The ESTATES at CARPENTERS Est. 1986
1001 Carpenters Way | Lakeland, FL 33809 | 863-853-5505 | EstatesAtCarpenters.com

Policy:

This facility will allow resident visitation to all visitors and non-essential health care personnel. The facility will not limit the number of visitors, the visitation days or visitation times. Visitation can be conducted through different means based on the facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. The visitation will be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. Exceptions will be in accordance with federal, state and/or local guidance. The Administrator or designee is responsible for staff adherence to visitation policies and procedures. Below is the education of our policy, for additional education please contact the Administrator or Infection Preventionist.

Policy Explanation and Compliance Guidelines:

1. The Infection Preventionist or designee will monitor the status of all communicable diseases through the CDC website and local/state health department and will keep facility leadership informed of current directives/recommendations.
2. Screening of visitors is based on the CDC recommendations as well as the facility infection control guidelines for communicable disease.
3. The facility will provide guidance (e.g., signage at the entryway) about recommended actions for infection control regarding all communicable diseases.
    a. Visitors with infections or symptoms should defer non-urgent in-person visitation until symptoms have resolved.
    b. For visitors who have had close contact with someone with communicable disease infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).
    c. Hand hygiene (use of alcohol-based hand rub is preferred), will be performed by the resident and the visitors before and after contact.
    d. A face covering or mask (covering the mouth and nose) to be used, if indicated, in accordance with CDC guidance. The facility does not require visitors the universal use of facial coverings by persons to gain access to, entry upon, service from, or admission to the facility or otherwise discriminate against persons based on their refusal to wear a facial covering.
    e. Personal protective equipment is available for visitors upon request. PPE may include but is not limited to masks, gowns, gloves, face shields and shoe covers. Education will be provided on the proper use/wear of PPE.
    f. Post visual alerts (e.g., signs) at the entrance and in strategic places (e.g., waiting areas, elevators) to include instructions regarding communicable disease recommendations.
    g. Cleaning and disinfection of frequently touched surfaces in the facility and in designated visitation areas should be performed often and after each visit.
    h. Staff will adhere to the appropriate use of personal protective equipment (PPE).
    i. The facility will utilize recommended strategies for cohorting residents.
    j. The facility will conduct resident and staff testing following nationally accepted standards, such as CDC recommendations.

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k. All appropriate infection control and prevention practices will be followed when conducting outdoor visitations.

4. Visitation will be conducted in a manner that reduces the risk of all communicable diseases based on the following guidelines:
    a. The facility will always allow visitation and for all residents and will not limit the frequency and length of visits, the number of visitors, or require advance scheduling of visits.
    b. Consensual physical contact is allowed between a resident and visitor. Infection control practice should still take place (e.g. sanitizing hands before and after contact).
5. The facility will allow in-person visitation in all 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, client, or patient who used to talk and interact with others is seldom speaking.
    7. For hospitals, childbirth, including labor and delivery.
    8. Pediatric patients.

6. The facility will adhere to CMS infection prevention and control practices following accepted national standards, such as CDC recommendations, to swiftly detect cases.
7. Visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation.
8. Visits required under the federal disability rights laws and protection and advocacy (P & A) programs will be always allowed. If the resident is in transmission-based precautions or quarantine, 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.
9. When the Ombudsmen plans to visit a resident in transmission-based precautions or quarantine, both Ombudsman and resident should be made aware of the potential risk of visiting and the visit should take place in the resident's room.
10. Alternative communication methods (phone or other technology) may be used if the resident or Ombudsman program requests it in lieu of an in-person visit.
11. All healthcare workers will be permitted to come into the facility as long as they are not subject to a work exclusion. This includes personnel educating and assisting in resident transitions to the community.
12. Communal activities (including group activities, communal dining, and resident outings):

a. Communal activities and dining may occur while adhering to the core principles of infection prevention.
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. The facility will remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices, especially for those at high risk for severe illness.
d. Upon the residents' return, the facility should take the following actions:
    i. Screen residents upon return for signs or symptoms of communicable diseases.
        a) If the resident or family member reports possible close contact to an individual with infectious disease while outside the nursing home, the facility will follow the current CDC guidance regarding testing and quarantine.
        b) If the resident develops signs or symptoms after the outing, the facility will follow the current CDC guidance for residents with symptoms of COVID-19.

13. The Villa at Carpenters will provide the Agency for Health Care Administration (AHCA) with a copy of the facility's visitations policy and procedure with the renewal application and/or change of ownership application. Visitation policies and procedures are available to the agency for review at any time, upon request. The Visitation Policy and procedure is available under the Visitation at www.estatesatcarpenters.com.