

# #1

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 26, 2023 2:48:01 PM  
**Last Modified:** Wednesday, July 26, 2023 3:38:22 PM  
**Time Spent:** 00:50:21  
**IP Address:** 208.127.82.155

---

Page 1

## Q1

Name of Organization

Association of CA Caregiver Resource Centers

---

## Q2

Name of Individual Completing Survey (First and Last)

Jack Light

---

## Q3

Understanding that workgroup representatives may fall into different groups, please indicate which of the following best describes your role in this workgroup

Other (please explain):

Advocate for unpaid family caregivers and their care recipients

---

Page 2

## Q4

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

#2, second bullet point: If no DPOA or other DDM has been selected, [the facility will allow the visitation of an already known Visitor for a resident] until it can convene the long-term care ombudsman and other stakeholders as needed to select resident-designated Visitors on the resident's behalf.

---

Page 3

## Q5

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**My feedback on this recommendation was already reflected in the workgroup's discussions in prior meetings.**

---

Page 4

**Q6**

What is your recommendation for the minimum number of simultaneous Visitors allowed for an individual LTCF resident?

**I would like to recommend additional edits.,**

Proposed Edits:

LTCF may limit simultaneous resident-designated Visitors, but must allow at least one at any given time, and may not set a limit to the number of total resident-designated Visitors during an allowed visitation period. (i.e., cannot set a limit of only one visitor in the facility for period and only that unique visitor has rights for visitation for a given visitation period.)

**Q7**

What is your recommendation for any permissible parameters limiting the location of visitation within an LTCF?

**My feedback on this recommendation was already reflected in the workgroup’s discussions in prior meetings.**

Proposed Edits:

LTCF may limit the hours of visitation, but those hours must be daily, including weekend and evening options and must “reasonably allow” visitation as defined above.

**Q8**

What is your recommendation for the minimum hours available for visitation in a LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:

LTCF may limit the hours of visitation, but those hours must be daily, including weekend and evening options and must “reasonably allow” visitation as defined above.

---

Page 5

**Q9**

Please indicate any edits that you propose to this recommendation for visitation standards for residents experiencing a crisis (sometimes referred to as “compassionate care”). In responding, please consider how your answer to the previous question shifts in instances where a resident is experiencing a crisis (sometimes referred to as “compassionate care”).

**I agree with the recommendation as written and have no edits**

---

Page 6

**Q10**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

At no time does this suspend the visiting parameters and standards set forth above and all visitations will continue until stakeholders come to an agreement on new standards.

# #2

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 27, 2023 4:00:49 PM  
**Last Modified:** Thursday, July 27, 2023 4:33:17 PM  
**Time Spent:** 00:32:28  
**IP Address:** 216.93.238.162

---

Page 1

## Q1

Name of Organization

CAHF

---

## Q2

Name of Individual Completing Survey (First and Last)

DeAnn Walters

---

## Q3

Understanding that workgroup representatives may fall into different groups, please indicate which of the following best describes your role in this workgroup

Other (please explain):  
SNF Trade Organization

---

Page 2

## Q4

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

If there is no DPOA or DDM, is this requiring the facility to convene a meeting? If there is an emergency, is this reasonable and feasible? If a resident does not have a DDM, then who is the facility designating? Again, if there is no limit to the number of individuals who may be designated, then why create a designation process which just adds administrative burden in an emergency? Just have all visitors allowed must follow safety protocols as a condition with visiting subjected to perational and safety parameters.

---

Page 3

**Q5**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**My feedback on this recommendation was already reflected in the workgroup's discussions in prior meetings.**

---

Page 4

**Q6**

What is your recommendation for the minimum number of simultaneous Visitors allowed for an individual LTCF resident?

**My feedback on this recommendation was already reflected in the workgroup's discussions in prior meetings.**

---

**Q7**

What is your recommendation for any permissible parameters limiting the location of visitation within an LTCF?

**My feedback on this recommendation was already reflected in the workgroup's discussions in prior meetings.**

---

**Q8**

What is your recommendation for the minimum hours available for visitation in a LTCF?

**My feedback on this recommendation was already reflected in the workgroup's discussions in prior meetings.**

---

Page 5

**Q9**

Please indicate any edits that you propose to this recommendation for visitation standards for residents experiencing a crisis (sometimes referred to as "compassionate care"). In responding, please consider how your answer to the previous question shifts in instances where a resident is experiencing a crisis (sometimes referred to as "compassionate care").

**I would like to recommend additional edits.,**

Proposed Edits:

Depending on the emergency, it may not be possible to have visiting open 24/7, so the statement of should not limit the hours could be problematic for a facility. Also, is there a way to indicate that the facility need not have supporting documentation for an individual to have expanded visiting under compassionate care designation, otherwise it could be unfairly or inequitably implemented?

---

Page 6

**Q10**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**My feedback on this recommendation was already reflected in the workgroup's discussions in prior meetings.**

---

# #3

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 26, 2023 2:25:25 PM  
**Last Modified:** Friday, July 28, 2023 11:49:57 AM  
**Time Spent:** Over a day  
**IP Address:** 204.154.221.130

---

Page 1

## Q1

Name of Organization

LeadingAge California

---

## Q2

Name of Individual Completing Survey (First and Last)

Amber King

---

## Q3

Understanding that workgroup representatives may fall into different groups, please indicate which of the following best describes your role in this workgroup

Other (please explain):  
Provider Association Representative

---

Page 2

## Q4

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I agree with the recommendation as written and have no edits.**

---

Page 3

## Q5

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I agree with the recommendation as written and have no edits.**

---

Page 4

**Q6**

What is your recommendation for the minimum number of simultaneous Visitors allowed for an individual LTCF resident?

---

**I agree with the recommendation as written and have no edits**

**Q7**

What is your recommendation for any permissible parameters limiting the location of visitation within an LTCF?

---

**I agree with the recommendation as written and have no edits**

**Q8**

What is your recommendation for the minimum hours available for visitation in a LTCF?

---

**I agree with the recommendation as written and have no edits**

Page 5

**Q9**

Please indicate any edits that you propose to this recommendation for visitation standards for residents experiencing a crisis (sometimes referred to as “compassionate care”). In responding, please consider how your answer to the previous question shifts in instances where a resident is experiencing a crisis (sometimes referred to as “compassionate care”).

---

**I agree with the recommendation as written and have no edits**

Page 6

**Q10**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

---

**Respondent skipped this question**

# #4

INCOMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 26, 2023 2:09:49 PM  
**Last Modified:** Friday, July 28, 2023 2:19:24 PM  
**Time Spent:** Over a day  
**IP Address:** 66.169.234.30

---

Page 1

## Q1

Name of Organization

CA Long Term Care Ombudsman Association (CLTCOA)

---

## Q2

Name of Individual Completing Survey (First and Last)

Karen Jones

---

## Q3

Resident, resident's loved one, and/or resident advocate

Understanding that workgroup representatives may fall into different groups, please indicate which of the following best describes your role in this workgroup

---

Page 2

## Q4

Respondent skipped this question

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

---

Page 3

## Q5

Respondent skipped this question

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

---

Page 4

**Q6**

Respondent skipped this question

What is your recommendation for the minimum number of simultaneous Visitors allowed for an individual LTCF resident?

---

**Q7**

Respondent skipped this question

What is your recommendation for any permissible parameters limiting the location of visitation within an LTCF?

---

**Q8**

Respondent skipped this question

What is your recommendation for the minimum hours available for visitation in a LTCF?

---

---

Page 5

**Q9**

Respondent skipped this question

Please indicate any edits that you propose to this recommendation for visitation standards for residents experiencing a crisis (sometimes referred to as “compassionate care”). In responding, please consider how your answer to the previous question shifts in instances where a resident is experiencing a crisis (sometimes referred to as “compassionate care”).

---

---

Page 6

**Q10**

Respondent skipped this question

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

---



# #5

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 28, 2023 1:34:37 PM  
**Last Modified:** Friday, July 28, 2023 2:58:19 PM  
**Time Spent:** 01:23:41  
**IP Address:** 67.159.157.144

---

Page 1

## Q1

Name of Organization

California Long-Term Care Ombudsman Association

---

## Q2

Name of Individual Completing Survey (First and Last)

Jason Sullivan-Halpern

---

## Q3

Understanding that workgroup representatives may fall into different groups, please indicate which of the following best describes your role in this workgroup

Other (please explain):

State association

---

Page 2

**Q4**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

#1. Certain categories of visitors do not need to be designated by the resident since they already have authority under state or federal law to access facilities, staff, and residents. This section should be revised as follows: "Resident-designated Visitors may include, but are not limited to, any of the following types of Visitors if designated by the resident or their representation: friends, family, chosen family, health care workers not employed the LTCF, and social services or other services providers. Long-term care ombudsman, patient advocates, state surveyors, law enforcement, and other agencies are authorized under state or federal law to access facilities, staff, and residents without designation as a visitor." #2. This is not consistent with current law. Only the resident, regardless of capacity, or a court-appointed conservator with special visitor control powers, can affect a resident's right to visitors. This section therefore should be changed to: "If a resident is unable to designate a visitor, then the resident's right to visitors should not be limited or curtailed in any manner."

---

Page 3

**Q5**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

30 days is too long to restrict resident's access to visitors. We recommend changing the timeline to 7-10 days. That should provide sufficient time to procure the necessary equipment/PPE.

---

Page 4

**Q6**

What is your recommendation for the minimum number of simultaneous Visitors allowed for an individual LTCF resident?

**I agree with the recommendation as written and have no edits**

**Q7**

What is your recommendation for any permissible parameters limiting the location of visitation within an LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:

If a resident is unable to independently leave their room or bed, they must be allowed visitors in their room.

**Q8**

What is your recommendation for the minimum hours available for visitation in a LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:

LTC facilities should NOT be able to limit the hours or days during which residents can receive visitors.

---

Page 5

**Q9**

Please indicate any edits that you propose to this recommendation for visitation standards for residents experiencing a crisis (sometimes referred to as “compassionate care”). In responding, please consider how your answer to the previous question shifts in instances where a resident is experiencing a crisis (sometimes referred to as “compassionate care”).

**I agree with the recommendation as written and have no edits**

---

Page 6

**Q10**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

Protocols developed through either process outlined above should be renewed no longer than every 30 days. This provides an opportunity to meet sooner to react to highly-dynamic situations, allowing for prompt resolution of issues.

---

# #6

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Saturday, July 29, 2023 7:13:44 PM  
**Last Modified:** Sunday, July 30, 2023 10:07:09 PM  
**Time Spent:** Over a day  
**IP Address:** 76.89.133.227

---

Page 1

## Q1

Name of Organization

Chosen Family

---

## Q2

Name of Individual Completing Survey (First and Last)

Melody Taylor Stark

---

## Q3

**Resident, resident's loved one, and/or resident advocate**

Understanding that workgroup representatives may fall into different groups, please indicate which of the following best describes your role in this workgroup

---

Page 2

**Q4**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

In the July 12, 2023 meeting it was noted that: "Prior to the next workgroup meeting on August 22nd, CDA intends to circulate an updated draft of principles and recommendations based on today's discussion, and that'll go out to the workgroup. Workgroup members will be invited to provide written feedback on this updated draft prior to the next meeting. All drafts and feedback provided by workgroup members will be posted on the CDA website." You have not supplied the work group with this documentation. Simply repeating the survey without including revised recommendations based on the July 12, 2023 discussion puts the work group in the position of repeating recommendations rather than advancing the work. This is inconsiderate to the intent of the workgroup, its individual members and their time. This survey is not acceptable as it stands to date. Please compile a revised set of recommendations based on the July 12, 2023 meeting's discussion and distribute to the work group by August 4, 2023. Thank you.

---

Page 3

**Q5**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

In the July 12, 2023 meeting it was noted that: "Prior to the next workgroup meeting on August 22nd, CDA intends to circulate an updated draft of principles and recommendations based on today's discussion, and that'll go out to the workgroup. Workgroup members will be invited to provide written feedback on this updated draft prior to the next meeting. All drafts and feedback provided by workgroup members will be posted on the CDA website." You have not supplied the work group with this documentation. Simply repeating the survey without including revised recommendations based on the July 12, 2023 discussion puts the work group in the position of repeating recommendations rather than advancing the work. This is inconsiderate to the intent of the workgroup, its individual members and their time. This survey is not acceptable as it stands to date. Please compile a revised set of recommendations based on the July 12, 2023 meeting's discussion and distribute to the work group by August 4, 2023. Thank you.

---

Page 4

**Q6**

What is your recommendation for the minimum number of simultaneous Visitors allowed for an individual LTCF resident?

**I would like to recommend additional edits.,**

Proposed Edits:

In the July 12, 2023 meeting it was noted that: "Prior to the next workgroup meeting on August 22nd, CDA intends to circulate an updated draft of principles and recommendations based on today's discussion, and that'll go out to the workgroup. Workgroup members will be invited to provide written feedback on this updated draft prior to the next meeting. All drafts and feedback provided by workgroup members will be posted on the CDA website." You have not supplied the work group with this documentation. Simply repeating the survey without including revised recommendations based on the July 12, 2023 discussion puts the work group in the position of repeating recommendations rather than advancing the work. This is inconsiderate to the intent of the workgroup, its individual members and their time. This survey is not acceptable as it stands to date. Please compile a revised set of recommendations based on the July 12, 2023 meeting's discussion and distribute to the work group by August 4, 2023. Thank you.

**Q7**

What is your recommendation for any permissible parameters limiting the location of visitation within an LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:

In the July 12, 2023 meeting it was noted that: "Prior to the next workgroup meeting on August 22nd, CDA intends to circulate an updated draft of principles and recommendations based on today's discussion, and that'll go out to the workgroup. Workgroup members will be invited to provide written feedback on this updated draft prior to the next meeting. All drafts and feedback provided by workgroup members will be posted on the CDA website." You have not supplied the work group with this documentation. Simply repeating the survey without including revised recommendations based on the July 12, 2023 discussion puts the work group in the position of repeating recommendations rather than advancing the work. This is inconsiderate to the intent of the workgroup, its individual members and their time. This survey is not acceptable as it stands to date. Please compile a revised set of recommendations based on the July 12, 2023 meeting's discussion and distribute to the work group by August 4, 2023. Thank you.

**Q8**

What is your recommendation for the minimum hours available for visitation in a LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:

In the July 12, 2023 meeting it was noted that: "Prior to the next workgroup meeting on August 22nd, CDA intends to circulate an updated draft of principles and recommendations based on today's discussion, and that'll go out to the workgroup. Workgroup members will be invited to provide written feedback on this updated draft prior to the next meeting. All drafts and feedback provided by workgroup members will be posted on the CDA website." You have not supplied the work group with this documentation. Simply repeating the survey without including revised recommendations based on the July 12, 2023 discussion puts the work group in the position of repeating recommendations rather than advancing the work. This is inconsiderate to the intent of the workgroup, its individual members and their time. This survey is not acceptable as it stands to date. Please compile a revised set of recommendations based on the July 12, 2023 meeting's discussion and distribute to the work group by August 4, 2023. Thank you.

---

Page 5

**Q9**

Please indicate any edits that you propose to this recommendation for visitation standards for residents experiencing a crisis (sometimes referred to as "compassionate care"). In responding, please consider how your answer to the previous question shifts in instances where a resident is experiencing a crisis (sometimes referred to as "compassionate care").

**I would like to recommend additional edits.,**

Proposed Edits:

In the July 12, 2023 meeting it was noted that: "Prior to the next workgroup meeting on August 22nd, CDA intends to circulate an updated draft of principles and recommendations based on today's discussion, and that'll go out to the workgroup. Workgroup members will be invited to provide written feedback on this updated draft prior to the next meeting. All drafts and feedback provided by workgroup members will be posted on the CDA website." You have not supplied the work group with this documentation. Simply repeating the survey without including revised recommendations based on the July 12, 2023 discussion puts the work group in the position of repeating recommendations rather than advancing the work. This is inconsiderate to the intent of the workgroup, its individual members and their time. This survey is not acceptable as it stands to date. Please compile a revised set of recommendations based on the July 12, 2023 meeting's discussion and distribute to the work group by August 4, 2023. Thank you.

---

Page 6

**Q10**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

In the July 12, 2023 meeting it was noted that: "Prior to the next workgroup meeting on August 22nd, CDA intends to circulate an updated draft of principles and recommendations based on today's discussion, and that'll go out to the workgroup. Workgroup members will be invited to provide written feedback on this updated draft prior to the next meeting. All drafts and feedback provided by workgroup members will be posted on the CDA website." You have not supplied the work group with this documentation. Simply repeating the survey without including revised recommendations based on the July 12, 2023 discussion puts the work group in the position of repeating recommendations rather than advancing the work. This is inconsiderate to the intent of the workgroup, its individual members and their time. This survey is not acceptable as it stands to date. Please compile a revised set of recommendations based on the July 12, 2023 meeting's discussion and distribute to the work group by August 4, 2023. Thank you.

---



# #7

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 02, 2023 10:57:59 AM  
**Last Modified:** Wednesday, August 02, 2023 11:11:50 AM  
**Time Spent:** 00:13:51  
**IP Address:** 75.39.100.219

---

Page 1

## Q1

Name of Organization

CA Advocates for Nursing Home Reform

---

## Q2

Name of Individual Completing Survey (First and Last)

Tony Chicotel

---

## Q3

**Resident, resident's loved one, and/or resident advocate**

Understanding that workgroup representatives may fall into different groups, please indicate which of the following best describes your role in this workgroup

---

Page 2

**Q4**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

Strongly suggest using the term “resident-designated support person” instead of “resident-designated Visitor” as the term “visitor” minimizes the relationship between the resident and the person receiving access. “Visitors” implies cursory social visits and does not account for the significant other benefits that most support persons bring. It should be clear that a resident designated visitor can be ANYONE designated by the resident. So we suggest the following language: “A resident-designated visitor is any person designated by the resident or resident’s representative, including but not limited to: friends, family, chosen family, health care workers not employed by the LTCF, social services or other services providers, and ombudsmen and other patient advocates.” Suggest using “resident’s representative” rather than “designated decision maker.” It’s confusing if the “designation” of visitors is made by a person “designated” to make decisions. That’s too many uses of “designate.” “Representative” is used various times in the nursing facility regulations, e.g., “representative of an incapacitated patient” in sections 72018.1 and 72052; “patient’s representative” in sections 72085, 72520 and 72527; “patient’s authorized representative” in section 72303; “authorized representative” in sections 72519, 72545 and 72547; and “legal representative” in section 72516. In the regulations for residential care facilities for the elderly (RCFEs), “representative” is defined at section 87101(r)(3). In the RCFE regulations, see “representative” in sections 87218 and 87468.1; and “resident’s representative” in sections 87463, 87467, 87468, 87468.2, 87470 and 87507. All state regulations from Title 22 of California Code of Regulations. Under a power of attorney, the decision-maker is the “agent.” The “durable power of attorney” is the document. If the resident is unable to name a support person and does not have a representative, the workgroup may want to look at Probate Code 4712 as one way to designate support persons.

**Q5**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

The differences are not “staff versus residents”; they are “staff versus visitors.” The “extended period of time” should be defined as over 14 days rather than over 30 days. If there is an “extended time” problem, modifications should be devised at the state level rather than at a lower level. There would be too much chaos and administrative difficulties if cities and counties convened groups to devise specific policies.

---

Page 4

**Q6**

What is your recommendation for the minimum number of simultaneous Visitors allowed for an individual LTCF resident?

**I agree with the recommendation as written and have no edits**

**Q7**

What is your recommendation for any permissible parameters limiting the location of visitation within an LTCF?

**I agree with the recommendation as written and have no edits**

**Q8**

What is your recommendation for the minimum hours available for visitation in a LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:

The minimum hours should be sufficient so that support persons who work have access during their non-working hours. 8 AM - 8 PM seems reasonable, 7 days a week. One additional note: We must be careful when it comes to allowing facilities to establish their own access parameters. Any restrictions should be compelled by government order and all other restrictions void.

---

Page 5

**Q9**

Please indicate any edits that you propose to this recommendation for visitation standards for residents experiencing a crisis (sometimes referred to as “compassionate care”). In responding, please consider how your answer to the previous question shifts in instances where a resident is experiencing a crisis (sometimes referred to as “compassionate care”).

**I would like to recommend additional edits.,**

Proposed Edits:

Compassionate care situations should include any time the resident is under hospice care, in addition to other situations.

---

Page 6

**Q10**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

We recommend that policies be developed at the state level, and the state be required to convene stakeholders and solicit their input. Then the state policies should be binding. There is too much looseness if facilities, cities or counties have discretion to decide that the state policies aren't workable. 30 days is far too long. We recommend 14 days for convening and review.

---

# #8

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 31, 2023 6:01:18 PM  
**Last Modified:** Wednesday, August 02, 2023 11:52:43 AM  
**Time Spent:** Over a day  
**IP Address:** 66.60.136.130

---

Page 1

## Q1

Name of Organization

CA Assisted Living Association

---

## Q2

Name of Individual Completing Survey (First and Last)

Heather Harrison

---

## Q3

Understanding that workgroup representatives may fall into different groups, please indicate which of the following best describes your role in this workgroup

Other (please explain):  
Assisted Living Association staff

---

Page 2

## Q4

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**  
Proposed Edits:  
If there is no limit to the number of "visitors" then why require residents to designate them? That is a hassle for residents and providers to track and manage. Consider making a distinction between "visitor" and "health care provider". Just state: "Residents shall continue to have the right to visitors and necessary services from third parties."

---

Page 3

## Q5

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**My feedback on this recommendation was already reflected in the workgroup's discussions in prior meetings.**

---

Page 4

**Q6**

What is your recommendation for the minimum number of simultaneous Visitors allowed for an individual LTCF resident?

**My feedback on this recommendation was already reflected in the workgroup's discussions in prior meetings.**

,  
Proposed Edits:  
1

---

**Q7**

What is your recommendation for any permissible parameters limiting the location of visitation within an LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:  
Recommendation should not specify website updates as a state of emergency could limit that ability. Rather, RCFEs are already required to have a process for communicating with residents and families. Postings at the facility door were also a standard during the pandemic.

---

**Q8**

What is your recommendation for the minimum hours available for visitation in a LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:  
Consider leaving unspecified and just use the bolded statement in the opening (dropping "minimum"). Achieving resident visits is the goal rather than a set scheduled time. What is "reasonable" will vary based on the emergency situation itself. What would have been "reasonable" with COVID over the last few years, might not work for a future emergency. It could be necessary to limit time of visits in order to respect a roommate's need for nighttime sleep. How would visitation work in the case of an active outbreak within the facility?

---

Page 5

**Q9**

Please indicate any edits that you propose to this recommendation for visitation standards for residents experiencing a crisis (sometimes referred to as "compassionate care"). In responding, please consider how your answer to the previous question shifts in instances where a resident is experiencing a crisis (sometimes referred to as "compassionate care").

**My feedback on this recommendation was already reflected in the workgroup's discussions in prior meetings.**

---

Page 6

**Q10**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

So in a crisis, who would you email, call or otherwise alert to come to a meeting to decide how to manage it? What do you do in the meantime? And who is the final decision maker with responsibility for the decision? The exact same process with same people repeating every 30 days could be problematic and bog things down.

---

# #9

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 26, 2023 3:14:29 PM  
**Last Modified:** Wednesday, August 02, 2023 2:51:42 PM  
**Time Spent:** Over a day  
**IP Address:** 209.233.174.249

---

Page 1

## Q1

Name of Organization

California Health Exec. Assoc. of CA

---

## Q2

Name of Individual Completing Survey (First and Last)

Jayleen Richards

---

## Q3

**Public health professional**

Understanding that workgroup representatives may fall into different groups, please indicate which of the following best describes your role in this workgroup

---

Page 2

## Q4

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I agree with the recommendation as written and have no edits.**

---

Page 3

## Q5

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

There are reasons for different standards for staff and visitors. More stringent restrictions on one or the other makes sense on case by case basis. For example, a visitor interacts with one resident, while a staff nurse may interact with multiple residents and there by may impose a transmission risk that greatly differs from the visitor.

---



Page 4

**Q6**

What is your recommendation for the minimum number of simultaneous Visitors allowed for an individual LTCF resident?

**I would like to recommend additional edits.,**

Proposed Edits:

#1 bullet: LTCF may limit simultaneous resident designated visitors. #3: LTCF may limit the hours of visitation, but those hours must "reasonably allow" visitation as defined above. LTCF may not have adequate staffing at all hours and under all conditions to permit visitation.

---

**Q7**

What is your recommendation for any permissible parameters limiting the location of visitation within an LTCF?

**I agree with the recommendation as written and have no edits**

---

**Q8**

What is your recommendation for the minimum hours available for visitation in a LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:

See above

---

Page 5

**Q9**

Please indicate any edits that you propose to this recommendation for visitation standards for residents experiencing a crisis (sometimes referred to as "compassionate care"). In responding, please consider how your answer to the previous question shifts in instances where a resident is experiencing a crisis (sometimes referred to as "compassionate care").

**I would like to recommend additional edits.,**

Proposed Edits:

Delete bullet #2 and sub-bullets.

---

Page 6

**Q10**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

Delete C.i and C.ii. These recommendations interfere with the legitimate safety and operational of facilities. In addition, the proposed process is extremely unwieldy.

---

# #10

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 02, 2023 2:35:49 PM  
**Last Modified:** Wednesday, August 02, 2023 3:12:27 PM  
**Time Spent:** 00:36:38  
**IP Address:** 76.167.208.109

---

Page 1

## Q1

Name of Organization

California Commission on Aging

---

## Q2

Name of Individual Completing Survey (First and Last)

Ellen C Schmeding

---

## Q3

Understanding that workgroup representatives may fall into different groups, please indicate which of the following best describes your role in this workgroup

Other (please explain):

former long term care operator and CA Commission on Aging commissioner

---

Page 2

## Q4

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

It would be helpful to note that the resident may change their mind re: whom they designate as a visitor at any time.

---

Page 3

## Q5

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**My feedback on this recommendation was already reflected in the workgroup's discussions in prior meetings.**

---

Page 4

**Q6**

What is your recommendation for the minimum number of simultaneous Visitors allowed for an individual LTCF resident?

**I would like to recommend additional edits.,**

Proposed Edits:

I think it is important to note somewhere in these documents (maybe an intro section) that these facilities are governed by State Licensing as well as the Public Health Officer's orders. Facilities were mandated to follow the most restrictive instructions which changed continuously during the pandemic. I would suggest that the most current visitation instructions from Licensing/PH be placed in an easily accessible website and facilities monitored for their compliance rather than expect each facility to prepare this guidance.

**Q7**

What is your recommendation for any permissible parameters limiting the location of visitation within an LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:

I recommend that whenever possible an outside visitation station is set up for protection of resident and visitor. It would also help to have information for visitors indicating the risk to their health associated with entry into a facility that may be experiencing a life threatening outbreak. Again, this is a task for Licensing and Public Health - to prepare guidance for staff and visitors that indicates risks associated with the emergency - both for visitors who may be exposed during a visit as well as related to visitors who are themselves ill and may bring this into a licensed setting with vulnerable adult residents.

**Q8**

What is your recommendation for the minimum hours available for visitation in a LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:

Again, if the facility has the ability to set local parameters for visitation separate from those dictated by Licensing/Public Health, I think the language suggested is good.

Page 5

**Q9**

Please indicate any edits that you propose to this recommendation for visitation standards for residents experiencing a crisis (sometimes referred to as "compassionate care"). In responding, please consider how your answer to the previous question shifts in instances where a resident is experiencing a crisis (sometimes referred to as "compassionate care").

**My feedback on this recommendation was already reflected in the workgroup's discussions in prior meetings.**

,

Proposed Edits:

comments: I think it is important to have this subcategory of visitors (compassionate care situations). Having the language related to 'as space/safety protocols reasonably allow' is very helpful as this may change on a continual basis.

Page 6

**Q10**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

State Licensing is not mentioned. They are the governing entity for these licensed facilities and should be included in the list of entities coming together to discuss protocols.

Agree that these should not be set at the facility level though guidance provided through the protocols may vary depending upon the facility and the residents served (e.g., memory care facilities may have different needs than skilled nursing, etc.).

---

# #11

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 27, 2023 7:17:16 PM  
**Last Modified:** Wednesday, August 02, 2023 5:56:25 PM  
**Time Spent:** Over a day  
**IP Address:** 75.23.237.19

---

Page 1

## Q1

Name of Organization

Justice in Aging

---

## Q2

Name of Individual Completing Survey (First and Last)

Eric Carlson

---

## Q3

**Resident, resident's loved one, and/or resident advocate**

Understanding that workgroup representatives may fall into different groups, please indicate which of the following best describes your role in this workgroup

---

Page 2

**Q4**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

It should be clear that a resident designated visitor can be ANYONE designated by the resident. So we suggest the following language: "A resident-designated visitor is any person designated by the resident or resident's representative, including but not limited to: friends, family, chosen family, health care workers not employed by the LTCF, social services or other services providers, and ombudsmen and other patient advocates." Suggest using "resident's representative" rather than "designated decision maker." It's confusing if the "designation" of visitors is made by a person "designated" to make decisions. That's too many uses of "designate," particularly because representatives often are not designated by the resident. "Representative" is used various times in the nursing facility regulations, e.g., "representative of an incapacitated patient" in sections 72018.1 and 72052; "patient's representative" in sections 72085, 72520 and 72527; "patient's authorized representative" in section 72303; "authorized representative" in sections 72519, 72545 and 72547; and "legal representative" in section 72516. In the regulations for residential care facilities for the elderly (RCFEs), "representative" is defined at section 87101(r)(3). In the RCFE regulations, see "representative" in sections 87218 and 87468.1; and "resident's representative" in sections 87463, 87467, 87468, 87468.2, 87470 and 87507. (All state regulations from Title 22 of California Code of Regulations.) Under a power of attorney, the decision-maker is the "agent." The "durable power of attorney" is the document. The draft confuses this. We have prepared these comments together with CANHR, but we may diverge on whether the person should be termed a "visitor" or a "support person." The argument for "visitor" is that a "visit" is value in itself, and there is no need for a visitor to have to justify his or her presence by meeting what might be seen to be a higher standard for a "support person."

**Q5**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

The differences are not “staff versus residents”; they are “staff versus visitors.” The “extended period of time” should be defined as over 14 days rather than over 30 days. If there is an “extended time” problem, modifications should be devised at the state level rather than at a lower level. There would be too much chaos and administrative difficulties if cities and counties convened groups to devise specific policies.

---

Page 4

**Q6**

What is your recommendation for the minimum number of simultaneous Visitors allowed for an individual LTCF resident?

**I would like to recommend additional edits.,**

Proposed Edits:

We can accept facilities limiting visitation to just one visitor at a time, assuming that the relevant state agency has authorized that, given the nature of the emergency circumstances.

**Q7**

What is your recommendation for any permissible parameters limiting the location of visitation within an LTCF?

**I agree with the recommendation as written and have no edits**

**Q8**

What is your recommendation for the minimum hours available for visitation in a LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:

Minimum hours should be 8 a.m. to 8 p.m., 7 days a week.

---

Page 5

**Q9**

Please indicate any edits that you propose to this recommendation for visitation standards for residents experiencing a crisis (sometimes referred to as “compassionate care”). In responding, please consider how your answer to the previous question shifts in instances where a resident is experiencing a crisis (sometimes referred to as “compassionate care”).

**I agree with the recommendation as written and have no edits**

---

Page 6

**Q10**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

We recommend that policies be developed at the state level, and the state be required to convene stakeholders and solicit their input. Then the state policies should be binding. There is too much looseness if facilities, cities or counties have discretion to decide that the state policies aren't workable. 30 days is far too long. We recommend 14 days for convening and review.

---



# #12

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Sunday, July 30, 2023 9:11:11 PM  
**Last Modified:** Thursday, August 03, 2023 2:30:55 AM  
**Time Spent:** Over a day  
**IP Address:** 47.229.253.72

---

Page 1

## Q1

Name of Organization

Resident Representative

---

## Q2

Name of Individual Completing Survey (First and Last)

Mercedes Vega

---

## Q3

**Resident, resident's loved one, and/or resident advocate**

Understanding that workgroup representatives may fall into different groups, please indicate which of the following best describes your role in this workgroup

---

Page 2

## Q4

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

In person visits should allow physical contact and be in resident's room, as much as possible. During the pandemic, the facility of my loved one used the term "in-person" visits as a loophole to have door visits where they brought residents to the lobby with the door closed and gave family walkie talkies. We saw our family through a large window while people passed by. Then indoor visits for them meant in the lobby six feet apart with a plexi-glass, again no privacy. This was a facility that never had a single Covid-19 case or outbreak during the first two years. We need to make sure we avoid language or ambiguity that will make such things permissible.

---

Page 3

**Q5**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

Agree, if there is PPE and supplies for HCW there is a supply for designated essential caregivers. There should be no difference between meeting the needs of HCWs to have the right tools and resources to protect themselves and residents and visitors. Per CDC there is no infection prevention guidance, recommendations, guidance, or protocols that ever make a distinction between healthcare workers and visitors, the only prerequisite to mitigate or prevent any infection or transmission is to wear the appropriate PPE and follow the appropriate precaution. PPE will protect anyone and everyone as long they wear it correctly.

---

Page 4

**Q6**

What is your recommendation for the minimum number of simultaneous Visitors allowed for an individual LTCF resident?

**I would like to recommend additional edits.,**

Proposed Edits:

I believe there should be a minimum of at least two people allowed to visit any resident. In the case that one gets sick the other one can go or vice versa. There should never be any prohibition on visitors that have been chosen by a resident or resident representative, as stated in the resident rights. More than the minimum should be contingent upon the severity of the public health emergency. For example, for Covid-19 they used community positivity rates and relevant data to inform their guidance. Regardless, there should be at least two designated visitors.

---

**Q7**

What is your recommendation for any permissible parameters limiting the location of visitation within an LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:

Visits should be allowed in resident rooms, it is the safest and most private way. I know a lot of facilities say they "don't have the space" because there are three residents, however, that's their own greed and irresponsibility. Per CMS there should be only two beds per room, so on top of not providing enough space for residents, they pose even more issues when it comes to these matters. Facilities not having these measures in place creates a lot of issues, that lead to privacy violation, visitation violation, and unreasonable restrictions that are detrimental to residents.

---

**Q8**

What is your recommendation for the minimum hours available for visitation in a LTCF?

**I would like to recommend additional edits.,**

Proposed Edits:

I don't think we should limit the hours. Especially during a public health emergency when residents are prone to getting sick, becoming depressed, not eating, anxiety, extreme loneliness, and other serious health issues. A family member (or "visitor") should be able to stay with their loved one until they are better. Especially because residents oftentimes can't communicate their needs when they are ill, and staff is swamped. Please consider these scenarios. A family member is an extra pair of eyes and a caretaker. They are literally life savers, and when this option was taken away, they lost their loved ones. We heard these stories, please remember them.

---

Page 5

**Q9**

Please indicate any edits that you propose to this recommendation for visitation standards for residents experiencing a crisis (sometimes referred to as "compassionate care"). In responding, please consider how your answer to the previous question shifts in instances where a resident is experiencing a crisis (sometimes referred to as "compassionate care").

**I would like to recommend additional edits.,**

Proposed Edits:

Whatever number of visitors is feasible and space allows for. Residents have birthdays just like many of us, it is for this reason that I think we ought to consider accommodating these circumstances. Many if not all facilities have activity rooms, where that can accommodate any special circumstances where a resident may need this.

---

Page 6

**Q10**

Please indicate any edits that you propose to this recommendation. Please be as specific as possible.

**I would like to recommend additional edits.,**

Proposed Edits:

What happens if a facility runs out of PPE for their staff? The truth is that they rarely do, they will coordinate, call and figure it out because local DPH has very efficient systems implemented so this does not happen. They even ship resources automatically, facilities have to go out of their way to stop receiving these things. As mentioned previously, if you have PPE for staff, you have enough for visitors. If a facility runs out of these crucial resources and does nothing about it, it should be cited by its licensing agency.