Visitation Rights Policy









VISITATION RIGHTS POLICY

POLICY

This facility promotes and supports a resident centered approach to care. The purpose of this policy is to define and set expectations regarding persons visiting residents and to recognize our commitment to provide visitation in accordance with our non-discrimination policy, which provides access without regard to race, color, sex, national origin, disability, age, religion, marital status, citizenship, gender identity, gender identity, sexual orientation, and/or other legally protected classifications. It is the policy of the facility that each resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner, that does not impose on the rights of another resident.

OBJECTIVE OF VISITATION RIGHTS POLICY

The objective of the policy complies with the visitation privileges supporting those individual rights. All residents have a right to privacy and access to visitors of their choice at any time.

CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS) – DEFINITIONS

The following are the approved CMS definitions from the Draft State Operations Manual Appendix PP effective November 28, 2016

- A. Right to privacy means that the resident has the right to privacy with whomever the resident wishes to be private and that this privacy should include full visual, and, to the extent desired, for visits or other activities, auditory privacy visitation purposes. Private space may be created flexibly and need not be dedicated solely for visitation purposes.
 - For example, privacy for visitation or meetings might be arranged by using a dining area between meals, a vacant chapel, office or room; or an activities area when activities are not in progress.
- **B.** Arrangements for private space can be accomplished through cooperation between the facility's administration and resident or family groups so that private space is provided for those requesting it without infringement on the rights of other residents.

PROCEDURE

A. The facility will promote resident visitation and access rights throughout the organization. This includes promoting immediate access for visitation for the resident representative, immediate family, friends, or others with the consent of the resident





any time subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time.

- B. The facility will protect the rights of all residents and address or limit visitation that infringes on the rights of another resident. Examples of visitation that may infringe on the right of another resident include: loud boisterous behavior that disturbs a sleeping resident, a large crowd of visitors that overtake a shared resident public space, a visitor who acts inappropriately toward another resident.
- C. Resident visitors are not subject to visiting hour limitations or other restrictions not imposed by the resident as well as reasonable clinical and safety restrictions.
- D. Facilities must provide 24-hour access to other non-relative visitors with the consent of the resident subject to reasonable restrictions including clinical and safety restrictions as applicable. The facility will inform the resident and visitors as indicated.
- E. The facility must provide immediate access to visit with:
 - a. Any representative of the Secretary
 - b. Any representative of the State
 - c. Any representative of the Office of the State Long Term Care Ombudsman
 - d. Resident's individual physician
 - e. Any representative of the protection and advocacy system as designated by the State and as established under the Developmental Disabilities Assistance and Bill of Rights Acts of 2000
 - f. Any representative of the agency responsible for the protection and advocacy system for individuals with Mental Disorder
 - g. Resident representative
- F. The facility will provide reasonable access to the resident by any agency that supplies or provides health, legal, social or other services to the resident, subject to the resident's right to deny or withdraw consent at any time, but the facility will establish guidelines regarding circumstances of the visit such as location.
- G. The facility will inform each resident or resident representative where appropriate of the facility's visitation rights and related visitation policies and procedures. This will include:





- a. Any clinical or safety restriction or limitation of the rights
- b. Reason for the restriction or limitation
- c. To whom the restrictions apply
- d. When they will be informed of his/her other rights
- e. Inform each resident of their right subject to consent to receive visitors designated by the resident including but not limited to:
 - i. Spouse, including same sex spouse
 - ii. Domestic partner, including same sex domestic partner
 - iii. Another family member
 - iv. Friend
 - v. Inform each resident of their right to withdraw or deny consent for visitation at any time
- H. The resident's medical record will contain documentation about specific visitation restrictions, the reason, specific direction about the restriction, and the duration.
- H. The facility will promote that all visitors have full and equal visitation privileges consistent with resident preferences. Additionally the resident has the right to participate in resident groups in the facility
- I. In the event that the resident and/or resident representative have concerns regarding their rights related to visitation, the resident and/or resident representative is encouraged to contact the facility Grievance Officer.
- J. Illinois Joint Committee on Administrative Rules Administrative Code requires visiting hours be posted in plain view of visitors.





References

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities 10/04/16:

• https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities

State Operations Manual Appendix PP – Guidance to Surveyors for Long-Term Care Facilities, 06/10/16:

https://www.cms.gov/Regulations-and-
Guidance/Guidance/Manuals/downloads/som107ap pp guidelines ltcf.pdf

CMS Memo Ref: S&C 17-07-NH: Advance Copy – Revisions to State Operations Manual (SOM), Appendix PP- Revised Regulations and Tags, 11/09/16:

 https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-07.pdf

CMS Memo Ref: S&C: 11-30-NH: Reporting Reasonable Suspicion of a Crime in a Long-Term Care Facility (LTC): Section 1150B of the Social Security Act, Revised 01/20/12 (Elder Justice Act Provisions):

 https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter11 30.pdf

(Illinois) Joint Committee on Administrative Rules Administrative Code Title 77: Public Health, Chapter 1: Department of Public Health, Subchapter c: Long-Term Care Facilities

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