



**Ascension Living**

Origination 12/2016

Last 05/2022

Approved

Last Revised 05/2022

Next Review 05/2024

Owner Sarah Hobbs

Chapter RESIDENTS  
RIGHTS AND  
DIGNITY

Applicability Ascension Living

References F557, F562,  
F563, F584

## Visitation

### Policy Statement

The resident has the right to interact with members of the community and participate in community activities both inside and outside of the facility.

The resident has the right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's rights to deny visitation, when applicable, and in a manner that does not impose on the rights of another resident.

### Policy Interpretation and Implementation

- A. We recognize the resident's need to maintain contact with the community in which he or she has lived or is familiar. Therefore, the resident is permitted to have visitors as he/she wishes.
- B. The resident may designate an Essential Caregiver to visit for two hours in person in addition to any other allowed visitation. The Essential Caregiver is not required or expected to provide any necessary care. The Essential Caregiver may or may not be the resident's surrogate decision-maker or legally authorized representative. The resident has the right to change the designation of his or her Essential Caregiver at any time.
- C. The community provides 24-hour access to individuals visiting with the consent of the resident. Including in the following circumstances:
  1. Including the following circumstances
    - a. End-of-life situations
    - b. A resident 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. A resident is making one or more major medical decisions.
    - d. A resident is experiencing emotional distress or grieving the loss of a friend or family member who recently died.

- e. A resident needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
  - f. A resident who used to talk and interact with others is seldom speaking.
2. Some visitation may be subject to reasonable restrictions that protect the security of the community's residents such as:
    1. Limiting or supervising visits from persons who are known or suspected to be abusive or exploitative to a resident;
    2. Denying access to individuals who are found to have been committing criminal acts; and
    3. Denying access to visitors who are inebriated or disruptive.
- D. Visitors may include, but are not limited to:
1. Spouses (including same-sex and transgender spouses);
  2. Domestic partners (including same-sex and transgender domestic partners);
  3. Other family members; and
  4. Friends.
- E. All lawful marriages and spouses will be recognized for purposes of this and all other policies, regardless of any contradictory state or local laws.
- F. Residents will be informed upon admission of their rights to 24-hour visitation.
- G. Residents are permitted to visit with representatives from federal and state survey agencies, resident advocates, the State long-term care ombudsman, protection and advocacy agencies for individuals with developmental disabilities or mental illness, clergy, and/or their personal physicians at any time.
- H. The resident has the right to deny visitation at any time. If a resident chooses to withdraw consent for visitation by a particular individual, the name of that person and the date of withdrawn consent shall be documented in the resident's medical record.
- I. The community reserves the right to limit the number of visitors in the room at one time to protect the rights of the person sharing the room.
- J. A critically ill resident may have visitors of his/her choice at any time, as long as visitation is not medically contraindicated. (Note: The resident's care plan identifies visitor restriction information.)
- K. The community reserves the right to change the location of a visit if such a visit infringes upon the rights of the resident's roommate or other residents in the community.
- L. The community will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
1. All visitors enjoy full and equal visitation privileges.
- M. Visitors are required to comply with infection control measures, including masking and screening upon entrance to the facility.
- N. Consensual physical contact between the resident and the visitor is allowed (ex. hand-holding, hugging).
- O. Unless otherwise permitted by the resident, visitors will be required to wait outside the room or in the lobby while the resident is receiving treatment, undergoing examinations, and/or receiving

personal care.

- P. Incidents of any visitor's disruptive behavior must be documented in the resident's medical record or other community-approved forms.
- Q. Space is available in the lobby/lounge for residents to receive guests in reasonable comfort and privacy.
- R. Inquiries concerning visitation and access to the community should be referred to the Administrator or his/her designee.

| References                        |                         |
|-----------------------------------|-------------------------|
| OBRA Regulatory Reference Numbers | 483.10(f)(4); 483.10(i) |
| Survey Tag Numbers                | F 562, F563, F557, F584 |
| Other References                  |                         |
| Related Documents                 |                         |
| Version                           | 1.3 (H5MAPL0934)        |

*This policy is intended as a guideline to assist in the consistent application of Ascension Living policies and procedures for staff. The policy does not create a contract implied or expressed, with any Ascension Living staff, who are employees at will. Ascension Living reserves the right to modify this policy in whole or in part, at any time, at the discretion of the Ascension Living management.*

## Approval Signatures

Step Description

Approver

Date

Sarah Hobbs: VP, Clinical Services

05/2022