

"VISITATION POLICY"

Sunny Vista ALF ***POLICIES & PROCEDURES***

NO PATIENT LEFT ALONE, Signed by Governor Ron De Santi on April 6, 2022, guarantees Florida families the fundamental right to visit their loved ones who are receiving care in hospitals, hospice and long-term care facilities.

POLICY:

It is the policy of **SUNNY VISTA ALF** that resident's families can visit their loved ones without restrictions and that the residents can be hugged by their families and see their relatives and friends as long as they want, ensuring their physical, mental and emotional well-being.

PROCEDURES:

1. According to the 408.823, F.S. facilities must allow in-person visitations in all of the following circumstances, unless the resident objects:
 - ✚ End of life situations
 - ✚ A resident who was living with family before being admitted to the provider's care and is struggling with the changes in the environment and lack of in person family support.
 - ✚ A resident who is making one or more major medical decisions.
 - ✚ A resident who is experiencing emotional distress or grieving with the loss of a friend or family member.
 - ✚ A resident who needs cueing or encouragement to eat or drink, which was previously provided by a family member or caregiver.
 - ✚ A resident who used to talk and interact with others and is now seldom speaking.
2. A resident has the option to designate a visitor who is a family member, friend, guardian or other individual as an essential caregiver and the Facility must allow in-person visitation for at least 2 hours daily in addition to any other visitation authorized by the facility.

3. Residents whose circumstances are different from those described in point (1) could receive visits of families and friends daily between 9am and 9pm according to 59A-36.

The visits can extend up to 2 hours and each resident can receive 2 people of his choice maximum in each visit.

4. Facility may authorize, prior request of residents or family members in consideration to specific circumstances that visitation be in other times.
5. **Sunny Vista ALF** will have available a room or designated area where residents and visitors can stay comfortable and have proper privacy. **Sunny Vista ALF** will not require visitors to be vaccinated but will continue requiring **follow Facility's Visitation Protocol and CDC recommendations including screening for fever, signs and symptoms of each visitor, to use mask and hand sanitation.**

Visitors should sign in the Visitors Record & Screening Log when they arrive to the facility and will be assisted by Staff designated who will take them to the visitation area. Staff will look for the resident and take him/her to the area where he will be with his visitor(s). Visitors should stay in this area. They can be in the residents' room only if the resident is bedridden.

6. **Sunny Vista ALF** will have available for visitors the policies and procedures including the Infection Control Protocol. Visitors will be required to adhere to the policies and procedures. **Sunny Vista ALF** can refuse a visitor who does not pass the screening or refuses to comply with these policies and procedures.
7. The Administrator and all the staff of **Sunny Vista ALF** will ensure that these policies and procedures are followed, and residents and their families can maintain contact wishes in a safe environment.

Policy:

Sunny Vista ALF has developed and implemented infection control practices that conform to the AHCA regulations, CDC guidelines, federal, state and local regulations and currently accepted standards of practice. Sunny Vista ALF staff is assigned responsibility for the management of infection prevention and control activities.

Purpose:

To prevent or decrease the exposure of residents and employees to diseases and infections and to establish and maintain a surveillance program of identifying, reporting and analyzing infections.

Procedures:

The Infection Control P&P establishes and implements procedures for controlling employee exposure to covid-19 and other communicable diseases. These policies & procedures include:

- ✚ Identify all those residents and employees at risk of exposure to communicable diseases and the evaluation of circumstances surrounding exposure incidents.
- ✚ Staff will be trained upon employment admission on infection control procedures and PPE to be used.
- ✚ Ensures that provisions of PPE, equipment and supplies necessary to minimize the risk of infection with Covid – 19, and other communicable diseases or potentially infectious materials are available to all residents and employees at risk of exposure.
- ✚ Quarterly a process of educating residents/employees regarding infection control policies & procedures will be done.
- ✚ Follows P&P that will reduce the spread of Covid-19 and other communicable diseases to employees and residents.
- ✚ Monitor staff adherence to recommended policies, procedures and protective measures. When monitoring reveals a failure to follow recommended precautions:
- ✚ Counseling, education and / or re training will be provided.

SPECIFICS PROCEDURES OF INFECTION CONTROLS FOR STAFF AND RESIDENTS

Staff will use gloves when assisting residents with bathing, toileting, meal preparations, etc.

wear PPE for all resident's care and will change PPE and wash hands between residents.

Wear a gown, mask and protective eyewear if the danger of body fluid splash is present.

Use plastic and closed bags to secure soiled dressings and other contaminated waste before placing them in the trash container.

Residents will be instructed in all basic principles of Standard Precautions, other procedures to follow as modes of transmission of all possible contaminants and specific organisms, and regarding disposal of infectious wastes.

Residents will be instructed to cover their nose and mouth when infected or under possible infection and often wash their hands.

RESIDENT ACKNOWLEDGEMENT OF CONSENSUAL PHYSICAL CONTACT WITH THE VISITOR

RESIDENT NAME: _____

RESIDENT ACKNOWLEDGEMENT:

I acknowledge that I have been presented with information regarding my rights under the "NO PATIENT LEFT ALONE" On Section 408.823 FS and consensual physical contact with the visitors of my choice will be:

___ YES, I choose to have physical contact with my visitors.

___ NO, I choose not to have physical contact with.

VISITOR(S) DESIGNATION:

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

Resident/Responsible Party

ALF Owner/Administrator

Date

Date

VISITOR ACKNOWLEDGEMENT AGREEMENT
Sunny Vista ALF

I, _____ have been presented with Visitation Policies & Procedures of **Sunny Vista ALF** and agree follow requirements to in person visitation to my loved one.

Name: _____ Signature: _____
Date _____

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