

# JOHN KNOX VILLAGE – MAJESTIC OAKS

## VISITATION

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SUBJECT: Visitation

Date: 03/16/2020

Updated: 11/18/21, 09/07/22

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- I Policy: It is the policy of the facility to comply with state and federal law as to visitation and access to residents. Additionally, the facility will comply with Agency for Health Care Administration and the State of Florida Division of Emergency Management orders to allow for visitation while following existing Centers for Disease Control and Prevention (CDC) recommendations to minimize the spread of COVID-19 and other transmissible diseases.

The facility developed the following policy based on this new requirement. The facility will provide the Agency for Health Care Administration (AHCA) with a copy of the facility's visitations policy and procedure with the renewal application and/or change of ownership application. Majestic Oaks will make the visitation policies and procedures available to the agency for review at any time, upon request. The Visitation Policy and procedure is available on the main website at: [www.Johnknox.com](http://www.Johnknox.com).

### II. Procedure

1. This facility shall permit residents to receive visitors of his or her own 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. There is no limit as to length of visitation and will occur at the duration of the residents choosing.
2. The facility will provide immediate access to any resident by:
  - A. Any representative of the Secretary of HHS;
  - B. Any representative of the State of Florida;
  - C. Any representative of the Office of the State Long Term Care Ombudsman;
  - D. The resident's physician;
  - E. Any representative of the protection and advocacy systems, as designated by the State of Florida, and as established under the Developmental Disabilities Assistance and Bill of rights of 2000;
  - F. Any representative of the agency responsible for the protection and advocacy system for individuals with mental disorder as established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000;
  - G. The resident representative; or
  - H. Immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time.
3. The facility will provide immediate access to others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right

to withdraw or deny consent at any time. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f) (4), and at F-tag 563 of Appendix PP of the State Operations Manual.

A. The clinically necessary reasons for denying access include:

- Restrictions 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. 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 Centers for Disease Control and Prevention (CDC) guidelines, and/or local health department recommendations. Health state (e.g., end-of-life care) should be considered when restricting visitors. 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).
- See Visitation Considerations During a Communicable Disease Outbreak

B. The reasonable safety restrictions for denying access include:

- keeping the facility locked at night; visitation may occur 24 hours a day but visitors may need to utilize set entrance and exits after hours to facilitate safety for all residents and staff
- denying access or providing limited and supervised access to a visitor if that individual has been suspected of or found to be abusing, exploiting, or coercing a resident;
- denying access to a visitor who has been found to have been committing criminal acts such as theft;
- denying access to those who the resident indicated as someone they refuse to see even though the person is a direct family member
- denying access to a person who has police or court - ordered visitation or contact restriction such as a restraining order;
- denying access to visitors who are inebriated and/or disruptive; or
- 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. .
- non-compliance with the organizations policies including visitation.

4. This facility will provide reasonable access to a resident by any entity or individual that provides health, social, legal or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.
5. Each resident and/or resident representative shall receive a copy of this facility's policies and procedures for visitation as set out herein.
6. Each resident will be informed as to the restrictions set out in section 3 herein, the reasons for each and to whom they will apply.
7. Each resident will be informed of the right, subject to his or her consent, to receive visitors whom he or she designates, including, but not limited to, a spouse (including a same sex spouse), a domestic partner (including a same sex domestic partner) a family member, or a friend and the right to withdraw consent at any time.
8. This facility will not restrict, limit or otherwise deny any visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
9. Visitors may enjoy full and equal visitation privileges consistent with resident preference.
10. JKV reserves the right to change, modify, or alter this policy without notice.
11. It is the responsibility of the Administrator to ensure that staff adhere to visitation policies and procedures.

### III. Visitation Considerations During a Communicable Disease Outbreak

Visitation practices should include the Core Principles of COVID-19 Infection Prevention

- Signage posted at entrances about recommended actions for visitors who have a positive COVID-19 test, Symptoms of COVID-19, or have had close contact with someone with COVID-19. Visitors with confirmed COVID-19 infection or compatible 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 COVID-19 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 (e.g., cannot wear source control).
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose) in accordance with CDC guidance
- Instructional signage and handouts throughout the facility for proper visitor education on COVID- 19 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 to COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO- 20-38-NH)

A. Visitors/vendors may be required to wear personal protective equipment such as gloves, mask, and gowns during visitation as recommended from state and local authorities and in cases dictated by facility policy such as Reverse Isolation/Neutropenic Precautions.

B. Majestic Oaks may need to make modification to our visitation practices when there are infectious outbreaks or pandemics to align with current Centers for Medicare and Medicaid Services (CMS) guidance and CDC guidelines that enable maximum visitation. Such practices may include:

- Offering options for outdoor or virtual visitation, or indoor designated visitation areas
- Providing adequate signage with instructions for infection prevention, i.e. hand hygiene, cough etiquette, etc.
- Ensuring access to hand hygiene supplies
- Taking other actions that would allow visitation to continue to occur safely in spite of the presence of a contagious infection
- Contacting their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of communicable disease transmission during an infectious disease outbreak, while not recommended, residents who are on transmission-based precautions (TBP) can still receive visitors. In these cases, before visiting residents who are on TBP, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident.
- Visitors should adhere to principles of infection prevention

C. Outdoor and Indoor Visitation Procedure

- a. The facility will require any individual who is entering the facility wear Face Masks or appropriate Personal Protective Equipment pursuant to the most recent CDC guidelines or Community Transmission levels. Residents and their visitors should adhere to current guidance and perform hand hygiene before and after and wear a well-fitting mask.
- b. Regardless of the community transmission level, residents and their visitors when alone in the resident's room or in a designated visitation area, may choose not to wear face coverings or masks and may choose to have close contact (including touch). This includes consensual physical

contact between a resident and visitor. Residents (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit. If a roommate is present during the visit, it is safest for the visitor to wear a face covering or mask.

- c. While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, and poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits.
- d. For outdoor visits, the facility will create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.
- e. The facility will allow indoor visitation at all times and for all residents regardless of the vaccination or immunization status of the resident or the visitor. There will be no requirements for visitors to provide proof of vaccination status.
- f. While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits and visits should ideally occur in the resident's room. While an outbreak investigation is occurring, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. In addition, visitors should physically distance themselves from other residents and staff, when possible. Facilities may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.

#### D. Visitation

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

- a) End-of-life situations.

- b) A resident 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.
- 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 is seldom speaking.

Majestic Oaks has no limit on the number of visitors per resident. The facility may limit the total number of visitors allowed in the facility at any given time based on the ability of staff to safely screen and monitor the space used to accommodate the visitors, and based on adherence to the infection control protocols of physical distancing.

#### E. Facility Responsibilities

- a. All visitors must pass the facility's current COVID-19 screening. Visitors unable to pass the screening should request to speak to a clinical manager to ensure appropriate precautions can be taken to facility visitation:
  - Any person infected with COVID-19 who does not meet the most recent criteria from the CDC to end quarantine.
  - Any person showing, presenting signs or symptoms of, or disclosing the presence of a respiratory infection, including cough, fever, shortness of breath, sore throat, chills, headache, muscle pain, repeated shaking with chills, new loss of taste or smell, or any other COVID-19 symptoms identified by the CDC.
  - Any person who has been in contact with any person(s) known to be infected with COVID-19, who does not meet the most recent criteria from the CDC to end isolation
  - Temperature Screening where the visitor temperature exceeds 99.6°F.
- b. The facility will provide infection prevention and control training, including training on proper use of personal protective equipment (PPE), hand hygiene, and social distancing for visitors through letters, emails, and signage displayed throughout the facility.
- c. The facility will maintain a log of visitors signing in and out.
- d. After attempts to mitigate concerns, restrict or revoke visitation if the visitor fails to follow infection prevention and control requirements or other COVID-19-related rules of the facility.

## F. Visitor Responsibilities

- a. Wear a surgical mask and other PPE as appropriate. PPE for outside healthcare workers and compassionate visitors must be consistent with the most recent CDC guidance for health care workers.
- b. Participate in facility-provided training on infection prevention and control, use of PPE, use of masks, hand sanitation, and social distancing, and sign acknowledgement of completion of training and adherence to the facility's infection prevention and control policies.
- c. Residents and their visitors should adhere to current guidance and perform hand hygiene before and after and wear a well-fitting mask.
- d. Visit in the resident's room or in facility designated areas within the building.
- e. Maintain social distance of at least six feet with staff and other residents and limit movement in the facility
- f. All visitors must immediately inform the facility if they develop a fever or symptoms consistent with COVID-19, or test positive for COVID-19 within fourteen (14) days of a visit to the facility.

## G. Documentation

- a. The facility is required to maintain documentation of all non-resident individuals entering the facility. The documentation must contain:
  - i. Name of the individual entering the facility;
  - ii. Date and time of entry; and
  - iii. The screening mechanism used by the facility to conclude that the individual did not meet any of the enumerated screening criteria
  - iv. This documentation must include how the screening was conducted.
- b. The facility does not require that visitors to be compelled to provide proof of vaccination or immunization status.

## References

State of Florida Division of Emergency Management order No. 20-2009

QSO-20-39 NH Revised 09/23/2022

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>

<https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>

<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

<https://www.floridadisaster.org/globalassets/executive-orders/covid-19/dem-order-no.-20-011-in-re-covid-19-public-health-emergency-issued-october-22-2020.pdf>