

Visitation Policy

Facility: The Royal Dalton House

5445 W Oak Park Blvd. Homosassa, FL 34446

Policy: In person Visitation Policy

Exhibit: A) Florida Law Chapter 2022-34 Committee Substitute for senate Bill No. 988

B) Resident Essential Caregiver Designation Form

C) Essential Caregiver Acceptance Form

Adoption Date: May 5, 2022

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 compliance tool for assisted living facilities 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.

Policy

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 the 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 a limited basis for these specific purposes. The provider must allow at a minimum in-person visitation for at least 2-hours daily under the circumstances. At The Royal Dalton House, the 2-hour visitation will be between 9:00a.m.-9 p.m. Administration 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.

Procedures:

I. For designation and utilization of essential caregiver visitors.

1. The Royal Dalton House will provide the Agency for Health Care Administration (ACHA) with a copy of the facility's essential care caregivers policy and procedure, with the initial licensure application, renewal application and/or change of ownership application.
2. The Royal Dalton essential caregiver visitor's policy and procedure is available on facility homepage. (TheRoyalDaltonHouse.com)
3. The Royal Dalton House will designate Reception/Administration as key staff to support infection and control training.

4. The Royal Dalton House will set a limit on the total number of visitors allowed in the facility at any given time based on the ability of staff to safely screen and monitor and the space to accommodate the essential caregiver visitors.
 - a. Identify locations for visitation/care to occur planning for residents in shared spaces and facilities with minimal common space to identify maximum time availability.
 - b. Provide outdoor visitation spaces that are protected from weather elements, such as porches, courtyards, patios, or other covered areas that are protected from heat and sun, with cooling devices, if needed.
 - c. Create indoor visitation spaces for residents in a room that is not accessible by other residents or in a resident's private room if the resident is bedbound and for health reasons cannot leave his or her room.
5. All residents and/or POA/Guardian if appropriate will be asked if they want to identify an Essential Caregiver.
6. All new residents will be asked if they would like to identify an Essential Caregiver upon move-in.
7. All residents will be allowed to update as requested the named Essential Caregiver of record within 2 business days of request.
8. Residents are allowed in-person visitation in all the following circumstances, unless the resident, client, or patient objects:
 - a) End-of-life situations
 - b) 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.
 - c) The resident, client, or patient is making one or more major medical decisions.
 - d) A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
 - e) A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
 - f) A resident, client, or patient who used to talk and interact with others is seldom speaking.
9. Maintain a visitor log for signing in and out.
10. No more than one essential caregiver visitor may be designated per resident.
11. The policy need not prohibit essential caregiver visitor visits, if 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 than standard surgical masks. The general visitation requirement that the facility has no new facility-onset cases of a communicable disease (for example COVID-19) is not applicable to visitation by essential caregiver visitors.
12. The Royal Dalton House is not required to provide for "facility-provided" COVID-19 testing if, and only if, it is based on the most recent CDC and FDA guidance. The cost of this testing cannot be passed on to the visitor.
13. Essential caregiver visitors must wear Personal Protective Equipment (PPE) per facility's Infection Control Policies (if positive case present in community). The PPE required must be consistent with the most recent CDC guidance for healthcare workers. At The Royal Dalton House, the essential caregiver visitors shall wear the same PPE that the staff wear to provide care or services to the resident.

14. Any changes to The Royal Dalton House essential caregiver policies must be promptly communicated to affected residents and essential caregiver visitors.

II. To facilitate visits by essential caregiver visitors upon a request from a resident or friend/family member:

1. The resident (or their representative) will read and sign the policy and procedures. The acknowledgement of the signature represents that the essential caregiver visitor will abide by the policies set forth in this document.
2. The essential caregiver visitor will complete training on policies regarding infection prevention and control including the use of PPE, use of mask (when applicable, active case present in facility) hand sanitation, and social distancing.
3. The essential caregiver visitor must immediately inform the facility if they develop symptoms consistent with a communicable disease within 24-hours of their last visit at the facility.
4. Essential caregiver visits may take place in the residents' room, or a designated area determined by The Royal Dalton House, at the time the visitation schedule is developed and agreed upon.

When an essential caregiver visitor is scheduled to visit, the facility will:

1. The Royal Dalton House will thoroughly screen the visitor per the facility's infection control policy and procedure and document the name of the individual, the date and time of entry, and the screening mechanism used, along with the screening employee's name and signature. Just as with the staff entering the building, if the visitor fails the screening, the visitor CANNOT be allowed entry.
2. The Royal Dalton House will ensure that the required consents, and training and policy acknowledgements are in place.
3. The Royal Dalton house will ensure that the caregiver visitor has appropriate PPE if applicable.
4. The Royal Dalton house will require the essential caregiver visitor to sign in and out on the visitor log.
5. The Royal Dalton House will monitor essential caregiver visitor's adherence to policies and procedures.
6. If the essential caregiver visitor fails to follow the facility's infection prevention and control requirements, after attempts to mitigate concerns, The Royal Daltons House shall restrict or revoke visitation.
7. In the event the essential caregiver visitor's status is revoked due to the individual not following the facility's policy and procedures, the resident may select a different essential caregiver visitor who will be granted visitation rights upon proper vetting and agreeing to The Royal Dalton House policies and procedures.

Exhibit B:

Essential Caregivers Designation

I, _____ designate _____ as essential caregiver for _____. In making this designation, I consent and understand that:

- Visits by essential caregivers are subject to Royal Dalton'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)
- Royal Dalton has the ability to object to a visit at any time, even under the following circumstances:
 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.
- Essential caregivers will need to follow the facility'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 Royal Dalton. At that time the resident or resident's representative can designate a new essential caregiver.

Resident or Legal Representative Signature

Date

Resident or Legal Representative Printed Name

Date

Facility Representative Signature

Date

Facility Representative Printed Name

Exhibit C:

Essential Caregivers Acknowledgement

I, _____ accept the designation as an essential caregiver for
_____. I understand that:

- My visits as an essential caregiver are subject to Royal Dalton's infection control and education policies and procedures. I acknowledge receiving the policies and procedures and agree to abide by them at all times.
- 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 of 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 who is ed to talk and interact with others is seldom speaking."

- When visiting as an essential caregiver, I will utilize personal protective equipment (PPE) as determined by facility policies and procedures related to current facility status and current medical condition of Resident.
- 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 immediately notify Royal Dalton 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, new loss of taste or smell, nausea or vomiting, diarrhea, symptoms possibly related to a contagious infection, or if I test positive for COVID-19 within fourteen (14) days of a visit.
- Visits by essential caregivers may be restricted or revoked for failure to follow infection prevention and control procedures of Royal Dalton.

Designated Essential Caregiver Signature

Date

Designated Essential Caregiver Printed Name

Facility Representative Signature

Date

Facility Representative Printed Name

Visitor Screening Tool

Visitor Name: _____ Visitor Signature: _____ Resident Visited: _____

Name of Screener: _____ Signature of Screener: _____

Date of Screening:	Time of Screening:	Decision for Entry
Have you been tested positive with COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , did you bring proof of two consecutive negative test results separated by 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If tested positive AND did not bring proof of negative results: STOP, Entry NOT Allowed!
Obtain temperature and check for fever (>100.0°F). Document temperature here: _____		If showing or presenting signs or symptoms of respiratory infection, including fever, cough, shortness of breath, or a combination of the listed symptoms: STOP, Entry NOT Allowed!
Do you have now <u>or</u> in the last 14 days had the following: Shortness of Breath: <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>OR at least two of these symptoms:</u> Sore Throat: <input type="checkbox"/> Yes <input type="checkbox"/> No Chills: <input type="checkbox"/> Yes <input type="checkbox"/> No Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No Headache: <input type="checkbox"/> Yes <input type="checkbox"/> No Muscle Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No Diarrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No Repeated Shaking with chills: <input type="checkbox"/> Yes <input type="checkbox"/> No New Loss of Taste or Smell: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been in close contact with person(s) infected with COVID-19 who has not tested negative for COVID-19 within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is YES: STOP, Entry NOT Allowed!
Have you traveled through an airport or on a cruise ship within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is YES: STOP, Entry NOT Allowed!
Have you <u>traveled to</u> OR have <u>resided in</u> a community with confirmed community spread of COVID-19, as identified by the CDC or state public health agency, within the last 14 days? (In particular New York, New Jersey, Connecticut or Louisiana) <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is YES: STOP, Entry NOT Allowed!
Education and/or Materials Provided? <input type="checkbox"/> Printed materials <input type="checkbox"/> Hand hygiene, with return demonstration		

Visitor Name: _____ Visitor Signature: _____ Resident Visited: _____

Name of Screener: _____ Signature of Screener: _____

Date of Screening:	Time of Screening:	Decision for Entry
Have you been tested positive with COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , did you bring proof of two consecutive negative test results separated by 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If tested positive AND did not bring proof of negative results: STOP, Entry NOT Allowed!
Obtain temperature and check for fever (>100.0°F). Document temperature here: _____		If showing or presenting signs or symptoms of respiratory infection, including fever, cough, shortness of breath, or a combination of the listed symptoms: STOP, Entry NOT Allowed!
Do you have now <u>or</u> in the last 14 days had the following: Shortness of Breath: <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>OR at least two of these symptoms:</u> Sore Throat: <input type="checkbox"/> Yes <input type="checkbox"/> No Chills: <input type="checkbox"/> Yes <input type="checkbox"/> No Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No Headache: <input type="checkbox"/> Yes <input type="checkbox"/> No Muscle Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No Diarrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No Repeated Shaking with chills: <input type="checkbox"/> Yes <input type="checkbox"/> No New Loss of Taste or Smell: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been in close contact with person(s) infected with COVID-19 who has not tested negative for COVID-19 within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is YES: STOP, Entry NOT Allowed!
Have you traveled through an airport or on a cruise ship within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is YES: STOP, Entry NOT Allowed!
Have you <u>traveled to</u> OR have <u>resided in</u> a community with confirmed community spread of COVID-19, as identified by the CDC or state public health agency, within the last 14 days? (In particular New York, New Jersey, Connecticut or Louisiana) <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is YES: STOP, Entry NOT Allowed!
Education and/or Materials Provided? <input type="checkbox"/> Printed materials <input type="checkbox"/> Hand hygiene, with return demonstration		