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*An affiliate of United Community Options of South Florida, formerly United Cerebral Palsy since 1947
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
A Private, Not for Profit Agency Established in 1984*

Creating the Future...
One Person at a Time
Affiliated with United Cerebral Palsy since 1947

Facility Visitations during COVID-19

Effective: 9/1/20
Revised: 04/06/22

AUTHORITY REFERENCE: Federal Register – Section 483.10(f) (4) (ii)-(v) and

Core Principles for COVID-19 Infection Prevention consistent with Centers for Disease Control Prevention (CDC).

PURPOSE: To promote in person facility visits for the residents while protecting the health of all residents, staff and visitors by using the Core Principle for COVID-19 Infection Prevention.

HISTORY:

- On October 22nd, 2020 an Emergency Order was issued revising some of the requirements from the Emergency Order issued on September 1st, 2020 DEM Order NO. 20-009 for individuals entering residential and long-term care facilities.
- On February 11, 2021, CMS issued new guidance for visitation in ICF/IDD during COVID 19. The guidance provided ways an ICF/IDD can more safely facilitate in-person visitation and address the psychosocial needs of the residents as well as prevent the spread of the virus refer to attachment: QSO21-14-ICF/IDD&PRTF in appendix J - EXECUTIVE ORDER OR AHHCA MANDATES.
- On March 23, 2021, AHCA issued a State Limitations on Long-Term Care Facility Visitation Lifted effected March 22, 2021.
- On 11/12/21 CMS issued QSO-20-39-NH-Nursing Home Visitation-COVID-19 - **Visitation is now allowed for all residents at all times** and AHCA -Holiday Visitation Guidance for Long Term Care Facilities 11/22/21 citing CMS notice QSO-20-39-NH applicable to assisted living facilities and other long-term care facilities as well. The core principles for COVID-19 Infection Prevention consistent with Centers for Disease Control and Prevention (CDC) should continue be maintained
- On April 6th 2022 the Governor signed SB 988- the No Patient Left Alone Act

POLICY INTERPERATION:

MCPRS will promote in person visitations in door and outdoors utilizing the core principles for COVID-19 Infection Prevention consistent with Centers for Disease Control Prevention (CDC).

MCPRS will adhere to the guidelines and/or recommendations that reduce the risk of COVID-19 transmission to include core principles for COVID-19 Infection Prevention consistent with Centers for Disease Control and Prevention (CDC) to include the following:

- MCPRS will communicate all infection control requirements to visitors as far as possible in advance of any visits using various means to include but not limited to website, phone, text, and posted notices.
- Screen all visitors who enter the facility for signs and symptoms of COVID-19 and deny entry of those with signs or symptoms or currently meet the criteria for quarantine. MCPRS will follow the most current CDC guidance.
- MCPRS will have all visitors hand wash upon entering the building as regular hand hygiene is critical and should consist of washing hands with soap and water for at least 20 seconds. When hand washing is not possible, MCPRS will use an alcohol-based hand sanitizer with at least 60% to 95% alcohol.
- All visitors will be provided with a facemask upon entering the building. Residents should wear a facemask (if tolerated) during a visit and whenever leaving their room. Facemask should not be placed

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on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

- Social distancing (also called “physical distancing”) of at least six feet between persons (approximately 2 arm-lengths between persons) for visitors or individuals who do not live together within the home. Physical distancing will be utilized in combination with face coverings/facemasks and regular hand hygiene.
- MCPRS will not require a vaccine as a condition of visitation and MCPRS will allow the residents/people supported to be hugged by their loved ones/family members.
- The use of physical barriers during visits (e.g., clear Plexiglass/plastic dividers, curtains) can further reduce the spread of infection and may be considered.
- MCPRS will post instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, Infection Prevention Control precautions, other applicable facility practices (e.g., use of face covering or mask; specified entries, exits, and routes to designated areas; hand hygiene).
- Routine cleaning and disinfecting frequently high touched surfaces in the facility and designated visitation areas after each visit will be done
- Appropriate staff use of Personal Protective Equipment_(PPE).
- MCPRS will limit and monitor points of entry to the facility to promote proper screening.

The above COVID-19 Infection Prevention Control are consistent with the current CDC guidance for congregate settings such as ICF/IDD and will be followed by MCPRS except when they prevent a necessary accommodation to meet the specific need of a resident and prevent implementation of a protective measure. If such a need arises, additional levels of protection will be addressed in a person-centered manner as identified by the interdisciplinary team and approved by the medical director.

MCPRS will enable visits to be conducted with an adequate degree of privacy. Visitors who are unwilling to adhere to the recommended principles of COVID-19 infection prevention will not be permitted to visit in person and will be asked to leave. By following a person-centered approach and adhering to these recommended principles, visitation can occur more safely.

In accordance with the No Patient Left Alone Act, MCPRS will promote in-person visitation in all of the following circumstances, unless the person supported or family/guardian objects:

- End-of-life situations.
- A person supported who was living with family before being admitted to MCPRS is struggling with the change in environment and lack of in-person family support.
- A person supported and/or family member/guardian is making one or more major medical decisions.
- A person supported is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
- A person supported needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
- A person supported who used to talk and interact with others is seldom speaking.

The person supported, family or guardian has the option to designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. MCPRS will promote in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by MCPRS.

Visitation Hours:

Relatives, friends and guardians may visit at any reasonable hour and during waking hours without prior notification, consistent with the right of the person being visited and the privacy of other people supported.

Outdoor Visitation

While taking a person-centered approach and adhering to the recommended principles of COVID-19 infection prevention, outdoor visitation will continue to be promoted by MCPRS as, outdoor visits pose a

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lower risk of transmission because of increase space and airflow; therefore, MCPRS will continue to designate the patio area for outdoor visits whenever practicable.

The following guidelines will be followed for outdoor visitations:

- To ensure the highest level of protection for the people supported, wearing of a face covering/mask must be worn and maintaining social distancing for all visitors and residents.
- Outdoor visitation will be facilitated routinely unless weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual's health status (e.g., medical condition(s), COVID-19 status), or a facility's outbreak status make these options unattainable.

Indoor Visitation

Parents or guardians shall be permitted to visit all parts of the facility that provide care services consistent with the right of that person and the privacy of others and not during times of care being provided. The number of visitors may be regulated to ensure that proper consideration is given and the rights of the person sharing the room are protected. Visits are encouraged to occur in the living room of the home as to provide privacy for the person being visited and protect the privacy of others who reside within the home.

Although there is no limit on the number of visitors that a resident can have at one time, MCPRS will ensure that visits will be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.

- a) MCPRS will ensure that physical distancing can still be maintained during peak times of visitation (e.g., lunch time, after business hours, etc.).
- b) MCPRS will avoid large gatherings (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.
- c) Visitors must be willing to adhere to the recommended principles of infection prevention.
- d) Visits for residents who share a room will not be conducted in the resident's room. For situations where there is a roommate and the health status of the resident prevents leaving the room, MCPRS will attempt to enable in-room visitation while adhering to the recommended principles of COVID-19 infection prevention.
- e) While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents, who are on TBP or quarantine, visitors will be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention. MCP will offer well-fitting facemasks or other appropriate PPE, if available; however, MCP is not required to provide PPE for visitors
- f) Visitors should *also* physically distance from other residents and staff in the facility.

Indoor Visitation during an Outbreak Investigation

When a new case of COVID-19 among residents or staff is identified, MCP will immediately begin outbreak testing and report findings to all applicable parties. While it is safer for visitors not to enter the facility during an outbreak investigation and MCP advises against it, MCP will allow visits to occur in the facility. Visitors will be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they must wear face coverings or masks during visits, regardless of vaccination status, and visits ideally will occur in the resident's room (in the absence of the roommate), whenever possible and/or outside. MCP will contact the local health authorities for guidance or direction on how to structure visitations to reduce the risk of COVID-19 transmission during an outbreak investigation.

Visitor COVID-19 Testing and Vaccination

While visitor testing and vaccination can help prevent the spread of COVID-19, MCPRS will not require visitors to be tested or vaccinated (or show proof of such) as a condition of visitation. MCPRS will continue to screen visitors prior to entry for their current status and exposure for COVID-19.

Compassionate Care Visits

In the event a scenario arises that would limit visitation for a resident (e.g., a resident is severely immunocompromised and the number of visitors the resident is exposed to needs to be kept to a minimum), compassionate care visits would still be allowed at all times.

MCP acknowledges that there are still risks associated with visitation and COVID-19. However, the risks are reduced by adhering to the core principles of COVID-19 infection prevention. Furthermore, per 42 CFR §483.10(f)(2), residents have the right to make choices about aspects of his or her life in the facility that are significant to the resident. Visitors, residents, or their representative will be made aware of the potential risk of visiting and necessary precautions related to COVID-19 in order to visit the resident.

Federal Disability and Rights Laws and Protection & Advocacy (P&A) Programs

P&A systems authorized under the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. §§ 15041–15045) protect the rights of individuals with developmental and other disabilities. P&As have a number of authorities, including the authority to “investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported or if there is probable cause to believe the incidents occurred.” 42 U.S.C.A. § 15043(a)(2)(B). Under its federal authorities, representatives of P&A systems are permitted immediate and unrestricted access to all facility residents, which includes “the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person.” 42 CFR § 51.42(d) “Access to facilities and residents.”; 45 CFR § 1326.27(d) (“Access to service providers and individuals with developmental disabilities.”).

If the P&A is planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident in a county where the level of community transmission is substantial or high in the past 7 days, the resident and P&A representative will be made aware of the potential risk of visiting and the visit should take place in the resident’s room.

Additionally, MCPRS will comply with federal disability rights laws such as Section 504 of the Rehabilitation Act, Section 1557 of the Patient Protection and Affordable Care Act, and the Americans with Disabilities Act, as applicable. Where ICF/IID’s are licensed as nursing facilities and are certified under section 1919 of the Social Security Act, MCPRS must allow visitation by the long-term care Ombudsman program, consistent with [42 CFR 483.10\(f\)\(4\)\(i\)\(C\)](#).

If a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the MCPRS allow the entry into the facility of a person to interpret or facilitate as stated in [42 CFR 483.420\(a\)\(1\) and \(2\)](#) for ICF/IIDs. These obligations do not preclude MCPRS from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the recommended principles of COVID-19 prevention.

Entry of Healthcare Workers and Other Providers of Services

All healthcare workers will be permitted to come into the facility as long as they are not subject to a [work exclusion](#) or showing signs or symptoms of COVID-19. EMS personnel do not need to be screened, so they can attend to an emergency without delay. All staff, including individuals providing services under arrangement as well as volunteers, must adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

MCPs visitation policies will remain in perpetual review and on-going revisions are likely, guided by changes in AHCA, APD, DOH, CDC, ICF/IID AND MCP Regulatory requirements and mandates. In addition to attorney review. Any variations to the policy must be authorized by the COO or Executive Director in the absences of the COO.



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www.mcprs.org
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