



agency for persons with disabilities
State of Florida



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| Short Title: Tacachale Resident Visitation | APD Operating Procedure #: 4-3207 |
| | New Policy: <input type="checkbox"/> Established Policy: <input type="checkbox"/> New Procedure: <input checked="" type="checkbox"/> Established Procedure: <input type="checkbox"/> |
| Full Title: Onsite and Offsite Visitation of Residents at Tacachale | Authorized State Office Signature:  |
| Center Administrator Signature:  | Effective Date: June 20, 2022 |

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I. Purpose:

This operating procedure identifies employee/staff responsibilities regarding onsite and offsite visitation of residents who live at Tacachale and establishes the role of an essential caregiver.

II. Authority/Reference(s):

- A. Section 408.823, Florida Statutes, (F.S.)
- B. Chapter 400, part VIII, F.S.
- C. Section 393.063, F.S.
- D. Section 393.13, Florida Statutes (F.S.), Treatment of Persons with Disabilities – Client Rights
- E. Centers for Medicare and Medicaid Services (CMS), QSO-20-39-NH
- F. Nursing Home Visitation - COVID-19, Revised November 12, 2021

III. Scope:

This operating procedure applies to all APD employees/staff with the responsibility to provide support for visitation of residents at Tacachale.

IV. Definitions:

Center Administrator: The individual appointed into the Superintendent position at Tacachale.

Deputy Center Administrator: The individual appointed into the Assistant Institution Superintendent position at Tacachale.

Employee/Staff: Any person who has been duly appointed to a position in the Career Service (CS), Selected Exempt Service (SES), Senior Management Service (SMS), or Other Personal Services (OPS) with an organizational unit of the Agency or an Agency operated facility. For the purpose of this operating procedure, the term "employee/staff" also includes contracted staff, volunteers, and interns who work at Tacachale.

Essential Caregiver: A resident's family member, friend, guardian, or other individual who must be allowed, unless the resident objects, to visit in-person. An Essential Caregiver does not have caregiving responsibilities and shall be allowed at least two (2) hours of daily visitation.

Infection Control – Policies and procedures enacted to minimize the risk of occurrence and/or spreading of infectious diseases that can be transmitted in numerous ways in a healthcare setting; and includes Standard Precautions and Transmission-Based Precautions.

Legal Representative: For residents under the age of 18 years of age, the legal representative or health care surrogate appointed by a Florida court to represent the child, or anyone designated by the parent(s) of the child to act in their behalf.

For residents age 18 years or older, the legal representative could be the client, or anyone designated by the client through a Power of Attorney or Durable Power of Attorney, a medical proxy under chapter 765, F.S., or

anyone appointed by a Florida court as a guardian or guardian advocate under chapters 393 or 744, F.S.

Resident: A person receiving services from the Agency who resides at Tacachale.

Residential Shift Supervisor: An individual assigned to a Human Services Senior Supervisor position, responsible for the oversight of a shift in a residential home.

Residential Staff: Staff who work in the residential homes and worksites, providing direct services to the residents.

Social Services Counselor (SSC): Staff person responsible for providing social services to Tacachale residents.

Temporary Caregiver: A person who assumes responsibility for the care and well-being of a resident when employees/staff are not present.

V. Procedures:

1. Resident visitation is encouraged, and all residents may designate an essential caregiver at any time. Specific needs or issues related to visitations are addressed individually for each resident. Tacachale will not require visitors to submit proof of any vaccination or immunization.

There are no specific limitations on the number of visitors a resident may have, however; the number of visitors is to be discussed with the resident's Social Services Counselor (SSC) during scheduling of the visit. The Center Administrator or designee may suspend visitation in certain emergency situations. In person visitation will always be permitted for the following circumstances:

- End of life situations
- A resident is struggling with the change in environment and lack of in-person family support after being admitted to Tacachale from his/her family home
- A resident is experiencing emotional distress or grieving the loss of a friend or family member who recently died
- A resident 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 is seldom speaking

A. Procedures for Resident Visitation On Center:

The following procedures will be implemented to facilitate visitation of residents while at Tacachale.

1. The Social Services Counselor (SSC) or designee will:
 - a. receive and respond to the request for a visit;
 - b. contact the home staff to coordinate date, time, location of visit, the number of visitors and anticipated length of visit, and staff escort as needed;
 - c. coordinate any medical needs with nursing as needed;
 - d. ensure the visitor(s) complete the Tacachale Visitor Questionnaire (Attachment A);
 - e. ensure the Tacachale Terms and Conditions for Resident Visitation form (Attachment B); and
 - f. provide communication regarding the scheduled visitation to the resident's home management staff and all other affected departments.

2. The Residential Shift Supervisor or designee will:
 - a. ensure the resident is escorted to the designated visitation location;
 - b. coordinate any change in meal delivery as needed; and
 - c. notify assigned nurse of scheduled visit.

3. Visitors who do not agree to adhere to the Tacachale Terms and Conditions for Resident Visitation form (Attachment B) shall not be permitted to visit or shall have their visitation suspended and be asked to leave.

4. The resident or his/her legal representative may designate an essential caregiver who would be allowed at least two (2) hours of daily visitation.

B. Procedures for Resident Visitations Off Center:

1. The SSC or designee will:
 - a. receive and respond to a request for a visit;
 - b. contact the home staff to coordinate date, time, location of visit, and staff escort as needed;

- c. coordinate any medical needs with nursing as needed;
- d. ensure the visitor(s) complete the Tacachale Visitor Questionnaire (Attachment A);
- e. ensure the visitor(s) complete the Tacachale Terms and Conditions for Resident Visitation form (Attachment B);
- f. ensure visitor(s) complete the Tacachale Release of Responsibility to Temporary Caregiver form (Attachment C); and
- g. complete and distribute electronic communication regarding the scheduled off-center visitation to the resident's home management staff and all other affected departments.
- h. Tacachale will not require visitors to submit proof of any vaccination or immunization.

2. The Residential Shift Supervisor or designee will:

- a. ensure the resident is escorted to the designated pick-up location;
- b. coordinate any change in meal delivery as needed; and
- c. notify the assigned nurse of the scheduled visit.

VI. Training and Education:

All residential and social services staff, nursing staff, security staff, and Center Monitors will be provided training on this operating procedure by department directors/designees, and training records will be maintained in their respective departments. Department directors are responsible for ensuring employees/staff adhere to the procedures outlined herein.

VII. Enforcement:

This operating procedure is effective immediately. The Center Administrator is responsible for ensuring that employees/staff adhere to this operating procedure.

Failure to comply with this operating procedure may result in corrective or disciplinary action, up to and including dismissal, in accordance with APD 2-0020, Standards of Conduct and Standards of Disciplinary Action.

VIII. Revision/History:

Revised: June 2022
New Operating Procedure May 2022

IX. Attachments:

- A. Tacachale Visitor Questionnaire
- B. Tacachale Terms and Conditions for Resident Visitation
- C. Tacachale Release of Responsibility to Temporary Caregiver

Attachment A

TACACHALE VISITOR QUESTIONNAIRE

Due to health concerns across the state, we are taking steps to prevent the spread of illnesses. We ask that you help us protect our residents and staff by answering a few questions.

Name: _____ Telephone Number: _____

Address: _____

Name of resident being visited: _____

Please answer the following questions:

1. Have you *developed* any symptoms of respiratory infections, including cough, fever, shortness of breath, or sore throat within the last 14 days?

Yes No

2. Within the last 14 days, have you had personal contact (6 feet or less) with any person known to be infected with COVID-19?

Yes No

3. If you have been diagnosed with COVID-19, what was the date of your last symptom?

Date

Signature

Date

Attachment B

Tacachale Terms and Conditions for Resident Visitation

Resident's Name: _____ **Home:** _____

Appointment date & time: _____

Visitation between facility residents and their approved visitors is encouraged. The resident or his/her Legal Representative may also designate an essential caregiver who will be allowed at least two (2) hours of daily visitation. Below are the terms and conditions that must be followed to help ensure a safe and successful visitation.

1. All facility visits (including the number of visitors and anticipated length of visit) must be scheduled in advance unless otherwise approved by the Center Administrator or designee.
2. Visiting hours are daily from 8:00 a.m. – 4:30 p.m. unless otherwise approved by the Center Administrator or designee.
3. Visitors shall complete a screening questionnaire prior to entering the facility. Any visitors who have active symptoms or a positive test for an infectious illness, shall not enter the facility and the visitation will be rescheduled.
4. Visitors shall receive information on and shall follow all current facility infection control measures and personal protective equipment requirements, including proper hand hygiene, wearing face coverings or masks (covering the mouth and nose) while indoors, and physical distancing at least six feet from other residents or facility staff.
5. The facility shall provide any required personal protective equipment, upon request.
6. On-site visitation shall take place in a location designated by the facility.
7. Physical contact between the visitor and resident is allowed unless the resident objects.
8. Staff may be present during the visit based on the resident's needs.
9. Visitors shall report to the residential home staff any notable events that occurred to the resident during the visit (i.e., falls, seizures, illness, bruises, scratches, etc.).

I agree to comply with the Terms and Conditions for Resident Visitation. Failure to comply may result in suspension of the visitation.

Visitor 1 Name: _____ Signature: _____

Visitor 2 Name: _____ Signature: _____

Visitor 3 Name: _____ Signature: _____

Visitor 4 Name: _____ Signature: _____

Attachment C

TACACHALE RELEASE OF RESPONSIBILITY TO TEMPORARY CAREGIVER

Resident's Name: _____ Home: _____

Date/Time of Visit: From: _____ To: _____

I understand that by taking _____ with me off center, on a leave of absence, I have entered into an agreement with the Agency for Persons with Disabilities – Tacachale to provide all the necessary care, protection, and supervision to safeguard him/her while he/she is with me. I further understand that I agree to continue the course of treatment and habilitation, including medical treatment, at the same levels and to the same extent that he/she receives at Tacachale. I agree to report any notable events that occur while he/she is in my care to the Agency for Persons with Disabilities – Tacachale and return him/her immediately if requested by the Agency for Persons with Disabilities – Tacachale.

Received/informed of: ___ Medication Schedule ___ Medication/copy of MAR ___ Diet Information

Print Name: _____

Signature: _____

Relationship: _____

Address: _____

Telephone Number: _____

Employee/Staff Name/Title: _____ Signature: _____