FOLTSBROOK ADULT DAY HEALTH SERVICES
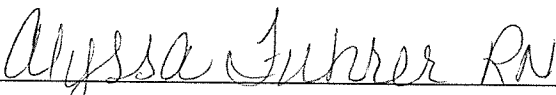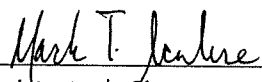## VISITATION POLICY AND PROCEDURE

POLICY:

It is the policy of FoltsBrook Adult Day Health Services to permit registrants to receive visitors, subject to the registrant's wishes and the protection of the rights of other registrants, at any time during program hours.

PROCEDURE:

- ADHS recognizes its registrant's need to maintain contact with family members, friends, or any other non-relatives, that the registrant has consented to, and will therefore permit access to the registrant during program hours.
- Registrants are permitted to visit with representatives from federal and state survey agencies, registrant advocates, ombudsman, protection and advocacy agencies for individuals with developmental disabilities or mental illness, and/or clergy
- The registrant has the right to deny visitation at any time. If a registrant chooses to deny consent for visitation of a particular individual, the name of that person shall be documented in the registrant's medical chart and ADHS staff will not permit visitation for that individual.
- Incidents of any visitor's disruptive behavior must be documented in the registrant's medical chart and any behaviors that require intervention by security personnel or police will be asked to leave and not be permitted to visit the unit again.
- A private room will be made available to the registrant and their visitor upon request.
- ADHS does not discriminate or restrict, limit or deny registrants any of their self-determining rights. There are no restrictions of visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- ADHS refers to infection control policies with respect to any restrictions of visitors during infectious disease outbreaks, or whenever the registrant's medical warrants such restrictions.
- Any inquiries concerning visitation and access to the ADHS unit should be referred to the Director of ADHS.

_Alyssa Juhror RN_____   _____
Program Director's Signature   Date

_Mark T. Jenkins_____   _____
Administrator's Signature   Date