

**Florida**  
**The Fountains**  
**In-Person**  
**Visitation and**  
**Facial Covering**  
**Policy and**  
**Procedures**

## **Purpose**

This policy and procedure is established to comply with the regulations set forth in Chapter 408.823 and 408.824, Florida Statutes. Pursuant to FS 408.823, a resident may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. Pursuant to FS 408.824, facial coverings can be required under certain circumstances for residents, visitors and as while allowing for an opt-out if certain criteria are met.

## **Policy**

The following are the procedures to be followed to identify Essential Caregivers for residents and the expectations. These procedures will be administered equally to all residents that request to have an essential caregiver, without regard to race, color, religion, sex (including gender identity and transgender status), age, national origin, disability, or veteran status.

Essential caregiver visitors provide emotional support to help a resident deal with a difficult transition or loss, upsetting event, making major medical decisions, needs cueing to eat and drink, stops speaking, or end-of-life. Essential caregiver visitors may be allowed entry into the community on a limited basis for these specific purposes. In accordance with the SB 988, the provider must allow at a minimum in-person visitation for at least 2-hours daily under these circumstances. At The Fountains, essential caregivers do not have restricted visitation.

All visitors, including essential caregivers, residents, and associates may be required to wear facial coverings and the procedures and opt-out for this policy is denoted below. Under this policy, consensual physical contact between a resident, client, or patient and the visitor is allowed.

## **Procedures:**

### **I. For designation and utilization of essential caregiver visitors.**

1. The Fountains will provide the Agency for Health Care Administration (AHCA) with a copy of the community's essential caregiver visitor's policy and procedure, with the initial licensure application, renewal application and/or change of ownership application.
2. The Fountains' essential caregiver visitor's policy and procedure is available on The Fountains' homepage.
3. The Fountains will designate the Assisted Living Director as key staff to support infection prevention and control training.
4. The Fountains may set a limit on the total number of visitors allowed in the community. We will monitor the space to accommodate the essential caregiver visitors.
  - a. Identify locations for visitation/care to occur planning for residents in shared spaces and community areas with minimal common space to identify maximum time availability.
  - b. Provide outdoor visitation spaces that are protected from weather elements, such as porches, courtyards, patios, or other covered areas that are protected from heat and sun, with cooling devices, if needed

- c. Create indoor visitation spaces for residents in a room that is not accessible by other residents or in a resident's private room if the resident is bedbound and for health reasons cannot leave his or her room
5. All residents and/or POA/Guardian if appropriate will be asked if they want to identify an Essential Caregiver.
6. All new residents will be asked if they would like to identify an Essential Caregiver upon move-in.
7. All residents will be allowed to update as requested the named Essential Caregiver of record within 2 business days of request.
8. Residents are allowed in-person visitation in all the following circumstances, unless the resident, client, or patient objects:
  - a) End-of-life situations.
  - b) 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.
  - c) The resident, client, or patient is making one or more major medical decisions.
  - d) A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
  - e) A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
  - f) A resident, client, or patient who used to talk and interact with others is seldom speaking.
9. Maintain a visitor log for signing in and out.
10. No more than one essential caregiver visitor may be designated per resident.
11. The policy need NOT prohibit essential caregiver visitor visits, if the specific resident to be visited is quarantined, tested positive, or showing symptoms of a communicable disease. Visits in these circumstances will likely require a higher level of PPE than standard surgical masks. The general visitation requirement that the community has no new community-onset cases of a communicable disease (for example COVID-19) is not applicable to visitation by essential caregiver visitors.
12. The Fountains is not required to provide for "community-provided" COVID-19 testing if, and only if, it is based on the most recent CDC and FDA guidance. The cost of this testing cannot be passed on to the visitor.
13. Essential caregiver visitors must wear Personal Protective Equipment (PPE) per community's Infection Control Policies. The PPE required must be consistent with the most recent written and posted CDC guidance for healthcare workers. At The Fountains the essential caregiver visitors will be provided with the same PPE that staff wear to provide care or services to the resident.
14. Any changes to the Community's essential caregiver visitor policies must be promptly communicated to affected residents and essential caregiver visitors.

## **II. To facilitate visits by Essential caregiver visitors upon a request from a resident or friend/family member:**

1. The resident (or their representative) will read and sign the policy and procedures. The

acknowledgement of the signature represents that the essential caregiver visitor will abide by the policies set forth in this document.

2. The essential caregiver visitor will be given information on the Community's infection prevention and control including the use of PPE, use of masks, hand sanitation, and social distancing.
3. The essential caregiver visitor must immediately inform the community if they develop symptoms consistent with a communicable disease within 24-hours of their last visit at the community.
4. Essential caregiver visits may take place in the resident's apartment or a designated area determined by the community at the time the visitation scheduled is developed and agreed upon.

### **III. When an essential caregiver visitor is scheduled to visit, the community will:**

1. Thoroughly screen the visitor per the community's infection control policy and procedure and document the name of the individual, the date and time of entry, and the screening mechanism used, along with the screening employee's name and signature. Just as with staff entering the building, if the visitor fails the screening, the visitor CANNOT be allowed entry.
2. Ensure that the required consents, and training and policy acknowledgements are in place.
3. Ensure that the caregiver visitor has appropriate PPE if applicable.
4. Require the essential caregiver visitor to sign in and out on the visitor log.
5. Monitor the essential caregiver visitor's adherence to policies and procedures.
6. If the essential caregiver visitor fails to follow the community's infection prevention and control requirements, after attempts to mitigate concerns, the community shall restrict or revoke visitation.
7. In the event the essential caregiver visitor's status is revoked due to the individual not following the community's policy and procedures, the resident may select a different essential caregiver visitor who will be granted visitation rights upon proper vetting and agreeing to the community's policies and procedures.

### **IV. Facial Coverings can be required for Infection Control:**

1. For residents when the resident is in a common area of the health care setting and is exhibiting signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet or airborne transmission.
2. For visitors when the visitor is:
  - a. Exhibiting signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet or airborne transmission,
  - b. In sterile areas of the health care setting or an area where sterile procedures are being performed,
  - c. In a room with a resident who is exhibiting signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet or airborne transmission, or

- d. Visiting a resident whose treating health care practitioner has diagnosed the resident with or confirmed a condition affecting the immune system in a manner which is known to increase risk of transmission of an infection from associates without signs or symptoms of infection to a resident and whose treating practitioner has determined that the use of facial coverings is necessary for the resident's safety.
3. Opt-Out requirements are as follows:
- a. Any visitor or resident may opt-out of wearing a facial covering if an alternative method of infection control or infectious disease prevention is available.
  - b. Associates may opt-out of wearing a facial covering unless the associate is:
    - Conducting sterile procedures
    - Working in a sterile area
    - Working with a resident whose treating health care practitioner has diagnosed the resident with or confirmed a condition affecting the immune system in a manner which is known to increase risk of transmission of an infection from associates without signs or symptoms of infection to a patient and whose treating practitioner has determined that the use of facial coverings is necessary for the resident's safety.
    - With a resident on droplet or airborne isolation, or
    - Engaging in non-clinical potentially hazardous activities that require facial coverings to prevent physical injury or harm in accordance with industry standards.

**Exhibit A:**

## CHAPTER 2022-34

Committee Substitute for  
Committee Substitute for Senate Bill No. 988

An act relating to in-person visitation; providing a short title; creating s. 408.823, F.S.; providing applicability; requiring certain providers to establish visitation policies and procedures within a specified timeframe; providing requirements for such policies and procedures; authorizing the resident, client, or patient to designate an essential caregiver; establishing requirements related to essential caregivers; requiring in-person visitation in certain circumstances; providing that the policies and procedures may require visitors to agree in writing to follow such policies and procedures; authorizing providers to suspend in-person visitation of specific visitors under certain circumstances; requiring providers to provide their policies and procedures to the Agency for Health Care Administration at specified times; requiring providers to make their policies and procedures available to the agency for review at any time, upon request; requiring providers to make their policies and procedures easily accessible from the homepage of their websites within a specified timeframe; requiring the agency to dedicate a stand-alone page on its website for specified purposes; providing a directive to the Division of Law Revision; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. This act may be cited as the “No Patient Left Alone Act.” Section 2. Section 408.823, Florida Statutes, is created to read: 408.823 In-person visitation.

(1) This section applies to developmental disabilities centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part IV of chapter 400, intermediate care facilities for the developmentally disabled licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429.

(2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include infection control and education policies for visitors; screening, personal protective equipment, and other infection control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider’s staff and may not require visitors to submit proof of any vaccination or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor.

(b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care.

(c) The visitation policies and procedures required by this section must allow in-person visitation in all of 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.
- (d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures.
- (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request.
- (f) Within 24 hours after establishing the policies and procedures required under this section, providers must make such policies and procedures easily accessible from the homepage of their websites.
- (3) The agency shall dedicate a stand-alone page on its website to explain the visitation requirements of this section and provide a link to the agency's webpage to report complaints.

Section 3. The Division of Law Revision is directed to replace the phrase "30 days after the effective date of this act" wherever it occurs in this act with the date 30 days after this act becomes a law.

Section 4. This act shall take effect upon becoming a law. Approved by the Governor April 6, 2022.

Filed in Office Secretary of State April 6, 2022.

**Exhibit B:**

**Essential Caregivers Designation**

I, \_\_\_\_\_ designate \_\_\_\_\_ as essential caregiver for \_\_\_\_\_. In making this designation, I consent and understand that:  
Resident Name

- Visits by essential caregivers are subject to the community’s policies and procedures and ability to screen visitors and monitor visits.
- All essential caregiver visits may be scheduled, based on current community conditions and are at will be set for a minimum of 2 hours daily.
- Limited to one visitor at a time and are limited to designated areas only. (Please speak with the Administrator regarding possible exceptions for end-of-life situations)
- The Fountains has the ability to object to a visit at any time, even under the following circumstances:
  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.
- Essential caregivers will need to follow the community’s infection control and education policies and procedures and agree to such. At no time will they be more stringent than those for staff and at no time require to submit proof of vaccination.
- Essential caregivers must sign an acknowledgement of completion of required trainings and adherence to infection prevention and control policies.
- Visits by a specific essential caregiver may be suspended for failure to follow infection prevention and control requirements or other related rules of The Fountains. At that time the resident or resident’s representative can designate a new essential caregiver.

\_\_\_\_\_  
Resident or Legal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident or Legal Representative Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Representative Printed Name

**Exhibit C:**

**Essential Caregivers Acknowledgement**

I, \_\_\_\_\_ accept the designation as an essential caregiver for

\_\_\_\_\_  
Resident Name

I understand that:

- My visits as an essential caregiver are subject to the community’s infection control and education policies and procedures. I acknowledge receiving the policies and procedures and agree to abide by them at all times.
- My visits as an essential caregiver may be scheduled and may be no less than two hours per day.
- Essential caregiver visits cannot occur if the resident personally objects/declines your visit no matter the circumstance per 408.823 of F.S.

“(c) The visitation policies and procedures required by this section must allow in-person visitation in all of 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 who used to talk and interact with others is seldom speaking.*

- When visiting as an essential caregiver, I will utilize personal protective equipment (PPE) as determined by community policies and procedures related to current community status and current medical condition of \_\_\_\_\_.

Resident Name

- I acknowledge having received training on infection prevention and control, use of PPE, use of masks, hand sanitation, and social distancing. I am satisfied with the training provided and do not have any questions regarding any of these topics.
- I acknowledge my obligation and agree to **immediately** notify the Community Executive Director if I experience symptoms of a respiratory infection, cough, fever, shortness of breath or difficulty breathing, congestion or runny nose, sore throat, chills, headache, muscle pain, repeated shaking with chills, new loss of taste or smell, nausea or vomiting, diarrhea, symptoms possibly related to a contagious infection, or if I test positive for COVID-19 within fourteen (14) days of a visit.
- Visits by essential caregivers may be restricted or revoked for failure to follow infection prevention and control procedures of The Fountains.

\_\_\_\_\_  
Designated Essential Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designated Essential Caregiver Printed Name

\_\_\_\_\_  
Community Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Representative Printed Name

## Exhibit D:

## Chapter 2023-043

## Emergency Rule: 59AER23-2

## Standards for the Appropriate Use of Facial Coverings for Infection Control

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: Pursuant to Chapter 2023-043, Laws of Florida, the Agency for Health Care Administration is mandated to adopt this emergency rule and need not make these findings required by section 120.54(4)(a), Florida Statutes.

REASON FOR CONCLUDING THAT THE PROCEDURE IS FAIR UNDER THE CIRCUMSTANCES: The Agency for Health Care Administration is mandated by Chapter 2023-043, Laws of Florida, to adopt emergency rules to implement section 408.824, Florida Statutes.

SUMMARY: This emergency rule establishes facial covering requirements for health care practitioners and health care providers.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Jeremy Roberts at Agency for Health Care Administration, Division of Health Care Policy and Oversight, Bureau of Health Facility Regulation, 2727 Mahan Drive, MS# 28A, Tallahassee, FL 32308, email [Jeremy.roberts@ahca.myflorida.com](mailto:Jeremy.roberts@ahca.myflorida.com) or phone 850-412-4432.

THE FULL TEXT OF THE EMERGENCY RULE IS:

59AER23-2 Standards for the Appropriate Use of Facial Coverings for Infection Control.

(1) Health care practitioners and health care providers may choose to require a patient to wear a facial covering only when the patient is in a common area of the health care setting and is exhibiting signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet or airborne transmission.

(2) Health care practitioners and health care providers may choose to require a visitor to wear a facial covering only when the visitor is:

(a) Exhibiting signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet or airborne transmission,

(b) In sterile areas of the health care setting or an area where sterile procedures are being performed,

(c) In an in-patient or clinical room with a patient who is exhibiting signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet or airborne transmission, or

(d) Visiting a patient whose treating health care practitioner has diagnosed the patient with or confirmed a condition affecting the immune system in a manner which is known to increase risk of transmission of an infection from employees without signs or symptoms of infection to a patient and whose treating practitioner has determined that the use of facial coverings is necessary for the patient's safety.

(3) Opt-Out Requirements are as follows:

(a) Pursuant to 59AER23-2(1), health care practitioners and health care providers who choose to require a facial covering for any patient must include in the policy a provision for the opting-out of wearing a facial covering. Such a policy must be in accordance with the Florida Patient Bill of Rights and Responsibilities, section 381.026, F.S.

(b) Pursuant to 59AER23-2(2), health care practitioners and health care providers who choose to require a facial covering for any visitor must include in the policy a provision for the opting-out of wearing a facial covering if an alternative method of infection control or infectious disease prevention is available.

(4) Health care practitioners and health care providers must allow an employee to opt out of facial covering requirements unless an employee is:

(a) Conducting sterile procedures.

(b) Working in a sterile area.

(c) Working with a patient whose treating health care practitioner has diagnosed the patient with or confirmed a condition affecting the immune system in a manner which is known to increase risk of transmission of an infection from employees without signs or symptoms of infection to a patient and whose treating practitioner has determined that the use of facial coverings is necessary for the patient's safety.

(d) With a patient on droplet or airborne isolation, or

(e) Engaging in non-clinical potentially hazardous activities that require facial coverings to prevent physical injury or harm in accordance with industry standards.

Rulemaking Authority 408.824 FS. Law Implemented 408.824 FS. History – New 6-30-23.