



Florida Resuming Visitation Guidelines

Policy:

It is the intent of the facility to provide a person-centered approach to visitation for residents, resident representatives and representatives of the Office of the state long-term care ombudsman while ensuring safety and adherence to infection prevention strategies to minimize any potential spread of infection. This will be done in accordance with all state and federal guidance for the prevention of COVID-19.

Definition:

Up-to-date: person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Guidance:

- The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident; hence, residents may deny or withdraw consent for a visit at anytime.
- If a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk, the resident must be allowed to receive visitors as he/she chooses.
- Visitation is person-centered, taking into consideration the residents' physical, mental, and psychosocial well-being, and support their quality of life.
- **Effective March 10, 2022** visitation under Centers for Medicare and Medicaid Services (CMS) in conjunction with the Centers for Disease Control and Prevention (CDC) revised guidance for safe visitation with an emphasize on the importance of maintaining infection prevention practices. **The following Core Principles of COVID-19 Infection Prevention must be adhered to all times.**

Core Principles of COVID-19 Infection Prevention:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those: who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility 10 days following the exposure day (day 0).
- Hand hygiene (use of alcohol-based hand rub is preferred) upon entering/exiting the facility and whenever necessary.
- Face covering or mask (covering mouth and nose).
- Physical distancing at least six feet between people.
- Instructional signage throughout the facility and proper visitor education on COVID19 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).
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit.
- Appropriate staff use of Personal Protective Equipment (PPE).
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)



- Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH)
- Visitors who are unable to adhere to the core principles of COVID-19 Infection Prevention should not be permitted to visit or should be asked to leave.
- Visits should be conducted with an adequate degree of privacy.
- The risk of transmission can be further reduced through the use of physical barriers (e.g., clear plexiglass dividers, curtains).
- The facility must adhere to written/electronic screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds of such nursing home, including visitors, vendors, students, and volunteers.
- Screening shall consist of both temperature checks and asking screening questions to assess potential exposure to COVID-19, including but not limited to: questions regarding travel and vaccination status.
- Documentation of screening must be maintained onsite in an electronic format and available upon the DOH request for inspection and/or contact tracing. Documentation **MUST** include the following for each visitor:
 - First & last name of visitor
 - Street address
 - Telephone number
 - Date & time of visit
 - Email if available
- **Face Coverings and Physical Distancing During Visits:**
 - Visitors should wear face coverings or masks and physically distance when in a communal area in the facility regardless of vaccination status.
 - Community transmission webpage: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=
 - If the facility's county 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.
 - In areas of low to moderate transmission, 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 or are not up-to-date with all recommended COVID-19 vaccine doses.
 - 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. severe disease o 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.
- **Outdoor Visits:**
 - Taking a person-centered approach and adhering to the core principle of COVID-19 infection prevention, outdoor visitation is preferred when the resident and/or visitor are **not up-to date with all recommended COVID-19 vaccine doses**.



- Visits should be held in safe outdoor spaces whenever practicable, weather permitting, or an individual residents' health status may hinder outdoor visits.
- While adhering to all infection control and prevention practices.
- **Indoor Visitation During an Outbreak Investigation:**
 - Adherence to regulatory guidance for COVID-19 testing, including routine **staff** testing, testing of individuals with symptoms, and outbreak testing must be done to swiftly detect cases.
 - When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing in accordance with local, state, and federal guidelines (*see Policy on Resident and Staff Testing*)
 - Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention.
 - Residents or their representative who would like to have a visit during an outbreak investigation, regardless of vaccination status: should wear face coverings or masks during visits.
 - Visits should occur in the resident's room.
 - Local health authorities may be contacted for guidance or direction on how to structure the visitation to reduce the risk of COVID-19 transmission, these actions will be documented.
- **Indoor Visits:**
 - The facility shall allow indoor visits at all times as permitted under the regulations, without limiting the number, frequency and length of visits, number of visitors, nor require advance scheduling of visits.
 - Visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.
 - The facility should limit visitor movement in the facility, by going directly to the resident's room or designated visitation area.
 - The facility should avoid 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.
 - The facility may implement strategies during holidays or when high volume of visitors is expected in an effort to maintain physical distancing by asking visitors to schedule their visit at staggered time-slots throughout the day and/or limit the number of visitors in the facility or resident's room.
 - Visits may occur if a resident has a roommate:
 - Ideally should occur when the roommate is not present.
 - Visitors and residents should adhere to the principles of infection control, including wearing a mask and performing frequent hand hygiene.
 - If physical distancing can occur with the roommate present the visit may be conducted.
 - If physical distancing is not possible and roommate is present then the visit should occur in a different area of the facility, or the visit should occur at a time when the roommate is not in the room or the number of visitors is limited at one time.
 - ⊖ Visits should not occur in the resident's room if the roommate **is not up to date with all recommended COVID-19 vaccine doses, or immunocompromised (regardless of**



- vaccination status), if possible.** For situations where there is a roommate and the health status of the resident prevents leaving the room, the facility should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
- **Residents on TBP (transmission-based precautions or quarantine) may receive visitors,** meeting the following:
 - Visits should occur in the resident's room
 - Resident should wear a well-fitting facemask (as tolerated)
 - Prior to the visit, the visitor should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident.
 - The facility may offer visitors well-fitting facemasks or other appropriate PPE (if available).
 - Visitors should adhere to the core principles and precautions necessary in order to visit the resident.
 - The facility shall ensure that physical distancing can be maintained during peak times of visitation (e.g. lunch time, after business hours, etc).
 - Visitors may eat with a resident if the resident (or representative) and the visitor are aware of the risks and adhere to the core principles of infection prevention:
 - Eating in a separate area is preferred, if eating must occur in a common area the visitor must:
 - ❖ Physically distance from other residents and staff and wear a mask, except while eating or drinking.
- **Visitor Testing and Vaccination:**
 - Although not required, the facility may offer testing to visitors in counties with substantial or high levels of community transmission.
 - **If the facility does not offer testing, the visitor should be encouraged to be tested on their own before coming to the facility (e.g., within 2-3 days)**
 - While visitors are encouraged to be tested for COVID-19, a visitor does not need to show proof of testing as a condition of visitation.
 - While visitors are encouraged to be vaccinated for COVID-19, a visitor does not need to show proof of vaccination as a condition of visitation.
 - If a visitor declines to disclose their vaccination status, the visitor should wear a face covering or mask at all times.
 - The facility may ask about a visitor's testing and vaccination status.
 - **General Visitation**
 - Residents are permitted to have visitors of their choosing at the time of their choosing.
 - The facility provides 24-hour access to individuals visiting with the consent of the resident. Some visitation may be subject to reasonable restrictions that protect the safety, security and/or rights of the facility's residents such as:
 - denying or providing limited supervised visits from persons who are known or suspected to be abusing, exploiting or coercive to the resident; until an investigation into the allegation has been completed;
 - denying access to individuals who are found to have committed criminal acts;
 - denying access to visitors who are inebriated or disruptive; and/or



- protecting residents from a community-associated infection or communicable disease outbreak in the community.
- Visitors may include, but are not limited to:
 - spouses (including same-sex and transgender spouses);
 - domestic partners (including same-sex and transgender domestic partners);
 - other family members; and
 - friends.
- Family members are designated as such by the resident or representative. Immediate family is not restricted to individuals related by blood, adoption, marriage or common law.
- All lawful marriages and spouses are recognized for purposes of this and all other policies, regardless of any contradictory state or local laws.
- The facility does not restrict visitors based on the request of family members or the healthcare power of 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.
- Residents, family and/or resident representatives are informed upon admission of their visitation rights, and related policies.
- 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. See policy labeled: FL Compassionate Care Visits, Visits Required Under the Federal Disability Rights Law, & No Patient Left Behind Act
- Visitors are never denied, restricted or limited on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. All visitors are given full and equal visitation privileges consistent with resident preferences.
- 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.
- 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.
- 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.
- 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 or disability.
- 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.



- 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.
- Incidents of any visitor's disruptive behavior are documented in the resident's medical record or other facility approved form.
- Space is available in the lobby/lounge for residents to receive guests in reasonable comfort and privacy.
- Inquiries concerning visitation and access to the facility should be referred to the administrator or his/her designee.

References:

Med Pass, Inc. (Revised February 2021). OBRA Regulatory 483.10(f)(4)

CDC: 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> (2.22.22)

CMS Nursing Home Visitation - COVID-19 (REVISED: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>) (3.10.22)

CMS: Nursing Home Visitation Frequently Asked Questions: <https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf> (3.10.22)

Chapter 2022-34, Committee Substitute for Committee Substitute for Senate Bill No. 988. "No Patient Left Alone Act. <http://laws.flrules.org/2022/34> (4.22)

CDC: Interim Clinical Consideration for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States CDC: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html> (5.2.22)

Associated Documents: COVID-19 Resident and Staff Testing, FL Compassionate Care Visits, Visits Required Under the Federal Disability Rights Law, & No Patient Left Behind Act



Policy Manual: Administrative/PEP

Policy Name: FL Compassionate Care Visits, Visits Required Under the Federal Disability Rights Law, & No Patient Left Alone Act

Latest Revision:

5/21, 11/21, 4/22,
5.31.22

General Statement of Policy:

The facility takes a person-centered approach while adhering to the core principles of COVID-19 infection prevention for all visits including compassionate care visits. The facility follows current guidelines and recommendations for the prevention and control of COVID-19.

Definition:

Up-to-date: person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Essential Caregiver/Visitor: a designated visitor who is a family member, friend, guardian, or other individual) that the patient or designee declares as a essential caregiver during governmental visitation restrictions.

Core Principles of COVID-19 Infection Prevention:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those: who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility 10 days following the exposure day (day 0).
- Hand hygiene (use of alcohol-based hand rub is preferred) upon entering/exiting the facility and whenever necessary.
- Face covering or mask (covering mouth and nose).
- Physical distancing at least six feet between people.
- Instructional signage throughout the facility and proper visitor education on COVID19 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).
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit.
- Appropriate staff use of Personal Protective Equipment (PPE).
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH)

Guidance:

- Compassionate Care Visits are allowed at all times for all residents, in accordance with federal regulations.
- In the rare event that a scenario arises that would limit visitation for a resident (e.g., a resident is severely immunocompromised and the number of visitors the resident is exposed to needs to be kept at a minimum), compassionate care visits would still be allowed at all times.



Policy Manual: Administrative/PEP

Policy Name: FL Compassionate Care Visits, Visits Required Under the Federal Disability Rights Law, & No Patient Left Alone Act

Created: Latest
Revision: 5/21, 11/21,
4/22, 5.31.22

Approved By:

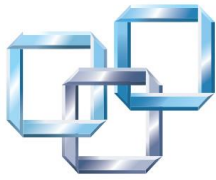
Date:

Access to the Long-Term Care Ombudsman

- The facility shall provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident.
- If an Ombudsman is planning to visit a resident on TBP or quarantine, **or a resident who is not up-to-date with all recommended COVID-19 vaccine doses**, when the facility's county level of community transmission is substantial or high in the past 7 days.
 - The resident and ombudsman should be made aware of the potential risk of visiting.
 - The visit should take place in the resident's room.
 - Representatives of the Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention necessary in order to visit the resident.
 - The facility will assist in providing alternative resident communication (e.g., phone, or through use of other technology), in the event that the resident or the Ombudsman program requests alternative communication in lieu of an in-person visit.
- The facility shall allow the Ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by State law.

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

- The facility will allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000). P&A programs authorized under the DD Act protect the rights of individuals with developmental and other disabilities and are authorized to "investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported to the system or if there is probable cause to believe the incidents occurred." 42 U.S.C. § 15043(a)(2)(B). Under its federal authorities, representatives of P&A programs are permitted access to all facility residents, which includes "the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person." 42 CFR § 51.42(c); 45 CFR § 1326.27.
- The facility complies with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).
- If the P & A is planning to visit a resident on TBP or quarantine, **or a resident, who is not up-to-date with all recommended COVID-19 vaccine doses**, in a county where the county level of community transmission is substantial or high in the past 7 days.
 - The resident and P & A should be made aware of the potential risk of visiting.
 - The visit should take place in the resident's room.
- Communication with individuals who are deaf or hard of hearing, use of a clear mask or mask with a clear panel is recommended.



Policy Manual: Administrative/PEP

Policy Name: FL Compassionate Care Visits, Visits Required Under the Federal Disability Rights Law, & No Patient Left Alone Act

Created: Latest
Revision: 5/21, 11/21,
4/22, 5.31.22

Approved By:

Date:

- Face coverings should not be placed on anyone who has trouble breathing or is unable to wear a mask due to a disability, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- The facility shall ensure that a resident requiring assistance will have effective communication (e.g., a qualified interpreter or someone to facilitate communication). If assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the individual entry into the facility to interpret or facilitate **with some exceptions**. The interpreter must adhere to the core principles of COVID-19 infection prevention.

Entry of Healthcare Workers and Other Providers of Services

- All healthcare workers must be permitted to come into the facility as long as they are not subject to a work exclusion or showing signs or symptoms of COVID-19.
- Healthcare workers, personnel educating and assisting in resident transitions to the community should be permitted entry consistent with this guidance.
- EMS personnel do not need to be screened, so they can attend to an emergency without delay.
- All healthcare workers and individuals providing services should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

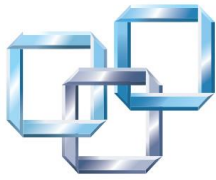
Survey Considerations

- The facility may not ask a surveyor for proof of vaccination as a condition of entry.
- Surveyors should not enter a facility if they have a positive test for COVID-19, signs, or symptoms of COVID-19, or currently meet the criteria for quarantine.
- Surveyors should adhere to the core principles of COVID-19 infection prevention and adhere to any COVID-19 infection prevention requirements set by federal and state agencies (including Executive Orders).

“No Patient Left Alone Act” Governmental Visitation Restriction

In the event of advised governmental visitation restriction, the resident may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver/visitor to provide in-person visitation as required by the No Patient Left Alone Act. The Infection control Specialist is the designated individual responsible for ensuring that staff adhere to the Core Principles of COVID-19 infection prevention.

- The facility will add the essential caregiver to the resident’s contact list.
- The essential caregiver is not required to provide necessary care to the resident.
- The facility may require the essential caregiver/visitor to agree in writing to follow facility policies and procedures.



Policy Manual: Administrative/PEP

Policy Name: FL Compassionate Care Visits, Visits Required Under the Federal Disability Rights Law, & No Patient Left Alone Act

Created: Latest
Revision: 5/21, 11/21,
4/22, 5.31.22

Approved By:

Date:

- The facility will observe the essential caregiver/visitor for adherence to the Core Principles of COVID-19 infection prevention protocols.
- The facility may suspend in-person visitation of a specific essential caregiver/visitor who violates the facility's policies and procedures.
- The facility will not require visitors to submit proof of any vaccination or immunization as a condition of visitation.
- Visitors may have consensual physical contact with the resident.
- The facility will follow the current local, state, and federal guidance for visitation, allowing the essential caregiver/visitor to stay for a maximum of two hours daily in addition to any other visitation for the following circumstances, unless the resident objects:
 - End-of-life situations
 - A resident who was living with family before being admitted to the facility's care is struggling with the change in environment and lack of in-person family support
 - The 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 or patient who used to talk and interact with others is seldom speaking
- The facility shall:
 - Provide the visitation policy and procedure to regulatory authorities when applying for initial licensure, licensure renewal, change of ownership, or upon request.
 - Within 24 hours after establishing the policies and procedures, the facility shall make the policies and procedures easily accessible from the homepage of the facility website.
 - Dedicate a stand alone page on its website to explain the visitation requirements and a link to the facility's webpage to report complaints.
- The essential caregiver/visitor will:
 - Educated to follow the Core Principles of Infection Prevention
 - Educated on remaining in the resident's room and or minimal movement throughout the facility and any other protocols recommended by the local, state, or federal government at the time of visitation.

Reference:

CMS Nursing Home Visitation (Revised): <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf> (3.10.22)

Chapter 2022-34, Committee Substitute for Committee Substitute for Senate Bill No. 988. "No Patient Left Alone Act." <http://laws.flrules.org/2022/34> (4.22)

Related Policies: COVID-19 Resident and Staff Testing, Florida Resuming Visitation Guidelines