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| Administrative Policy and Procedure | **Subject:** Visitation Guidelines  |
| **Prepared By:**  | **Approved By:** |
| **Effective:** 6/28/2020 | **Revised:** 7/13/2020, 9/16/2020, 2/24/2021, 3/26/2021, 4/16/2021, 7/9/2021, 11/18/202, 1/14/2022, 9/8/2022 |

##### POLICY

It is the policy of this facility to promote and support visitation for residents, families and resident representatives while ensuring safety as well as adherence to infection prevention strategies to minimize any potential spread of infection. This will be done in accordance with all regulatory requirements.

##### PURPOSE

To enhance resident quality of life by implementing visitation to combat psychological impacts of isolation from family and representatives.

##### PROCEDURE

**General Visitation Guidelines**

1. The facility will provide immediate access to all residents by the following individual(s): any representative of the Secretary of the Department of Health and Human Services, any representative of the State, the resident’s primary care physician, the Ombudsman, and the agencies responsible for the protection and advocacy system for the developmentally disabled and mentally ill.
2. The resident has the right to receive visitors of his/her choosing at a time of his/her choosing, subject to the resident’s right to deny visitation when applicable, in a manner that does not impose on the rights of other residents.
3. The facility will provide:
	1. immediate access to a resident by immediate family and other relatives of the resident, subject to the resident’s right to deny/withdraw consent at any time;
	2. immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident’s right to deny or withdraw consent at any time;
	3. 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.
4. Visitors are not subject to visiting hour limitations unless imposed by the resident.
5. The facility may place reasonable clinical and safety restrictions on visitation to protect the health and security of all residents and staff under the following circumstances:
	1. To prevent community-associated infection or transmission of communicable diseases to one or more residents.
	2. When a visitor 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. In such instances, visitation may be supervised or denied.
	3. When visitor(s) have been found to have been committing criminal acts such as theft.
	4. When visitor(s) have been found to be inebriated or disruptive.
	5. When visitor(s) who have a history of bringing illegal substances into the facility which places residents’ health and safety at risk. In such instances, visitation may be supervised or denied.
6. Visitation will be deferred for 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) until he or she is 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.
7. Any visitor who behaves in an inappropriate manner and violates the rights of any resident, staff, or visitor will be asked to leave the facility. If they are assessed to be an immediate danger, the security guard will be called to the specific location and escort the individual(s) out of the facility. Local law enforcement may be called for visitors whose behavior(s) escalates and refuses to leave the facility.
8. Residents and/or their visitors may request private spaces. For example, privacy for visitation or meetings can be arranged in lounges or dining areas between meal times. Arrangements for private space can be made in advance with the Therapeutic Recreation Department.
9. Visitors may not bring in food from the outside until they are informed about dietary restrictions such as diabetic, renal, or dysphagia diets.
10. Visitors may not purchase or assist with purchasing of items from the cafeteria or vending machines for residents who are not their own loved ones for safety reasons.
11. Visitors may not perform activities that require specific training, unless they have been educated and deemed competent by professional staff to perform the activity. Facility staff will provide periodic monitoring of visitor participating in simple caregiving activities.

**Guidelines for Visitation During a Communicable Disease Outbreak**

1. The facility may modify visitation practices when there are infectious outbreaks or pandemics to align with current CMS guidance and CDC guidelines that enables maximum visitation.
2. Residents on transmission-based precautions may still receive visitors. Visitors will be cautioned of the potential risks associated with visiting.
3. Facility visitation may be conducted through a variety of means - in resident rooms, outdoors (weather permitting), designated visitation spaces, and virtually.
4. The facility will post signage in highly visible areas with instructions for infection prevention; for example, hand hygiene, cough etiquette, physical distancing, immunizations, etc.
5. The facility will have readily available access to hand hygiene supplies, for example, alcohol-based hand sanitizers.
6. The facility will allow the number of visitors based on the ability to adhere to infection control principles, including the ability to maintain physical distancing between residents and visitors, as applicable.
7. The facility will collaborate with Local and State health departments, when applicable, for guidance on how to structure visitation to reduce the risk of communicable disease transmission during an outbreak.
8. If any visitor fails to adhere to the visitation protocols, he/she/they will be asked to leave and may not be permitted to visit in the future (CMS QSO-20-39-NH, rev 11/12/2021)

**REFERENCES:**

CMS (Rev 11/12/2021). QSO-20-39-NH: Nursing Home Visitation- Covid-19. <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

CMS (Rev 173, 11-22-17). State Operations Manual. F563: Right to Receive Visitors, pp 27 – 30.