

Visitation Policy

Visits to residents in the community shall be allowed. Visiting hours are not restricted, except by a resident when it is the resident choice. Our community encourages regular family involvement with the resident and shall supply opportunities for family participation in activities at the Community.

In-person visitation is allowed in all the following circumstances, unless the resident, client, or patient objects:

- End-of-life situations.
- 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.
- A resident, client, or patient is making one or more major medical decisions.
- A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
- A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
- A resident, client, or patient who used to talk and interact with others is seldom speaking.

During a declared public health emergency related to a communicable disease of public health threat, The community will allow the resident to have visits consistent with guidance from the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, and subject to compliance with any executive order, order of public health, Department guidance, or any other applicable federal or state guidance having the effect of limiting visitation.

All residents are allowed to be hugged by their loved ones.

In the event the said regulatory agency or agencies limits visitation, to protect the health and safety of all, the community will be compliant and offer alternative means for visitation such as but limited to:

- Video Conferencing
- Audio Chats
- Window Visit
- Vaccinated and unvaccinated residents with SARS-CoV-2 infection until they have met [criteria to discontinue Transmission-Based Precautions](#)
- Vaccinated and unvaccinated residents in [quarantine](#) until they have met criteria for release from quarantine.
- Communities in outbreak status should follow guidance from state and local health authorities and on when visitation should be pause.

- Communities will continue to consistently offer vaccination to new admissions and staff
- Ideally, unvaccinated residents who wish to be vaccinated should not start indoor visitation until they have been fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine and booster).
- Residents can appoint a visitor who is a family member, friend, guardian, or other individual as an essential caregiver when needed.
- Visitors should still be screened and restricted from visiting if they have: current SARS-CoV-2 infection; symptoms of COVID-19; or prolonged close contact (within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days.
- Visitors and residents (if tolerated) should wear a [well-fitting cloth mask, facemask, or respirator](#) when situation warrants.
- Hand hygiene should be performed by the resident and the visitors before and after contact.
- Visits for residents who share a room should ideally not be conducted in the resident's room. If in-room visitation must occur (e.g., resident is unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither resident is able to leave the room, communities should attempt to enable in-room visitation while maintaining [recommended infection prevention and control](#).
- Pause in visitation will be decided by the local DOH

The Executive Director is responsible for ensuring all parties follow the policy and procedure above.

