

Mailing Address: 3930 Novaline Lane Jacksonville, Fl 32277

**Phone:** 904-744-8580

## Visitation Policy

Some Place like Home will maintain infection control practices in an ongoing effort to decrease the chance of COVID infection and transmission within the community. The Florida Statute 408.823: Senate Bill # 988: No Patient Left Behind Act protects the residents' rights to have visitors. SB-988 states that all hospitals, hospices, and long-term care facilities visitation policies and procedures must allow for in-person visitation, Some Place Like Home has open visitation, 24 hours per day. We will only place a time limit on visitation if required by the Department of health and or the Centers for Disease Control. If our visitation policy changes, we will notify the families, responsible parties via call, emal or in writing, We will explain the circumstances requiring the change If you have questions, please use the web link below for updates or call1-888-775-6055 <a href="https://ahca.myflorida.com">https://ahca.myflorida.com</a> visitation.

## Policy and Procedures:

Some Place Like Home, Inc. will follow any changes in guidelines, or requirements to support the physical, emotional, and spiritual health of all residents and staff. If for any reason, we need to restrict visitation due to health and safety concerns, we will provide alternative visitation protocols. The visitors may have consensual physical contact with the resident. Visitors' vaccination status is not requested or required. \*\*\* If you wish to have more than 6 visitors at a time, please notify the administrator, so we can provide appropriate space for your visit.

The two types of visitors are general and essential caregivers:

The following are the procedures to be followed relating to visitation and to identify Essential Caregivers for residents as well as the expectations of both General Visitors and Essential Caregivers.

- 1. For compliance with Florida Statute Chapter 408.823, designation and utilization of essential caregiver visitors and rules of visitation.
  - a. The visitation policy and procedure for the Community, including Essential Caregiver designation and visitation, shall be available via link on the home page of Community website.
  - b. Unless there is an outbreak within the facilities' residents, General visitation will be unrestricted. During an outbreak event, EssentialCaregivers are allowed to visit.
  - c. All residents and/or POA/Guardian, if appropriate, will be asked if they want to designate an essential caregiver.

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d. The Community shall maintain a visitor log for signing in and out. This log will state if the visitor is having signs or symptoms of cold, flu or stomach bug, to please reschedule the visit.

- e. All visitors must wear and use the Personal Protective Equipment (PPE) per Community's Infection Control Policies and consistent with current CDC guidance as needed.
  - a. The infection control for visitors training includes:
    - Hand Hygiene-washing the hands frequently, when visibly soiled, before and after interacting with the resident, after going to the restroom and before assisting with any food or beverage.
    - If the community is currently using face masks, the visitors will be asked to use a mask, and instructed to secure it over the nose and mouth during the visit.
    - Gloves are provided for assisting the resident with any hygiene.
    - The staff on duty or supervisor will assist in training visitors about infection control and PPE. The administrator is responsible for monitoring staff.
    - We ask that all visitors, vendors and guests notify the administrator if they develop symptoms consistent with a communicable disease within 24-hours of theirlast visit at the facility.
- f. If you have any questions, please contact the administrator. The visitation policy will be available at the screening location for your review. The essential caregiver from and acknowledgement will be available at the screening location, Infection control policy and procedure will be available at the screening location.
  - du Addendums include:
    - Visitation policy during a COVID outbreak
    - Essential Caregiver designation and policy

### Addendum 1.

# **VISITATION POLICY DURING COVID-19 Facility Outbreak**

#### **POLICY**

Visitation at Some Place Like Home makes every effort to be flexible to accommodate family, friends and caregiver schedules. The purpose of this policy is to allow residents to have visitation when the facility has 2 or more covid positive casesu Everyone visiting the resident must follow procedures outlined.

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### **PROCEDURE**

- 1. Visitation hours will be from 9am-9pm
- 2. Visitation must be scheduled with the facility by phone or email prior to arrival to the communities.
  - 3. 2 people maximum to visit the resident at a time. Person visiting must:
    - a. Have their temperature checked at the door prior to entering the building and answer questionnaire.
    - b. Review infection control education materials provided upon entry.
    - c. Visitor must wear face mask and be free from COVID/Flu like symptoms. Must wash/sanitize hands.
- 4. After visitation, the area will be disinfected by staff members.
- Any 3rd patty personal providing care to residents, MUST wear a mask, screened at the door, and MUST NOT have any COVID/FLU like symptoms prior to visiting resident to provide Care.

I have read and understand visitation policy and procedure. I understand that visitation times and dates may vary as there are many residents and family members.

Date	e Signature					
Addendum 2						
	<b>Essential Caregivers Designation</b>					
I, making this de	designate as Essential Caregiver forsignation, I consent and understand that:					

- Visits by essential caregivers are subject to the Community 's policies and procedures and ability to screen visitors and monitor visits.
- All Essential Caregiver visits may be scheduled, based on current facility conditions and are at will be set for a minimum of 2 hours daily.
- Limited to one visitor at a time and are limited to designated areas only. (Please speak with the Administrator regarding possible exceptions for end-of-life situations) The resident has the ability to object to a visit at any time, even under the following circumstances:
  - 1. End-of-life situations.



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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 inperson 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.
- Essential Caregivers will need to follow the Community's infection control and education policies and procedures and agree to such. At no time will they be more stringent than those for staff and at no time require to submit proof of vaccination.
- Essential Caregivers must sign an acknowledgement of completion of required trainings and adherence to infection prevention and control policies.
- Visits by a specific Essential Caregiver may be suspended for failure to follow infection prevention and control requirements or other related rules of the Community.

At that time the resident or resident's representative can designate a new Essential

Date

Caregiver.		
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Resident or Legal Representative Printed Name

Resident or Legal Representative Signature

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## **Essential Caregivers Acknowledgement**

<i>I</i> ,a	ccept t	:he	designation	as	an	Essential	Caregiver	fo

### I understand that:

- My visits as an Essential Caregiver are subject to the Community's infection control and education policies and procedures. I acknowledge receiving the policies and procedures and agree to always abide by them.
- My visits as an Essential Caregiver may be scheduled and may be no less than two hours per day.
- Essential Caregiver visits cannot occur if the resident personally objects/declines your visit no matter the circumstance per 408.823 of F.S."(c) The visitation policies and procedures required by this section must allow in person visitation in all 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.



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When visiting as an Essential Caregiver, I will utilize personal protective equipment (PPE) as determined by facility policies and procedures related to current Community status and current medical condition of \_\_\_\_\_\_.

- I acknowledge having received training on infection prevention and control, use of PPE, use of masks, hand sanitation, and social distancing. I am satisfied with the training provided and do not have any questions regarding any of these topics.
- I acknowledge my obligation and agree to <u>immediately</u> notify the administrator if
  I experience symptoms of a respiratory infection, cough, fever, shortness of breath
  or difficulty breathing, congestion or runny nose, sore throat, chills, headache,
  muscle pain, repeated shaking with chills, a new loss of taste of smell, nausea or
  vomiting, diarrhea, symptoms possibly related to a contagious infection or if I test
  positive for COVID-19.
- Visits by Essential Caregivers may be restricted or revoked for failure to follow infection control procedures of the Community.

Resident or Legal Representative Signature	Date