



agency for persons with disabilities
 State of Florida
 SUNLAND CENTER

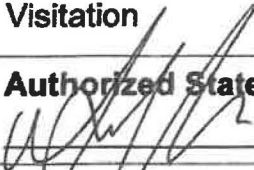
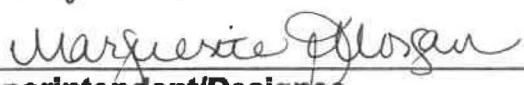
Short Title: Resident Visitation	Sunland Center Operating Procedure #: 4-2585
Full Title: On-Center and Off-Center Resident Visitation	New Policy: <input type="checkbox"/> Established Policy: <input type="checkbox"/> New Procedure: <input checked="" type="checkbox"/> Established Procedure: <input type="checkbox"/>
Authorized State Office Signature: 	Date: 5/5/2022
Authorized Signature:  Superintendent/Designee	Effective Date: 5/5/2022

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I. Purpose:

To establish protocols for the onsite and offsite visitation of Sunland Center (Sunland) residents, while ensuring the health and safety of all facility residents and employees/staff. To establish the role of an essential caregiver.

II. References:

- A. Section 408.823, Florida Statutes, (F.S.)
- B. Chapter 400, part VIII, F.S.
- C. Section 393.063, F.S.

- D. Chapter 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 – Nursing Home Visitation - COVID-19, Revised November 12, 2021
- F. Sunland Center Operating Procedure (SOP) 15-1, Content of Resident Unit Based Central Files

III. Scope:

This operating procedure applies to all facility residents, employees/staff of Sunland, legal guardians, family members, and visitors.

IV. Definitions:

Administrative Duty Officer (ADO) - An employee delegated by the Superintendent to be in charge of the Center on weekends and holidays.

Center Monitor – A Sunland employee delegated by the Superintendent to perform on-site administrative duties after regular business hours.

Centralized Support Services (CSS) – A department at Sunland that provides recreational and vocational opportunities for Sunland residents and is responsible for the visitation areas.

Employees/Staff- Any person who has been appointed to a position in the Career Service (CS), Selected Exempt Service (SES), Senior Management Service (SMS), or Other Personal Services (OPS) within 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 Sunland.

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.

Person in Charge (PIC) - The Human Services Senior Supervisor designated for each unit per shift who is responsible for providing communication and supervisory oversight for the unit.

Program Operations Administrator (POA) - The responsible person who serves as the unit director of a residential facility at Sunland

Qualified Intellectual Disabilities Professional (QIDP) - A staff who is responsible for integrating, coordinating, and monitoring each resident's active treatment.

Special Active Treatment (SAT) Team – The resident, guardians, family members, and identified service providers who convene to address resident needs outside routinely scheduled active treatment meetings.

Temporary Caregiver: An individual responsible for providing the necessary care and supervision required for the resident during on-center visitation or the necessary care, shelter, food, medicine, medical services, and supervision for a resident during off-center visitation.

Units – Sunland Center's Intermediate Care Facilities' (ICF) residential homes that are grouped into three separate units, each with its own administration.

V. Procedures:

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. The Superintendent 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 Sunland 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. On-Center Visitation

The procedures below will be followed to facilitate resident visitation:

1. Visitor(s), including essential caregivers, must coordinate visitation through the unit's Social Services department. During scheduling of the visit, the social services staff will communicate any infection prevention and control measures that the facility deems necessary.
2. Visitation will occur in the specific unit's designated area appropriate to the resident's need and in adherence to infection control and prevention measures. Signage and sanitation stations will be provided as necessary.
3. Visitation hours are daily between 8:00 a.m.- 4:30 p.m. Central Standard Time (CST). In-person visitation by an essential caregiver is permitted for at least 2 hours daily.
4. Visitation outside of these parameters must be approved by the unit's Program Operations Administrator (POA).
5. Outdoor visitation is preferred and encouraged when weather permits.
6. Visitor(s) will be informed of the potential risk of visiting during an infection outbreak and adhere to the core principles of infection prevention. If residents or their visitor would like to have a visit during an outbreak investigation, they should wear face coverings and/or masks during visits, and visits should ideally occur in a private room or designated area that provides privacy.
7. Prior to visitation, visitors will be required to:
 - a. agree to comply with any infection control measures put in place by Sunland This may include social distancing from other staff and residents, usage of pertinent PPE such as wearing a mask, and hand washing, and other sanitation practices;
 - b. comply with Sunland screening requirements:
 - i. show photo ID and sign in at the front gate;
 - ii. complete the Agency for Persons with Disabilities Visitor/Vendor Screening Questionnaire (Attachment A) as required at the front gate prior to entering the Center;
 - iii. visitors who have a positive test for illness or symptoms of illness or currently meet the criteria for quarantine shall not enter Sunland.
 - c. agree to visit in the designated area(s) only; or

- d. sign and adhere to the guidelines in the On-Center Temporary Caregiver Visitation Permit (Attachment B) if the visitor would like to accompany the resident around campus without staff, and the resident approves;
- e. agree to adhere to the Sunland Terms and Conditions for Resident Visitation (Attachment C) and sign/date the form;
- f. the Superintendent may suspend in-person visitation in certain emergency situations; and
- g. visitors who do not adhere to the visiting guidelines shall not be permitted to visit or shall have their visitation suspended and be asked to leave.

8. The unit Social Services staff will coordinate the visit. The Social Services staff will:

- a. receive the request, discuss, and schedule the impending visit with the visitor(s), provide information related to visitation to include the Sunland Terms and Conditions for Resident Visitation (Attachment C), and document in the Social Worker Case Notes;
- b. contact the Qualified Intellectual Disabilities Professional (QIDP) to determine if a SAT team meeting is necessary;
- c. notify house staff, the unit Person-In-Charge (PIC), unit Director, Security, and any other necessary parties (e.g., Nursing, Dietary, Centralized Support Services, etc.) of the scheduled visitation;
- d. complete the On-Center Temporary Caregiver Visiting Permit (Attachment B);
- e. ensure the signed On-Center Temporary Caregiver Visiting Permit (Attachment B), Sunland Terms and Conditions for Resident Visitation (Attachment C), and any other documentation is filed in the appropriate resident's central file;
- f. log the visit in the resident's Social Services case notes.

9. The resident's house staff will:

- a. coordinate supervision necessary to facilitate the visitation;
- b. sanitize the designated visitation area before and after use;
- c. ensure the completed Agency for Persons with Disabilities Visitor/Vendor Screening Questionnaire, (Attachment A), On-Center Temporary Caregiver Visitation Permit (Attachment B), and Sunland Terms and Conditions for Resident Visitation (Attachment C) are submitted to the unit's Social Services department.
- d. log the visit in the house logbook.

10. After Hours/Weekends/Holidays:

- a. Visits outside of regular business hours are recommended to be scheduled through the unit's Social Services department during regular business hours.

- b. Upon visitor arrival, Security staff will notify the Center Monitor and/or PIC.
- c. After screening is completed, visitors will proceed to the appropriate designated visitation area and staff will facilitate visitation.
- d. Visitors are to remain in the designated visitation area at all times.
- e. If visitors arrive without an appointment, Security staff will contact the Center Monitor and/or PIC for authorization to proceed with a visit.
- f. The Center Monitor and/or PIC will be responsible for ensuring the On-Center Temporary Caregiver Visiting Permit (Attachment B) and Sunland Terms and Conditions for Resident Visitation (Attachment C) are completed for any authorized unscheduled visit.

B. Off-Center Visitation

Off-center visitation, including overnight visits, and the guidelines for off-center visitation are identified individually for each resident through the SAT team process. The procedures below will be followed for off-center visitation:

1. Off-center resident visitation must be requested through the appropriate unit's Social Services department during regular business hours.
2. The unit Social Services staff will provide the Sunland Terms and Conditions for Resident Visitation (Attachment C) to visitors.
3. The unit Social Services staff will ensure that the Sunland Terms and Conditions for Resident Visitation (Attachment C) and the Release of Responsibility to Temporary Caregiver (Attachment D) are completed and taken to the house prior to visitation.
4. Off-center visitation is discouraged for any resident who is quarantined, positive for an infectious disease and not recovered, or symptomatic.
5. Off-center visitation for residents under Court jurisdiction requires advanced Court approval.
6. The visitor must agree to follow any pre and post screening procedures set forth by Sunland.
7. Residents who participate in off-center visitation for twenty-four (24) hours or more will be screened at Cox Medical upon their return to Sunland Center. If the resident does not meet return screening criteria, he/she will not be permitted to enter the facility and must be quarantined by the visitor during the recovery period based upon Center for Disease Control (CDC) guidelines.
8. All transportation to and from off-campus visits must be provided by visitors.
9. The Social Services staff will notify visitors of any changes to off campus

visitation guidelines.

10. Social Services staff will ensure the signed Sunland Terms and Conditions for Resident Visitation (Attachment C), Release of Responsibility to Temporary Caregiver (Attachment D), and any other documentation is filed in the appropriate resident's central file.

VI. Distribution:

This operating procedure is accessible to all Sunland employees/staff via the APD public website, the APD intranet, Sunland SharePoint/Sunland Operating Procedures, and departmental procedure manuals and posted on the agency's website

VII. 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 departments. Department directors are responsible for ensuring employees/staff adhere to the procedures outlined herein.

VIII. Enforcement:

This operating procedure is effective immediately. The Superintendent 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.

IX. Revision History:

Revised: May 2022

Supersedes Guideline 4-2585 dated November 23, 2021.

X. Attachments:

- A. Agency for Persons with Disabilities Visitor/Vendor Screening Questionnaire
- B. On-Center Temporary Caregiver Visiting Permit
- C. Sunland Terms and Conditions for Resident Visitation
- D. Release of Responsibility to Temporary Caregiver

AGENCY FOR PERSONS WITH DISABILITIES VISITOR/VENDOR SCREENING QUESTIONNAIRE

Date: _____
Time: _____
Resident Temp: _____

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 by answering a few questions.

Visitor/Vendor Name: (Print) _____ Contact Number: _____

Staff Screener: _____

Vendor's Company/Business Name: _____

Address: _____

Reason for Visit: _____

Name of resident being visited: _____

Resident visitation appointment time: _____

Please answer the following questions:

1. Within the last 14 days, have you experienced any symptoms of respiratory infections, including: cough, fever, shortness of breath, sore throat, congestion, runny nose, diarrhea or new loss of taste or smell?
Yes No

2. Have you had a positive COVID-19 test?
Yes No

If yes, please provide details.

a. Date of test _____ b. Location _____ c. Date of last symptom _____

3. Have you had contact with any person you know to be infected with or exposed to COVID-19 within the last 14 days?
Yes No

4. Do you have concerns adhering to the following safety precautions during your off-campus visit?
- Wearing a mask over your nose and mouth?
 - Practicing hand hygiene?
 - Maintaining social distance of at least 6 feet with staff and other residents?
 - Remaining in designated area?
- Yes No

Sunland Center
On-Center Temporary Caregiver Visiting Permit

This is to advise that _____ may visit on center with
 (Visitor's name)

with _____ who resides on _____
 (Resident's name) (House name)

In Unit _____ on _____
 (Month, day, year)

By signing below, I hereby agree to become the temporary caregiver for the above-named Sunland resident, who is a vulnerable adult, for the duration of my visit. I assume responsibility to provide the necessary care and supervision required for this resident during the visit and not to provide food or beverage contrary to the resident's diet during the visit. I also agree to adhere to their specific behavioral and other restrictions or requirements. I understand that my responsibility as a caregiver will be from when the visit begins until the time that I release him/her back to the appropriate Sunland staff. I also understand that Sunland-Marianna releases this resident to me only upon my agreement and commitment to properly provide the care and supervision necessary to prevent any harm to the resident or to anyone with whom he/she may come into contact.

 Signature of Visitor

 Date

 Print name of Visitor

 Relationship to Resident

 Physical and/or Mailing address of Visitor

 Telephone number of Visitor

SUNLAND APPROVAL BY: _____
 (Name of Staff Person)

 (Position Title of Staff Person)

 (Date)

COPIES: White Original to Social Services/Yellow Copy to Visitor/Pink Copy to House.

Sunland 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 must be scheduled in advance unless otherwise approved by the Facility Superintendent or designee.
2. Visiting hours are daily from 8:00 a.m. – 4:30 p.m. (CST) unless otherwise approved by Facility Superintendent 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: _____

SUNLAND CENTER MARIANNA
RELEASE OF RESPONSIBILITY TO TEMPORARY CAREGIVER

RESIDENT'S NAME _____

FACILITY/LIVING UNIT _____

DATES/TIMES OF VISIT From _____ Time _____

To _____ Time _____

I hereby agree to become the temporary caregiver for the above-named Sunland resident, a vulnerable adult, and I assume responsibility to provide the necessary care, shelter, food, medicine, medical services, and supervision that a reasonable person would consider to be appropriate for this developmentally disabled adult. I understand that my responsibility as caregiver will be from the time I accept custody of the resident until the time that I return him to Sunland custody, and that Sunland Marianna releases this resident to me only upon my agreement and commitment to properly provide the care and supervision necessary, including but not limited to prescribed diet and medications, to prevent harm to the resident or to anyone with whom (s)he may come into contact.

Print Name _____

Signature _____

Relationship _____

Address _____

Telephone _____

SUNLAND APPROVAL BY: _____

Name

Title

Date

Note: Sunland staff must request photo ID of person agreeing to be temporary caregiver if otherwise unknown.

Copies: Original: Social Worker

1 Copy: Temporary Caregiver

1 Copy: House

Sunland Center, District 2

3700 Williams Drive, Marianna, Florida 32446

The Agency for Persons with Disabilities is committed to working in partnership with local communities to ensure safety, well-being, and self-sufficiency for the people we serve.