safety, security and/or rights of the facility's residents such as:
  - a. keeping the facility locked or secured at night with a system in place for allowing visitors approved by the resident;
  - b. 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;
  - c. denying access to individuals who have been found to have been committing criminal acts such as theft;
  - d. denying access to individuals who are inebriated or disruptive;
  - e. 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; and/or
  - f. restrictions placed to prevent community-associated infection or communicable disease transmission to one or more residents.
    - (1) A resident's risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) will be considered when restricting visitors.
    - (2) 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) are asked to defer visitation until 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.

## Visitation During Communicable Disease Outbreak

1. Visitation policies may be modified during infectious disease outbreaks or pandemics in order to align with current CMS, CDC, DOH, and State guidelines and offer maximum visitation. For example:
  - a. providing access to devices for virtual visitation;
  - b. designating visitation areas in the facility outside of resident rooms;
  - c. offering options for outdoor visitation;
  - d. posting signage with infection prevention and control instructions (i.e., hand hygiene, cough etiquette, PPE, etc.);
  - e. ensuring access to hand hygiene and PPE supplies; and
  - f. contacting the local health department for guidance or direction on how to reduce the risk of communicable disease transmission during visitation.
2. During an infectious disease outbreak, residents on transmission-based precautions are permitted to have visitors. Before visitation the visitor is:
  - a. made aware of the potential risk of visiting;
  - b. instructed on the precautions necessary in order to visit the resident; and
  - c. asked to adhere to infection prevention principles (e.g., hand hygiene, cough etiquette, etc.).

## Restriction of Individual Visitors

1. The facility does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, disability or vaccination/immunization status.
2. The facility does not restrict visitors based on the request of family members or the healthcare power of

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attorney. If a family member (or HPOA) requests that a certain individual be denied access to resident based on safety or security concerns, the staff will protect resident safety while allowing visitor access until the allegations are investigated.

3. Residents are permitted to visit with representatives from federal and state survey agencies, resident advocates, the state long-term care ombudsman, protection and advocacy agencies for individuals with developmental disabilities or mental illness, clergy and/or their personal physicians at any time. Space and privacy are provided for such visits.
4. The resident has the right to deny visitation at any time. If a resident chooses to withdraw consent for visitation by a particular individual, the name of that person and the date of withdrawn consent are documented in the resident's medical record.
5. The facility reserves the right to limit the number of visitors in the room at one time to protect the rights of the person sharing the room and will provide access to alternative visitation areas.
6. If it is determined that an illegal substance(s) has been brought into the facility by a visitor, it is immediately reported to the charge nurse or supervisor. The supervisor and the DNS determine whether the situation warrants a referral to law enforcement.
  - a. If the supervisor notifies law enforcement, in accordance with state laws, he or she immediately implements measures to protect the health and safety of all residents, visitors and staff. This may include supervising the visitation until the situation is addressed or law enforcement arrives.
  - b. If items or illegal substances are in plain view, and these pose a risk to the residents' health and safety, the items may be confiscated by facility staff. The circumstances, description of the item(s), and rationale for confiscating are documented in the resident's record.
  - c. Facility staff does not conduct searches of a resident or their personal belongings, unless the resident or representative agrees to the search and understands the reason for the search.
7. Incidents of any visitor's disruptive behavior are documented in the resident's medical record or other facility approved form.
8. A critically ill resident may have visitors of his/her choice at any time, as long as visitation is not medically contraindicated. The rationale for medically-restricted visitation is documented in the resident's medical record.
9. Unless otherwise permitted by the resident, visitors are required to wait outside the room or in the lobby while the resident is receiving treatment, undergoing examinations, and/or receiving personal care.
10. The facility reserves the right to change the location of a visit if such visit infringes upon the rights of the resident's roommate or other residents in the facility.
  - a. Space is available in the lobby/lounge for residents to receive guests in reasonable comfort and privacy.
11. Residents, family and/or resident representatives are informed upon admission of their visitation rights, and related policies.
12. Inquiries concerning visitation and access to the facility should be referred to the administrator or his/her designee.

#### **408.823 In-person visitation**

(1) This section applies to developmental disabilities centers as defined in s. [393.063](#), hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part IV of chapter 400, intermediate care facilities for the developmentally disabled licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429.

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(2)(a) No later than May 6, 2022, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include infection control and education policies for visitors; screening, personal protective equipment, and other infection control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any vaccination or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor.

(b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care.

(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 resident, client, or patient who used to talk and interact with others is seldom speaking.
7. For hospitals, childbirth, including labor and delivery.
8. Pediatric patients.

(d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures.

(e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request.

(f) Within 24 hours after establishing the policies and procedures required under this section, providers must make such policies and procedures easily accessible from the homepages of their websites.

(3) The agency shall dedicate a stand-alone page on its website to explain the visitation requirements of this section and provide a link to the agency's web page to report complaints.

**History.**—ss. 2, 3, ch. 2022-34.

#### **429.28 Resident bill of rights**

(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.

#### **400.022 Residents' rights**

(b) 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 (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

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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.

(c) Any entity or individual that provides health, social, legal, or other services to a resident has the right to have reasonable access to the resident. The resident has the right to deny or withdraw consent to access at any time by any entity or individual. Notwithstanding the visiting policy of the facility, the following individuals must be permitted immediate access to the resident:

1. Any representative of the federal or state government, including, but not limited to, representatives of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elderly Affairs; any law enforcement officer; any representative of the State Long-Term Care Ombudsman Program; and the resident's individual physician.

2. Subject to the resident's right to deny or withdraw consent, immediate family or other relatives of the resident.

<b>References</b>	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(f)(4) The resident has 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.
<b>Survey Tag Numbers</b>	F562; F563; F564
<b>Other References</b>	Florida Statute 408.823, Florida Statute 429.28, Florida Statute 400.022
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) - Visitors and Communal Activities</a>
<b>Version</b>	2.2 (H5MAPL0934)

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