

Amendment to the policies & procedures
All Communicable diseases

**A LOVING FAMILY ALF
POLICIES & PROCEDURES**

NO PATIENT LEFT ALONE ACT 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 A LOVING FAMILY 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.

The resident must provide the facility with a written approval authorization that they agree to have consensual physical contact with their visitors.

Amendment to the policies & procedures

All Communicable diseases

(continued)

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. A Loving Family ALF will have available a room or designated area where residents and visitors can stay comfortable and have proper privacy. A Loving Family 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. A Loving Family 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 A Loving Family 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 A Loving Family ALF will ensure that these policies and procedures are followed, and residents and their families can maintain the contact wishes in a safe environment.

April 30, 2022

OM

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 ACT" 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
A Loving Family ALF

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

Name: _____ Signature: _____

Date _____

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

Name: _____ Signature: _____

Date _____

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

Name: _____ Signature: _____

Date _____

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

Name: _____ Signature: _____

Date _____