

SUBJECT: VISITATION POLICY	REFERENCE #1038-B
DEPARTMENT: CHS SKILLED NURSING FACILITIES	PAGE: 1 OF: 15
ST. JOHN'S NURSING CENTER ST. VILLA MARIA NURSING CENTER / VILLA MARIA WEST SNF ST. ANNE'S NURSING CENTER	EFFECTIVE: 12/03/2004 REVISED: 4/7/2022 REVIEWED: 1/4/2023

OVERVIEW:

During the *Coronavirus Infectious Disease 2019* Pandemic, visitation between residents / patients and their loved ones is provided in a safe and organized process through planned in-person visitation consistent with CDC's Core *Coronavirus Infectious Disease* Prevention guidelines to minimize transmission of infections. When in-person visitation is limited, virtual visitation options will be offered.

Center Medicaid Services (CMS) indicates that indoor visitation between patients / residents and their desired guest be resumed "at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of *Coronavirus Infectious Disease 2019* transmission (**note: Essential and Compassionate Care visits are permitted**). **All visitors are "Essential" and as such, they will be permitted to visit.**)

PURPOSE:

Purpose In-Person Visitation bill has been signed into law, creating Chapter 408.823, which is subject "In-person visitation." This policy and these procedures are intended to serve as a sample for nursing home 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. The following are the 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 end-of-life. Essential caregiver visitors may be allowed entry into facilities on an unlimited basis for these specific purposes. The facility must allow at a minimum in-person visitation for at least 2 hours daily under these circumstances.

At St. John's Nursing Center, the 2-hour visitation will be between 8:00 a.m. – 8:00 p.m. St. John Nursing Center may make exceptions to the 2-hour visitation on a case-by-case 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.

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DEFINITIONS:

Core Principles of *Coronavirus Infectious Disease 2019* Infection Prevention: Practices implemented throughout the facility to prevent the spread of coronavirus and ensure infection prevention and control practices are followed.

Fully Vaccinated: A person is fully vaccinated two weeks after receiving all recommended doses in the primary series of their *Coronavirus Infectious Disease 2019* vaccination.

A person is up to date with their *Coronavirus Infectious Disease 2019* vaccination if they have received all recommended doses in the primary series and **one booster** when eligible. (Getting a second booster is not necessary to be considered up to date at this time) (Updated Apr. 2, 2022, [Stay Up to Date with Your COVID-19 Vaccines | CDC](#))

ESSENTIAL CAREGIVER (EC) VISITATION:

This facility recognizes the critical role family members and other close, outside caregivers have in the care, support and advocating for residents. All patients / residents may designate an individual who is committed to visiting and assisting them. The goal of such a designation is to help ensure patients / residents continue to receive individualized, person-centered care and emotional support.

Qualifying components of designating an Essential Caregiver (EC) include:

- Essential Caregiver (EC) provides personal care needs (ADLs) or emotional support.
- EC provides services/support that are included and part of their care plan.

DEFINITION OF ESSENTIAL CAREGIVER:

An Essential Caregiver is an individual who provides services and/or assistance with activities of daily living (ADLs), other personal care needs or emotional support that are included and part of the resident care plan to help maintain or improve the quality of care or quality of life for the patients / residents. Care or services provided by essential caregivers will be identified in the plan of care, and may include bathing, dressing, eating, and/or emotional support.

“No Patient Left Alone Act.” 408.823 Patient / Resident Visitation Rights

Essential Caregivers, Compassionate Caregivers / all other visitors will be allowed entry at all times provided they pass the facility’s screening criteria and comply with our policies for entry. Essential Caregivers shall wear a surgical mask (or other face covering) and other PPE as

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appropriate, consistent with the most recent CDC guidance for health care workers and in compliance with the facility's infection control standards.

PROVISION TO ADDRESS THE LENGTH OF VISITS:

This facility allows at a minimum in-person visitation for at least 2 hours daily and may allow exceptions to increase the 2-hour visitation on a case-by-case basis for end-of-life.

PROCESS:

- **Visitation Policy will be provided to the Agency for Health Care Administration (AHCA)**
- This facility will provide the *Agency for Health Care Administration (AHCA)* with a copy of its Visitation Protocol (covering Essential Caregivers) with their licensure renewal application and during surveys.

DESIGNATION OF ESSENTIAL CAREGIVERS:

The resident will be consulted about their wishes to determine whom to designate as the Essential Caregiver (EC). If a resident is deemed mentally incapacitated, the POA or designated Health Care Surrogate will make the decision of designating an Essential Caregiver (EC). Consider persons such as a family member, outside caregiver, friend, or volunteer who provided regular care and support to the resident prior to the pandemic.

- All new residents will be asked if they would like to designate / identify an Essential Caregiver (EC) upon admission.
- Residents may express a desire to designate more than one Essential Caregivers (EC) based on their past involvement and needs, and such request will be accommodated (e.g., more than one family member previously split time to provide care for the resident).
- Residents may designate two (2) Essential Caregivers (EC), (and those 2 persons may also communicate with the facility to use designees / alternate persons to assist them if they cannot make the in-person visit).
- All residents will be allowed to update as requested the named Essential Caregivers and alternate persons of record.

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VISITOR LOG:

The facility maintains a visitor log for signing in and out and shall work with the patient / resident and Essential Caregiver (EC) to identify a schedule of no less than 2 hours per day, or until caregiving tasks are completed, for the Essential Caregiver (EC) to be in the facility.

VISIT LENGTH:

This facility will allow at a minimum in-person visitation for at least 2 hours daily and may allow exceptions above the 2-hour visitation on a case-by-case basis for end-of-life.

The facility ensures scheduling of Essential Caregiver (EC) visits considers numbers of EC in the building at the same time. The facility may establish time limits as needed, to monitor visitation greater than 2 hours to keep residents safe.

The EC may provide ADL care and emotional support in the same manner as prior to the pandemic, or in whatever manner necessary per the care plan, as resident's health care or psychological conditions may have changed.

IN-PERSON VISITATION ALLOWED IN ALL OF THE FOLLOWING CIRCUMSTANCES:

Residents are allowed in-person visitation in all the following circumstances, unless the resident objects including:

- a) End-of-life situations
- b) A resident who was living with family before being admitted to the facility is struggling with the change in environment and lack of in-person family support.
- c) The resident is making one or more major medical decisions.
- d) A resident is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
- e) A resident needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
- f) A resident who used to talk and interact with others seldom speaking.

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SCREENING at the Central Point of Entry:

This facility has designated a central point of entry (facility's front / main entrance) where all visitors (including the Essential Caregivers (EC)) signs in and use a kiosk to be screened electronically for symptoms of *Coronavirus Infectious Disease 2019* or to entering the building in the same manner as staff (based on the most current CDC guidance).

Personal Protective Equipment (PPE):

The Essential Caregiver / visitor must wear all necessary personal protective equipment (PPE) per current CDC guidance while in the building and must perform frequent hand sanitizer / hand hygiene. The facility ensures hand sanitizing stations and alcohol-based hand rubs are accessible.

DESIGNATED PERSON WHO ENSURES STAFF AND VISITORS ADHERE TO VISITATION / INFECTION CONTROL POLICIES AND PROCEDURES:

- This facility's Infection Preventionist or designee will support infection prevention and control training and ensure staff and visitors adhere to visitation / Infection Control (IC) policies and procedures. Training and education must be completed prior to Essential Caregiver / visitor provision of services. The facility must educate the Essential Caregiver / visitor on how to don/doff necessary PPE appropriately, use of masks, hand sanitation and social distancing. This can be accomplished utilizing posters or printed materials demonstrating key instructions to reinforce safe practices and observing return demonstrations for competency. EC must acknowledge completion of training and adherence to the facility's infection prevention and control program relating to *Coronavirus Infectious Disease 2019*.
- The Essential Caregiver must inform the facility (Executive Director or designee) if they develop a fever or symptoms consistent with *Coronavirus Infectious Disease 2019* within 24 hours of their last visit to the resident.
- The facility allows evening and weekend visits that accommodate the EC who may be limited by work, childcare or other barriers.
- Essential Caregiver (EC) will be directed to provide care / assistance in the patient's / resident's room, or in facility-designated areas within the building, while allowing for privacy. The EC is advised to limit movement in the facility. The EC may take the patient / resident outside for a walk during their time with the resident; pushing a wheelchair is an acceptable activity.

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- The EC must maintain social distancing of at least 6 feet with staff and other residents while in the building (or according to CDC's most current guidance).
- Visitation is not prohibited for essential caregivers' visits when 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 usage than standard surgical masks, etc. The general visitation requirement that the facility has in place, (i.e., no new facility-onset cases of a communicable disease *Coronavirus Infectious Disease 2019* is not applicable to visitation by Essential Caregiver visitors.
- Essential Caregiver visitors may have consensual physical contact with the resident during visitation. Essential caregiver visitors must wear PPE per facility infection control standards. The PPE required is consistent with the most recent CDC guidance for healthcare workers. At This facility, essential caregiver visitors shall wear the same PPE that staff wear to provide care or services to the residents.
- This facility is not required to provide 'facility-provided' *Coronavirus Infectious Disease 2019* testing to visitors.
- **Visitors are not required to provide proof of vaccination or immunization status to this facility.**
- The facility may restrict or revoke EC status if the EC fails to follow *Coronavirus Infectious Disease 2019* related rules of the facility. Prior to restriction/revocation, the facility, EC, and resident will discuss an attempt to mitigate the concerns.
- Facility will notify and inform residents, their representatives, and recurring visitors of any change in the visitation guidance provided by CDC.

GENERAL VISITATION / IN-PERSON VISITATION AND CIRCUMSTANCES ALLOWED:

This facility allows in-person visitation of all visitors (unless the resident or patient objects), in addition to in all the following circumstances as listed in 408.823(2)(c), F.S

- End-of-life situations.
- A resident or patient who was living with family before being admitted to our care is struggling with the change in environment and lack of in-person family support.
- A resident or patient is making one or more major medical decisions.

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- A resident or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
- A resident or patient 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.
- Visitation in the IRFs, NH / SNF, ALFs or Hospice IPU.

VISITOR / ESSENTIAL CAREGIVER DESIGNATION:

Residents may designate a visitor who is a family member, friend, guardian, or other individuals as an Essential Caregiver or general guest.

LENGTH OF VISITATION:

Facility allows in-person visitation by patient's / resident's guests for at least 2 hours daily, in addition to any other visitation authorized by the facility.

OUT-DOOR VISITATION:

This facility always allows outdoor / indoor visitation and for all residents (regardless of vaccination status) unless the resident / patient objects. Outdoor visitation will occur outdoors in areas within the facility's grounds that's designated for residents to visit face to face while following social distance guidelines. These areas may include courtyards, patios, etc. The visitor will be actively screened, has not had exposure to an individual confirmed with *Coronavirus Infectious Disease 2019* and has no fever or symptoms of *Coronavirus Infectious Disease 2019* and is not on *Coronavirus Infectious Disease 2019* transmission-based precautions. *Coronavirus Infectious Disease 2019* prevention guidelines are followed, including hand hygiene, face coverings, social/physical distancing and disinfection of the visit area as indicated.

IN-DOOR VISITATION:

This facility always allows indoor / outdoor visitation and for all residents (regardless of vaccination status) unless the resident / patient objects. Visitation of all visitors is always permitted, except for a few isolated circumstances when visitation should be limited due to a high risk of *Coronavirus Infectious Disease 2019* transmission, (note: Essential Care and Compassionate Care visits will always be permitted). These scenarios include limiting indoor visitation for:

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- “Residents / Patients with confirmed *Coronavirus Infectious Disease 2019* infection, whether vaccinated or unvaccinated until they have met the two (2) criteria to discontinue Transmission-Based Precautions; or <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
- Residents / Patients in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.”

Considerations Include:

- How the number of visitors for each resident and the total number of visitors in the facility at one time may affect the facility’s ability to maintain proper infection prevention and control core principles.
- Scheduling visits for 2 hours to establish a process for all residents to receive visitors.
- Limiting visitor movement in the facility
 - o Direct visitors to go directly to the resident room or designated visitation area.
 - o Do not walk around other halls of the facility.
 - o If a resident has a roommate, conduct visitation in a designated visitation area.
- If roommate is unable to leave room, instruct visitors in the core principles of *Coronavirus Infectious Disease 2019* infection prevention.
- Physical Distancing of at least 6 feet
- Hand Hygiene
- Wearing a well-fitting face mask
- Close consensual physical contact is permitted between the resident or patient and the visitor during visitation.
- Contact (including touch) with the resident’s visitor is permitted while wearing a well-fitting face mask and performing hand-hygiene before and after.”

IN-DOOR VISITATION DURING AN OUTBREAK INVESTIGATION:

- An outbreak investigation is initiated when a new onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff)

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- Updated guidance describes how visitation under certain conditions can still occur even when there is an outbreak in the facility based upon where transmission is occurring and required outbreak testing criteria. The facility will notify visitors about potential exposure to *Coronavirus Infectious Disease 2019* in the facility and appropriate *Coronavirus Infectious Disease 2019* infection prevention measures that will need to be adhered to.
- Compassionate care visits and all other visits, including visits required under federal disability rights law will be allowed at all times regardless of the vaccination status.

VISITOR TESTING AND VACCINATION:

While visitor testing and vaccination can help prevent the spread of *Coronavirus Infectious Disease 2019*, visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation.

COMPASSIONATE CARE VISITATION:

Compassionate Care visitation include family, friend, clergy, religious or other representatives. Compassionate Care includes but is not limited to end-of-life situations. Source control, hand hygiene, PPE, social distancing, and Infection Control measures will still need to be followed with these visits. Additional examples provided by CMS include:

- “A patient / resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A patient / resident who is grieving after a friend or family member recently passed away.
- A patient / resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A patient / resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).”
- “Compassionate Care visits, and visits required under federal disability rights law, are allowed at all times, regardless of a Patient’s / Resident’s vaccination status, the county’s *Coronavirus Infectious Disease 2019* positivity rate, or an outbreak.”

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PROCEDURES:

Infection control education for visitors:

- The Infection Preventionist or designee will determine current facility status dependent upon *Coronavirus Infectious Disease 2019* Outbreak status and communicate to all staff current visitation status to include:
 - a. Outdoor Visitation
 - b. Indoor Visitation
 - c. Essential Care visitors and Compassionate Care Visitors **(All visitors are permitted to visit)**
 - d. All visitation options permitted.
 - e. Adherence to infection control policies / protocols and visitation protocols

- Visitation – Provision for SCREENING / PPE / VISIT LENGTH / CLOSE CONSENSUAL PHYSICAL CONTACT / DESIGNATION OF PERSON TO ENSURE THAT STAFF AND VISITORS ADHERE TO POLICIES AND PROCEDURES and Other INFECTION CONTROL Protocols:

Visitation:

The number of visitors is unlimited. (# of Essential Care visitors allowed per patient / resident is 2 per visit) Visitation is permitted for all visitors.

Duration of Visit:

2 hours minimum

Visitor Screening:

Screening: Visitor screening is conducted upon entry to the facility via an electronic kiosk and temperature scanner. When screening is suspended / no global screening per CDC guidance: Active screening (e.g., completing screening tool (electronic kiosks), taking temperatures (scanner), or directly asking screening questions) before someone enters the facility is no longer required as of September 22, 2022 (See the CDC Link: [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)), which provided the following updates:

- Updated to note that vaccination status is no longer used to inform source control, screening testing, or post-exposure recommendations.
- Updated circumstances when use of source control is recommended • Updated circumstances when universal use of personal protective equipment should be considered.
- Updated recommendations for testing frequency to detect potential for variants with shorter incubation periods and to address the risk for false negative antigen tests in people without symptoms.
- Clarified that screening testing of asymptomatic healthcare personnel, including those in nursing homes, is at the discretion of the healthcare facility.

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- Updated to note that, in general, asymptomatic patients no longer require empiric use of Transmission-Based Precautions following close contact with someone with SARS-CoV-2 infection.
- Archived the [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) and special considerations for nursing homes not otherwise covered in Sections 1 and 2 were added to Section 3: Setting-specific considerations. Updated screening testing recommendations for nursing home admissions
- Clarified the types of long-term care settings for whom the healthcare infection prevention and control recommendations apply.
- Instead, this facility established a process to inform staff, patients / residents, and visitors of recommended actions to prevent the transmission of *Coronavirus Infectious Disease 2019* by posting visual alerts (e.g., signs, posters) at facility entrance and other strategic places. These alerts include instructions about current Infection Prevention and Control recommendations (e.g., when to use source control and perform hand hygiene, etc.)

Visitors: Visitors are informed that if they have any of the following three criteria, they should limit or defer non-urgent in-person visitation while they are infectious or potentially infectious or until they have met the health care criteria to end isolation to preserve the safety of patients / residents.

- A positive viral test for *Coronavirus Infectious Disease 2019* (SARS-CoV-2)
- Symptoms of *Coronavirus Infectious Disease 2019*
- Visitors are informed that if they have had close contact with someone with SARS-CoV-2 infection or were in another situation that put them at higher risk for transmission, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they (e.g., cannot wear source control)
- This facility does not request nor review documentation for the purpose of certifying an individual's *Coronavirus Infectious Disease 2019* vaccination status.
- This Facility does not require visitors to provide any information or documentation certifying *Coronavirus Infectious Disease 2019* vaccination status or post-transmission recovery to gain access to, visit patients / residents, or to receive service from the facility.

Hand Hygiene:

- Visitors will perform hand hygiene.
- Visitors – No mandatory global masking or similar *Coronavirus Infectious Disease 2019* “source control” for visitors per CDC’s most current guidance.

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Close Consensual Physical Contact:

Visitors will be instructed on and observed for social/physical distancing (per CDC's most current guidance).

- i. Allowance of Close consensual physical contact is permitted between the resident or patient and the visitor during visitation. Contact (including touch) with patient's / resident's visitor is permitted.
- ii. If a patient / resident has symptoms of *Coronavirus Infectious Disease 2019* or a confirmed *Coronavirus Infectious Disease 2019* test or is on *Coronavirus Infectious Disease 2019* transmission-based precautions for any reason, visitation is permitted with adherence to the Infection Control protocols.
- iii. Visitors will be notified about the potential for *Coronavirus Infectious Disease 2019* exposure in the facility and the requirement to adhere to the core principles of *Coronavirus Infectious Disease 2019* infection prevention during visitation.

Infection Control Education for Indoor and Outdoor Visitation:

Indoor visitation, including Essential Care and Compassionate Care Visitation:

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 essential caregiver visitors shall wear the same PPE that staff wear to provide care or services to the resident.

- a. Infection control education will be given to visitors.
- b. No global active screening at this time, hand hygiene will be done, no global face covering and social distancing, visitor will be directed to patient's / resident's room (if no roommate) or visitation area and instructed to limit visit to area only.
- c. If plastic barriers or dividers are used, provide education to visitors on maintaining separation behind barrier as much as possible.
- d. For residents with roommate, staff to plan space for private visit in facility.
- e. Inform visitors on the 2-hour time limitation for visit.
- f. Provide resident and visitor privacy with visitation.
- g. Inform visitors to notify the nursing staff when the visit is complete.
- h. Document visit in resident's record.
- i. The visitation area will be cleaned and disinfected following the visit.

Close consensual physical contact is permitted between the resident or patient and the visitor during visitation.

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Outdoor Visitation:

- a. Infection control education will be given to visitors.
- b. No global active screening at this time, hand hygiene will be done, no global face covering, hand hygiene will be done, social distancing optional, visitor will be directed to visitation area and instructed to limit visit to area only.
- c. Inform visitors on the 2-hour time limitation for visit.
- d. Prepare patient / resident with appropriate attire for outdoor visit.
- e. Provide patient / resident and visitor privacy with visitation.
- f. Inform visitors to notify the nursing staff when the visit is complete.
- g. Document visits in medical record.
- h. Visitation area will be cleaned and disinfected following the visit.
- i. Close consensual physical contact is permitted between the resident or patient and the visitor during visitation.

Access to Ombudsman:

The resident will be provided access to the Ombudsman during this *Coronavirus Infectious Disease 2019* Pandemic.

Alternate means to facilitate visitation / communication:

If in-person access is not advisable, alternative remote visits, drive-by or communication will be provided to include:

- Phone visit
- Virtual visits via iPads assigned for the use of patients / residents.

Staff will continue to follow *Coronavirus Infectious Disease 2019* and Infection Prevention practices while in the facility and monitor that residents and visitors follow social/physical distancing and Core Principles of *Coronavirus Infectious Disease 2019* Prevention facility protocols during visits.

“No Patient Left Alone Act.” 408.823 Patient / Resident Visitation Rights:

- This facility allows patients / residents to receive visitors during their admission to, or residency at the facility in accordance with regulatory requirements.
- If circumstances require the facility to restrict public access to the facility due to health or safety concerns, the facility has alternate visitation protocols that allow visitation to the greatest extent possible while maintaining the patient’s / resident’s health and safety.

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This facility allows in-person visits in all the following circumstances:

- End-of-life situations.
- A patient / resident who was living with his or her family before recently being admitted to this facility is struggling with the change in environment and lack of physical family support.
- A patient / resident who is grieving the loss of a friend or family member who recently died.
- A patient / resident needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver, and the client is experiencing weight loss or dehydration.
- A patient / resident who used to talk and interact with others is experiencing emotional distress, is seldom speaking, or is crying more frequently than he or she did previously.
- Any other circumstance the facility deems appropriate.

To ensure the health and safety of the patients / residents, the facility may require visitors to adhere to infection control protocols as guided by CDC, including passing a health screening and wearing personal protective equipment while on the premises of the provider's facility. A provider may refuse visitation if the visitor does not pass a health screening or refuses to comply with the provider's infection control protocols.

This facility notifies patients / residents and, if possible, their family members or caregivers of their visitation rights, and provide them with the contact information for AHCA, and the link to the dedicated webpage on AHCA's website: [Link: AHCA: Visitation \(myflorida.com\)](https://www.myflorida.com/ahca/visitation)

Facility adopted the "No Patient Left Alone Act" on 4/7/2022 that took effect July 1, 2022. The visitation protocol is publicly posted in an easily accessible format on the home page of our website: [catholichealthservices.org](https://www.catholichealthservices.org). - Link – Visitation Protocol: [A Message to our Residents' Families - Catholic Health Services](#) St. Joseph Residence Essential Caregiver visitor's policy and procedure is available <https://www.catholichealthservices.org> homepage.

SUBJECT: VISITATION POLICY	REFERENCE #1038-B
DEPARTMENT: CHS SKILLED NURSING FACILITIES	PAGE: 15 OF: 15
ST. JOHN'S NURSING CENTER ST. VILLA MARIA NURSING CENTER / VILLA MARIA WEST SNF ST. ANNE'S NURSING CENTER	EFFECTIVE: 12/03/2004 REVISED: 4/7/2022 REVIEWED: 1/4/2023

REFERENCES AND RESOURCES:

- Senate Bill 988. 4/2022 (for implementation by 7/1/2022)
- Centers for Medicare & Medicaid Services. QSO-20-39-NH, September 17, 2020, revised 03/10/2021, Nursing Home Visitation – COVID-19 (Revised 11/12/2021): <https://www.cms.gov/files/document/qso-20-39-nh.pdf>
- Centers for Disease Control and Prevention. “Using Personal Protective Equipment (PPE)”, August 19, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations> and [Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf](https://www.cms.gov/Regulations/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)
- Centers for Disease Control and Prevention. “Preparing for COVID-19 in Nursing Homes” Updated Nov. 20,2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- Centers for Medicare & Medicaid Services. “Nursing Home Reopening Guidelines for States and Local Officials”; May 18, 2020, Revised 09/28/20; CMS; QSO-20-30-NH; <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>
- Centers for Medicare & Medicaid Services. “Interim final Rule (IFC), CMS-3401- IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool”; August 26, 2020; CMS QSO Memo 20-38-NH: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>
- “Nursing Home Five Star Quality Rating System update, Nursing Home Staff Counts, Frequently Asked Questions, and Access to Ombudsman” (revised); April 24, 2020, Rev. July 9, 2020; CMS QSO 20-28-nh: <https://www.cms.gov/files/document/qso-20-28-nh.pdf>