

Visitation Rights – Utah Addendum

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Policy

The facility will ensure that each resident right to visitation is observed. The facility shall not restrict visitation without a reasonable clinical or safety cause, consistent with 42 CFR § 483.10(f) (4) (v). The facility 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.

State Requirement

H.B.133 – Health Care Facility Visitation Amendment

Federal Regulations

F564 483.10(f)(4)(vi)

A facility must meet the following requirements:

- A. Inform each resident (or resident representative, where appropriate) of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, consistent with the requirements of this subpart, the reasons for the restriction or limitation, and to whom the restrictions apply, when he or she is informed of his or her other rights under this section.
- B. Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.
- C. Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- D. Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences.

Procedure

1. The executive director is responsible for ensuring that visitation is conducted in accordance with state and federal guidance as outlined in this policy.
2. A resident or resident representative may designate one individual as the primary visitor.
 - a. The facility may not limit the duration or frequency of a primary visitor's visits to the designated resident.
3. Resident's family members are not subject to visiting hour limitations or other restrictions **not imposed by the resident**, *with the exception of reasonable clinical and safety restrictions, consistent with §483.10(f)(4)(v), placed by the facility based on recommendations of CMS, CDC, or the local health department.* With the consent of the resident, facilities must provide 24-hour access to other non-relative visitors, subject to reasonable clinical and safety restrictions. For additional guidance please refer to the **Visitor Management Policy**.

4. The facility under normal operations does not place limits on the number of visitors and the duration of a visit for any resident.
5. The facility will be secured at night with a system in place for allowing visitors approved by the resident. For additional guidance please refer to the ***Locking Entrance and Perimeter Doors After Hours Visitation Policy***.
6. Visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life.
7. If visitation rights infringe upon the rights of other residents, staff should find a location other than a resident's room for visits. For example, if a resident's family visits in the late evening when the resident's roommate is asleep, then the visit should take place somewhere other than their shared room so that the roommate is not disturbed.
8. Individuals who provide health, social, legal, or other services to the resident have the right of reasonable access to the resident. Facility staff must provide space and privacy for such visits.
 - a. Law enforcement personnel should notify the Executive Director or designee before visiting with a resident on any law enforcement matter. The resident may request that a staff member be present during the visit.

Visitation Considerations related to Infection Control

1. The facility may need to modify the visitation practices when there are infectious outbreaks or pandemics to align with current CMS guidance and CDC guidelines that enables maximum visitation, such as by:
 - a. Offering options for outdoor or virtual visitation, or indoor designated visitation areas
 - b. Providing adequate signage with instructions for infection prevention, i.e. hand hygiene, cough etiquette, etc.
 - c. Ensuring access to hand hygiene supplies
 - d. Taking other actions that would allow visitation to continue to occur safely in spite of the presence of a contagious infection
 - e. Contacting their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of communicable disease transmission during an outbreak
2. The facility will not require a visitor or primary visitor to comply with infection control measures that are more restrictive than the infection control measures of the facility associates.
3. The facility will not require a visitor or primary visitor to show proof of vaccination or immunization status.

4. The facility will not prohibit physical contact between the visitor and the resident or deny a visitor or primary visitor access to the resident unless visitation has been denied as outlined in the following section.
5. During an infectious disease outbreak, while not recommended, residents who are on transmission-based precautions (TBP) can still receive visitors. In these cases, before visiting residents who are on TBP, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to principles of infection prevention.
6. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication).
 - a. If deferral cannot occur such as the case of end-of-life, the visitor should follow respiratory hygiene/cough etiquette as well as other infection prevention and control practices such as appropriate hand hygiene.

Facility Rights and Responsibilities

1. The facility may:
 - a. Exclude certain areas of the facility from visitor and primary visitor access;
 - b. Require a visitor or a primary visitor to agree in writing to follow the facility's visitation policies and procedures before allowing access to the resident;
 - c. Suspend or refuse in-person visitation for a visitor or a primary visitor if the visitor or primary visitor violates the facility's visitation policies and procedures;
 - d. Remove a visitor or primary visitor or deny visitation, if the resident is undergoing a procedure or receiving treatment that would be impeded by visitation;
 - e. Deny visitation for a visitor or primary visitor if the resident or resident representative objects to the visit; or
 - f. Prohibit physical contact or visitation if:
 - i. The visit or physical contact is prohibited by law;
 - ii. The resident is in the custody of the state; or
 - iii. The facility determines the visit or physical contact:
 1. Creates a physical safety risk to the resident, the visitor or primary visitor, or the facility's associates;
 2. Is counter therapeutic to the resident's well-being; or
 3. Is disruptive to the resident's care or treatment.