

Visitation - F562; F563; F564

Quality of Life

Visitation

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.
2. The facility provides 24-hour access to individuals visiting with the consent of the resident.
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; and
 - d. friends.
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. Consensual physical contact is allowed between a resident and a visitor.

Essential Caregiver Designation

1. Residents may designate one individual as an Essential Caregiver.
2. The facility may permit at least one essential caregiver for at least 2 hours on in-person visitation daily for the Essential Caregiver, in addition to all other authorized visitation.
3. Essential Caregivers are not required to provide care, and the facility may not require such care.

Required In-Person Visitation Circumstances

1. End-of-life situation
2. A new resident is struggling with the transition into care
3. The resident is making major medical decisions
4. Emotional distress or grief following loss
5. Resident requires cueing or encouragement to eat/drink from a familiar person
6. Decline in social interaction or communication

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.
 - 3. Visitors are not compelled to show or provide proof of vaccination or immunization status.

Visitation During Communicable Disease Outbreak

- 1. Visitation policies may be modified during infectious disease outbreaks or pandemics in order to align with current CMS and CDC 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 or disability.
- 2. 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.
- 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.
 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. A designated staff member, Infection Control Nurse, is responsible for ensuring that all staff adhere to this policy.
 13. Inquiries concerning visitation and access to the facility should be referred to the administrator or his/her designee.
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OBRA Regulatory Reference Numbers	§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.
Survey Tag Numbers	F562; F563; F564
Other References	
Related Documents	Coronavirus Disease (COVID-19) – Visitors and Communal Activities
Version	2.2 (H5MAPL0934)