

VISITATION RIGHTS

POLICY PURPOSE

The policy affirms Volunteers of America National Service's (VOANS) commitment to protecting each resident's right to visitation, including access to emotional support, compassionate care, and personal autonomy. The policy establishes expectations and permissible limitations related to visitation in a manner that safeguards the health and safety of residents, visitors, and staff, including during periods of increased infectious or communicable disease risk, in accordance with applicable Florida statutes and regulatory requirements.

POLICY SCOPE

This policy applies to Volunteers of America National Services (VOANS) Senior Living facilities (long-term care, skilled nursing, and assisted living) in the State of Florida.

POLICY / REGULATORY REFERENCE

42 CFR 483.10(f)(4)

F.S. §408.823; §429.28(1)(d)

Chapter 59A-36, F.A.C.

F563 (Right to Receive/Deny Visitors)

F564 (Inform of Visitation Rights/Equal Visitation Privileges)

POLICY STATEMENT

Residents will be afforded the right to receive visitors of their choosing and to engage in private communication, consistent with applicable state and federal law. Visitation will not be restricted except as expressly permitted by statute and will not be more restrictive than the standards applied to facility staff. Any limitation imposed will be reasonable, necessary, and designed to protect

resident health and safety while preserving resident rights.

TERMS AND DEFINITIONS

Essential Caregiver	An individual designated by the resident, including a family member, friend, guardian, or other person, who is permitted to provide in-person visitation in accordance with F.S. §408.823.
Infectious or Communicable Disease	A disease capable of being transmitted from one person to another through direct or indirect means.

POLICY:

I. Right to Visitation:

- (a) Each resident has the right to unrestricted private communication, including the right to receive visitors of their choosing at a time of their choosing, subject to the resident's right to deny visitation when applicable, in a manner that does not impose on the rights of another resident.
- (b) Subject to the resident's right to deny or withdraw consent at any time and reasonable clinical and safety restrictions defined by this policy, the facility will:
 - (1) Provide immediate access to a resident by the resident's immediate family, relatives of the resident, and others who are visiting with the consent of the resident.
 - (2) Provide reasonable access to a resident by an entity or individual that provides health, social, legal, or other services to the resident.
- (c) Visitation will include, but is not limited to:
 - (1) Compassionate care visits to alleviate physical or emotional distress,
 - (2) Visits by an individual supporting residents with disabilities or communication needs,
or
 - (3) Visits by an essential caregiver, as designated by the resident.

- (d) Residents may engage in consensual physical contact with visitors, including holding hands or embracing, consistent with F.S. §408.823(2)(a).
- (e) Visitation rights will be upheld, unless:
 - (1) A court order restricts a specific individual's access to the facility or resident;
 - (2) The resident voluntarily declines visitation; or
 - (3) Limited, reasonable restrictions are applied in accordance with Florida law to address safety or infection control concerns.
- (f) 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.
- (g) The facility will ensure all visitors enjoy full and equal visitation privileges consistent with resident preferences.
- (h) This policy will be provided to residents and/or their representatives upon request and made available to the Agency for Health Care Administration (AHCA) upon request.

II. Notification of Rights:

- (a) The facility will inform each resident (or resident representative, where appropriate) of:
 - (1) Their visitation rights and related facility policy and procedure;
 - (2) Any clinical or safety restriction or limitation of such rights, including the reason for the restriction or limitation and to whom the restrictions apply;
 - (3) Their right, subject to their consent, to receive the visitors whom they designate, including, but not limited to:
 - (i) A spouse (including a same-sex spouse),
 - (ii) A domestic partner (including a same-sex domestic partner),
 - (iii) Another family member, or
 - (iv) A friend.
 - (4) Their right to withdraw or deny such consent at any time.
- (b) This policy will be made easily accessible on the facility's website within 24 hours of establishment or revision, in accordance with F.S. §408.823.

III. License-Specific Visitation Standards:

- (a) **Assisted Living Facilities.** Each resident has the right to visitation at a minimum between the hours of 9:00 a.m. and 9:00 p.m. Upon request, the facility will make provisions to extend visiting hours for caregivers, out-of-town guests, or similar circumstances.
- (b) **Long-Term/Skilled Nursing Facilities:**

- (1) 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.
- (2) With the resident's consent, the facility will provide 24-hour visitation access to relatives and non-relatives, subject to reasonable clinical and safety restrictions.

IV. **Essential Caregivers:**

- (a) Each resident may designate, orally or in writing, one individual of their choosing as an essential caregiver.
- (b) The facility will permit in-person visitation by the essential caregiver for at least two (2) hours daily, in addition to any other visitation authorized by the facility.
- (c) The essential caregiver is not required to provide hands-on care and will not be required by the facility to do so.
- (d) The facility will not deny access to an essential caregiver based solely on signs and symptoms of an infectious or communicable disease. Only the resident may deny or withdraw consent for visitation by the essential caregiver.

V. **Required In-Person Visitation Circumstances.** Unless the resident objects, in-person visitation will be permitted in the following circumstances:

- (a) End-of-life situations;
- (b) When a resident is struggling with environmental transition after admission;
- (c) When a resident is making one or more major medical decisions;
- (d) When a resident is experiencing emotional distress or grieving;
- (e) When a resident requires cueing or encouragement to eat or drink; or
- (f) When a resident has a significant decline in communication or interactions.

VI. **Infection Control Measures:**

- (a) The facility may implement reasonable infection control measures applicable to visitors in order to safeguard the health and safety of residents, visitors, and staff. Such measures are not more restrictive than those applied to staff and are consistent with Florida law.
- (b) **Visitor Education:**
 - (1) The facility will provide education to visitors regarding measures to prevent the spread of infectious or communicable diseases.
 - (2) Visitor education may include, but is not limited to:

- (i) Proper hand hygiene technique, including when and how to wash or sanitize hands;
 - (ii) Respiratory hygiene and cough etiquette;
 - (iii) Proper donning, use, and removal of personal protective equipment, when clinically indicated;
 - (iv) Maintaining appropriate distance from other residents when necessary to protect resident health and privacy;
 - (v) Following facility signage and posted infection prevention instructions; and/or
 - (vi) Compliance with any resident-specific infection control precautions.
- (3) Educational materials may be provided verbally, in writing, and/or through signage posted throughout the facility.
- (c) **Signage and Posted Instructions.** The facility will post signage in visible and accessible areas reminding visitors of infection prevention practices. Signage may include instructions regarding:
- (1) Hand hygiene;
 - (2) Respiratory hygiene and cough etiquette;
 - (3) Proper use of PPE when recommended;
 - (4) Entry and exit procedures; and/or
 - (5) Any temporary infection control modifications in effect.
- (d) **Visitor Screening and Entry Procedures:**
- (1) All visitors will sign in upon entry and sign out upon departure.
 - (2) Sign-in procedures may include:
 - (i) Acknowledgement of infection prevention education;
 - (ii) Review of posted infection prevention instructions; and/or
 - (iii) Health screening questions related to symptoms of infectious or communicable disease, when clinically appropriate.
 - (3) In general, visitors exhibiting signs or symptoms of a transmissible infection should defer visitation until they are no longer potentially infectious, consistent with CDC guidance and local public health recommendations.
 - (4) This recommendation does not apply to essential caregivers, whose access may not be denied by the facility solely on the basis of signs or symptoms of illness, consistent with F.S. §408.823.

(e) Personal Protective Equipment (PPE):

- (1) When clinically indicated based on resident condition or infection control precautions, the facility will recommend the use of appropriate PPE for visitors.
- (2) The facility will:
 - (i) Make recommended PPE available to visitors at the time of entry;
 - (ii) Provide education regarding proper use and disposal of PPE; and
 - (iii) Inform visitors of any resident-specific precautions requiring PPE.
- (3) Visitors may decline recommended PPE regarding associated risks, provided that such refusal does not infringe upon the rights of another resident. Visitor opt-out of PPE recommendations will be documented through the sign-in process.
- (4) The facility will not require visitors to provide proof of vaccination, immunization, or testing as a condition of visitation.

(f) Visitation When a Resident is Ill or on Transmission-Based Precautions:

- (1) Residents who are ill or on transmission-based precautions may continue to receive visitors.
- (2) When a resident is diagnosed with an infectious or communicable disease or placed on transmission-based precautions, the facility will:
 - (i) Educate visitors regarding potential risks associated with visitation;
 - (ii) Educate visitors on recommended or required infection control measures specific to the resident's condition; and
 - (iii) Provide recommended PPE when clinically indicated.
- (3) Essential caregivers will not be denied access based solely on the resident's diagnosis, consistent with F.S. §408.823.

(g) Modifications During Heightened Infectious Disease Risk:

- (1) During period of increased infectious or communicable disease risk, the facility may implement temporary operational modifications to support safe visitation, which may include:
 - (i) Use of designated entrances;
 - (ii) Temporary modification of visit locations;
 - (iii) Scheduling adjustments to reduce congestion in common areas; and/or
 - (iv) Reinforcement of infection prevention education.

(2) Such modifications will be reasonable, non-discriminatory, and consistent with resident rights.

(3) Visitation will not be denied solely due to increased infectious disease risk, except where permitted by Florida law.

(h) **Individualized Clinical Restrictions.** Any individualized visitation restriction based on clinical or safety concern will:

(1) Be reasonable and necessary;

(2) Be consistent with state and federal law;

(3) Be documented in the resident's medical record;

(4) Include the reason for the restriction, its scope, and its duration; and

(5) Be communicated to the resident and, where appropriate, the resident representative.

VII. Other Reasonable Clinical and Safety Restrictions. The facility may implement restrictions that protect the health and security of all residents and staff, which may include, but are not limited to:

(a) Implementing individualized, clinically justified visitation modifications when necessary to address documented infection control concerns, consistent with state and federal law.

(b) Keeping the facility locked at night with a system in place for allowing visitors approved by the resident.

(c) For safety purposes, the facility may implement supervised visitation or other reasonable safeguards where there is credible evidence that a visitor poses a risk to resident health or safety, pending investigation.

(d) Denial of access will only occur when:

(1) A court order prohibits access;

(2) The individual has been convicted of crimes against residents or the facility; or

(3) The individual has been found, through investigation, to have abused, exploited, or coerced a resident.

VIII. Visitor Conduct:

(a) Visitors may be required to acknowledge in writing their agreement to comply with facility visitation policies and procedures.

(b) The facility may suspend in-person visitation privileges for a specific visitor if that visitor fails to comply with visitation policies or poses a risk to resident safety.

IX. Policy Enforcement:

- (a) The licensed administrator of the facility, regardless of title (e.g., Executive Director, Administrator, Residence Director), or their designated representative, is responsible for ensuring staff adherence to this policy and related procedures.
- (b) The licensed administrator will ensure:
 - (1) Staff are educated on visitation rights and infection control requirements;
 - (2) Visitation practices are consistent with state and federal law;
 - (3) Any visitation restrictions are reasonable, clinically justified, and promptly documented; and
 - (4) Corrective action is taken when noncompliance is identified.

X. **Staff Training.** Appropriate staff will be trained on the requirements of this policy to ensure understanding and consistent application. Training may occur at the time of hire, during policy updates, or as part of ongoing education efforts.

XI. **Compliance and Quality Oversight.** Compliance with this policy will be routinely monitored through internal audits and other oversight mechanisms. Any identified deficiencies will be addressed through appropriate actions, which may include staff coaching, targeted training, or corrective measures. Audit findings will inform ongoing Quality Program activities to support sustained compliance and high-quality care.

SUPPORTING RESOURCES

Centers for Medicare & Medicaid Services. (2025). F563 – Right to Receive/Deny Visitors; F564 – Inform of Visitation Rights/Equal Visitation Privileges. *State Operations Manual: Appendix PP – Guidance to Surveyors for Long Term Care Facilities.*

UPDATE HISTORY

Date of Update	Synopsis of Update
02/18/2026	New policy.

COMPLIANCE AND ENFORCEMENT

All VOANS employees are required to comply with applicable organizational policies and procedures. Management personnel are responsible for enforcing policies and procedures. Non-compliance with policies and procedures is subject to disciplinary action, up to and including termination of employment.