



Canterbury Tower Health Center Visitation Policy

PURPOSE:

This facility realizes the importance of visitation for improved social, physical, and overall well-being. COVID-19 has disrupted many residents in Long Term Care and Assisted Living by preventing visitors from entering the healthcare facilities during the pandemic. We are expanding our visitation to the public in accordance with Centers for Medicare and Medicaid Services (CMS) and Center for Disease Control and Prevention (CDC) recommendations.

POLICY:

It is the facility policy to ensure safe visitation to our residents. To provide guidance relating to visitation of skilled nursing residents at Canterbury Tower, in accordance with (CMS) and the Department of Emergency Management (DEM).

Canterbury Tower designates the Social Service Director as the person responsible for keeping family members and residents informed of any changes to policy and continued Infection Prevention and COVID19 updates.

STAFF RESPONSIBLE:

1. Administrator
2. Director of Nursing
3. Risk Manager
4. Social Service Director
5. Department Supervisors
6. Licensed Nurses

PROCEDURE

All forms of visitation:

1. All residents have the 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.
2. Resident's family members and non-relative visitors are not subject to visiting hour limitations or other restrictions not imposed by the resident. If these visitation rights infringe upon the rights of other residents, facility staff will find a location other than a resident's room for visits.
3. Outdoor visitation is allowed at all times.
4. If needed Virtual visits (Face Time, Zoom, Blue Jeans) etc. are available with coordination of Activities Department.
5. Visitors will sign in and out.



6. Face coverings or masks and/or appropriate PPE may be required.
7. Hand washing and/or use of hand sanitizer as required.
8. Social distancing between visitors, other residents, and staff per policy.
 9. Instructional signage throughout facility and visitor areas.
10. Appropriate cleaning and disinfecting of high-touch areas will be completed.
11. Visitation will be permitted regardless of community positivity or transmission rates.
12. Visitation will be permitted regardless of facility onset of COVID-19 positive case(s).
13. Visitation will be permitted regardless of whether resident is COVID-19 positive or in quarantine.
14. Visitation will be permitted at all times during visiting hours, including evenings and weekends.

Policy Interpretation and Implementation:

The facility will provide the updated procedure to resident and/or the appropriate representative.

At a minimum the facility will follow the “**Cores Principles of Infection Control**” as noted:

1. Visitors, staff, and residents will be encouraged to perform hand hygiene at a minimum, before, and after visits (use of alcohol-based hand rub is preferred).
2. Instructional signage will be present throughout the facility and proper visitation education on signs and symptoms of COVID-19, prevention of transmission, and other postings as applicable.
3. Cleaning and disinfecting of high-frequency touch surfaces in the facility often.

Outdoor Visitation:

The facility will provide an area that is protected from weather elements and protection from the heat and sun. All appropriate infection control and prevention practices will be followed when conducting outdoor visitations.

Indoor Visitation:

Although there is no limit on the number of visitors that a resident can have at one time, visits will be conducted in a manner that adheres to the core principles of COVID-19 infection prevention (see above) and does not increase risk to other residents. **Visitation continues regardless of the facility or resident’s COVID-19 status.** The following guidelines will be implemented:



1. The facility will ensure that physical distancing is maintained by visitors during peak times of visitation (e.g., lunch time, after business hours, etc.).
2. Visitors will be encouraged to go directly to the resident's room or designated visitation area.
3. If a resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status), if possible, visits will not be conducted in the resident's room.
4. Regardless of the community transmission level, resident 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). 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.
5. If the resident and all their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact.
6. All large gatherings (e.g., parties, events) must be scheduled through Social Services.

Communal activities (including group activities, communal dining, and resident outings):

- a. Communal activities and dining may occur while adhering to the core principles of COVID-19 infection prevention. The safest approach is for everyone, particularly those at high risk for severe illness, to wear a face covering or mask while in the communal areas of the facility.
- b. Communal activities and dining do not have to be paused during an outbreak, unless directed by the state or local health department. Residents who are on transmission-based precautions should not participate in communal activities and dining until the criteria to discontinue transmission-based precautions has been met.
- c. Residents are permitted to leave the facility as they choose, following the facility's LOA sign out guidelines and MD approval. The facility will remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices such as wearing a face covering or mask, especially for those at high risk for severe illness and when community transmission is high, performing hand hygiene and to encourage those around them to do the same.
- d. Upon the resident's return, the facility should take the following actions:
 - i. Screen residents upon return for signs or symptoms of COVID-19.
 - a) If the resident or family member reports possible close contact to an individual with COVID-19 while outside the nursing home, the facility will follow the current CDC guidance in regards to testing and quarantine.
 - b) If the resident develops signs or symptoms of COVID-19 after the outing, the facility will follow the current CDC guidance for residents with symptoms of COVID-19.

In rare circumstances when an outbreak may be uncontrolled and the facility has been working with the local health department to stop the outbreak, visitation may be paused at the direction of the health department. If the outbreak is severe enough to warrant pausing visitation, it would also warrant a pause on accepting new admissions (as long as there is adequate alternative access to care for hospital discharges). For example, in a nursing home where, despite collaborating with the health department over several days, there continues to be uncontrolled



transmission impacting a large number of residents (e.g., more than 30% of residents became infected), and the health department advised the facility to pause visitation and new admissions temporarily.

County Community Level of Transmission Considerations

If the County COVID-19 community level of transmission is substantial too high, visitors will be required to wear a face covering or mask and physically distance, at all times, regardless of vaccination status.

If the County COVID-19 community level of transmission is low to moderate transmission, we request in an abundance of caution for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are unvaccinated.

Visitation for residents in Transmission Based Precautions (TBP), Quarantine, or during Outbreak Investigation

When a new case of COVID-19 among residents or staff is, the facility identified will complete outbreak testing for unvaccinated and vaccinated staff as soon as possible. The facility does not recommend visitation for residents who are on transmission-based precautions (TBP), quarantine, during outbreak testing, however residents can still receive visitors if they choose.

- Before visiting residents' who are on TBP, quarantine, or during outbreak investigation visitors will be made aware of the potential risk of visiting and precautions necessary to visit the resident.
- Visitors are required to wear all necessary PPE to protect themselves from COVID during the visit regardless of vaccination status.
- Visits may occur in the resident's room and the resident should wear a well-fitted facemask (if tolerated).

The facility understands the importance of visitation to a residents' physical, mental, and psychosocial well-being, and how visitation will support their quality of life. In opening visitation, we also consider the safety of our residents, community, and team. In doing so visitation should be avoided if the visitor has any signs or symptoms or tested positive for COVID19.

Additional guidance for access to visitation

In addition to health care workers, personnel educating and assisting in resident transitions to the community should be permitted entry consistent with this guidance.

1. Ombudsman Visitation - nursing home provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. If an ombudsman is



planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident in a nursing home in a county where the level of community transmission is substantial or high in the past 7 days, the resident and ombudsman should be made aware of the potential risk of visiting, and the visit should take place in the resident's room. If an alternative means of communicating is requested by the resident or agency, the facility will assist in accommodating the request.

2. Any representative of the protection and advocacy (P&A) systems: 42 CFR §483.10(f)(4)(i)(E) and (F) requires the facility to allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000). If the P&A is planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident in a county where the level of community transmission is substantial or high in the past 7 days, the resident and P&A representative should be made aware of the potential risk of visiting and the visit should take place in the resident's room.
3. Qualified interpreters or someone to facilitate communication are allowed entry if a resident requires assistance to ensure effective communication and the assistance is not available from onsite staff or effective communication cannot be provided remotely (e.g., video remote interpreting).
4. Federal and State Surveyors are not required to be vaccinated and must be permitted entry into facilities unless they exhibit signs or symptoms of COVID-19.
5. Surveyors should also adhere to core principles of COVID-19 infection prevention and adhere to any COVID-19 infection prevention requirements set by state law. LTC facilities are not permitted to restrict access to surveyors based on vaccination status, nor ask a surveyor for proof of his or her vaccination status as a condition of entry.

If you have any questions about this policy, please don't hesitate to reach out to the Administrator at the facility and we are happy to help. See also reporting any related complaints to the Agency for Health Care Administration at: <https://www.ahca.myflorida.com/visitation/>

This Policy and Procedure may be amended at any time by the Facility.

References:

Centers for Disease Control and Prevention (CDC, April 27, 2021). Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination.



<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

Centers for Medicare and Medicaid Services (CMS, November 12, 2021). Nursing Home Visitation - COVID-19, Revised (QSO-20-39-NH).

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

Revised 10/2022

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