

#1

COMPLETE

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Page 1

Q1

Name of Organization

California Advocates for Nursing Home Reform

Q2

Name of Individual Completing Survey (First and Last)

Tony Chicotel

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5

Please provide any comments on the principle for the workgroup to consider

We agree that nearly every visitor contributes to residents' overall well-being but there is of course a great deal of variation; i.e., some visitors are more "essential" than others. While we are in total agreement about the principle, a fuller discussion would point out that some visitors provide critically important support while others provide marginally important support.

Page 4

Q6

Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

4. I agree with some reservations

Page 5

Q7

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8

Please provide any comments on the principle for the workgroup to consider

We share the concern that facility discretion leads to unfair or unwelcome facility variation. Our reservation with this principle is the framing. The standards we seek should limit facilities when denying designated support person access, rather than enable visitation when access is otherwise curtailed. The former starts with the premise that access comes first, and state guidance carefully describes access limits. The latter starts with the premise that access is eliminated and state guidance describes circumstances in which access may be granted. We much prefer the former - where access is the starting point and limits are the exceptions.

Page 7

Q9

Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

I would add that in addition to "timely," the appeals process must be "effective," meaning rightful access is restored.

Page 10

Q12

5. I am in complete agreement

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

No additional comments.

Page 13

Q15

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

4. I agree with some reservations

Page 14

Q16

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

We don't think the starting point should be that visitors adhere to the same standards as staff; we think it's the ending point. In other words, visitors don't need to adhere to the same standards as staff if it doesn't make sense: staff interact with multiple residents per day for up to 8 hours and sometimes more. Visitors usually interact with only one resident and sometimes are on-site for only a short time. There will be times where staff interactions are inherently more risky for residents than visitor interactions. Thus, forcing visitors to adhere to the same standards as staff should occur only when visitors pose substantially similar risks as staff which will likely not be the case in every state of emergency.

Page 16

Q18

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

5. I am in complete agreement

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

No additional comments.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

4. I agree with some reservations

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

If visitation parameters are deemed necessary, we would like there to be public collaboration in their adoption, in addition to public communication after they are adopted.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

5. I am in complete agreement

Page 23

Q25

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

No additional comments.

Page 25

Q27

4. I agree with some reservations

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

We recommend this principle acknowledge that compassionate care is among the most critical supports that visitors provide and the circumstances under which it can be limited must be extremely exceptional.

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

We recommend a principle be added that relates to the legal issues of access. The constitutional right of association as well as federal and state statutory and regulatory rights for long term care residents establish a strong and clear public policy of robust visitation access. Curtailing these access rights should require exceptional circumstances, even in a state of emergency, and should be as limited as possible in substance and in duration.

#2

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Page 1

Q1

Name of Organization

Justice in Aging

Q2

Name of Individual Completing Survey (First and Last)

Eric Carlson

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

4. I agree with some reservations

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

Some visitors are more "essential" than others. And some visitors are more responsible than others. During the worst of COVID, entry of the virus into a facility could lead to multiple deaths.

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

n/a

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

n/a

Page 10

Q12

4. I agree with some reservations

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

Suggested revision. Doesn't make sense to refer to "wide" range when visitation is subject to principles 5-7.

Page 13

Q15

5. I am in complete agreement

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

n/a

Page 16

Q18

4. I agree with some reservations

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

unclear how this "collaboration" would take place, as a practical matter

Page 24

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

4. I agree with some reservations

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

not sure about "wide"

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

4. I agree with some reservations

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

unclear how this collaboration would take place.

Page 25

Q27

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

3. I am undecided or abstain

Page 26

Q28

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

Too vague. Compassionate care not defined. Since right of visitation would be so strong, unclear as to the role of compassionate care.

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

no

#3

COMPLETE

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Page 1

Q1

Name of Organization

Office of the State Long-Term Care Ombudsman

Q2

Name of Individual Completing Survey (First and Last)

Blanca Castro

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5

Please provide any comments on the principle for the workgroup to consider

We should not set a limit or number on the number of visitors that a resident is allowed to have during a public health emergency. There may be policies and procedures that require outside visitation, or ppe during visitation, or limiting the number of visitors in a room, if the resident has a roommate. However, the pandemic showed us that isolation and preventing residents from seeing their friends and family had numerous impacts, health, mental health and removed the ability for loved ones to help with caregiving tasks during a time when staffing was unable to meet everyone's needs.

Page 4

Q6

Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

4. I agree with some reservations

Page 5

Q7

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8

Please provide any comments on the principle for the workgroup to consider

We experienced conflicts in directions from state, federal, local and LTC providers in terms of visitation guidelines. Therefore, there should be a standard that is evidence, based, and does not infringe on a resident's basic human rights to have human contact with their loved ones. Therefore, any guidance should include the input of resident voices.

Page 7

Q9

Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10 Respondent skipped this question
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11
Please provide any comments on the principle for the workgroup to consider

No additional comments

Page 10

Q12 4. I agree with some reservations
Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13 Respondent skipped this question
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14
Please provide any comments on the principle for the workgroup to consider

We cannot have one organization, or the public health officers be the only deciding parties on how this is implemented, therefore, we should set policy that would require input and review from residents and resident advocates. During the pandemic their voices were silenced.

Page 13

Q15

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

5. I am in complete agreement

Page 14

Q16

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

no additional comments

Page 16

Q18

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

5. I am in complete agreement

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

Please make sure to include LTC Ombudsmen representatives at the local level and SLTCO at the state level.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

5. I am in complete agreement

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

Make sure information is accessible , culturally and linguistically inclusive, and is easy to understand and is available using technology, written, oral, and/or using visuals that are easy to understand.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

4. I agree with some reservations

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

Include resident voices.

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

Compassionate care needs to be defined, and does not only include palliative or end of life events.

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

The workgroup should consider requesting funding for implementing changes and that are recommended, and a way to inform and educate the public about the new policies if it results in legislation. Suggest funding that would help local and state programs collaborate on implementing the changes.

#4

COMPLETE

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Page 1

Q1

Name of Organization

Alzheimer's Disease & Related Disorders Advisory Committee

Q2

Name of Individual Completing Survey (First and Last)

Darrick Lam

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

4. I agree with some reservations

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

We need to redefine the term "LTCF Visitors" in subcategories (a) through (d) to reflect loved ones who provide essential services.

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

4. I agree with some reservations

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

Each LTCF cannot independently determine visitation based on existing federal, state, and local guidelines. This should be a recommendation but not an acknowledgment.

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

4. I agree with some reservations

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

We need to include LTC Ombudsman in the process.

Page 10

Q12

4. I agree with some reservations

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

It is unclear if the definition of "visitors" is consistent with that of Principle #1.

Page 13

Q15

4. I agree with some reservations

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

The variation should be short-term.

Page 16

Q18

4. I agree with some reservations

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

The State needs to take the leadership role in setting the stage; otherwise, there will be variations in how different counties will implement things.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

4. I agree with some reservations

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

These should be short-term.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

4. I agree with some reservations

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

This should be short-term, and the State must take a leadership role.

Page 25

Q27

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

4. I agree with some reservations

Page 26

Q28

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

Needs to define "compassionate care" as it means differently to different groups/people. It needs to be short-term consideration.

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

There should be a clear statement on the leadership role taken by the State so there will be consistency in implementing these principles.

#5

COMPLETE

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Page 1

Q1

Name of Organization

LeadingAge California

Q2

Name of Individual Completing Survey (First and Last)

Amber King

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

4. I agree with some reservations

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5

Please provide any comments on the principle for the workgroup to consider

The verbiage for a "LTCF Visitors" could be interpreted very broadly and may be misinterpreted. We would suggest "individuals not living in a LTCF, that residents wish to see, which may include loved ones, advocates, clergy, spiritual support and service providers not employed by the facility.

Page 4

Q6

Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8

Please provide any comments on the principle for the workgroup to consider

None.

Page 7

Q9

Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

None.

Page 10

Q12

5. I am in complete agreement

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

None.

Page 13

Q15

5. I am in complete agreement

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

None.

Page 16

Q18

5. I am in complete agreement

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

None.

Page 24

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

5. I am in complete agreement

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

None.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

5. I am in complete agreement

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

None.

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

None.

Page 28

Q30

Respondent skipped this question

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

#6

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, June 20, 2023 7:39:31 PM
Last Modified: Thursday, June 22, 2023 7:48:36 PM
Time Spent: Over a day
IP Address: 165.235.252.168

Page 1

Q1

Name of Organization

California Commission on Aging

Q2

Name of Individual Completing Survey (First and Last)

Leza Coleman

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5

Please provide any comments on the principle for the workgroup to consider

Current regulations for both RCFEs and SNFs are clear that residents maintain the right to have relatives and other individuals of the resident's choosing visit during reasonable hours, privately and without prior notice. Given that it is impossible to craft LTC facility visiting policies comprehensive to address every possible scenario, it is paramount that we prioritize the basic tenet of self-determination as the primary guiding principle.

Page 4

Q6

Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8

Please provide any comments on the principle for the workgroup to consider

Whatever framework this group recommends, for facility visiting policies in effect during a state of emergency, they must be crafted in cooperation with the local public health offices, the State Office of the LTC Ombudsman Program, and the licensing agencies for RCFEs and SNFs.

Page 7

Q9

Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

Whatever framework this group recommends for facility visiting policies, grievances, and appeals must be crafted in cooperation with the local public health offices, the State Office of the LTC Ombudsman Program, and the licensing agencies for RCFEs and SNFs.

Page 10

Q12

4. I agree with some reservations

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

I was not in 100% agreement out of fear that the group might suggest a framework promoting anything less than the current visiting policy. "Subject to any parameters" makes me uncomfortable that we are moving away from "expressed wish advocacy" and acting as "best interest" stakeholders.

Page 13

Q15

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

5. I am in complete agreement

Page 14

Q16

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

If it is safe enough for the staff, then the protocols should be considered sufficiently safe for those visiting the residents. If a situation is so unsafe that visitors can not enter the building, it should be equally prohibitive from staff being permitted to move about in the general public.

Page 16

Q18

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

4. I agree with some reservations

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

Any such collaboration must include local public health officers, LTCF operators, resident advocates, and the statewide licensing agencies.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

5. I am in complete agreement

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

This statement is consistent with the current regulations addressing a resident’s right to receive visitors.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

4. I agree with some reservations

Page 23

Q25

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

Any such collaboration must include local public health officers, LTCF operators, resident advocates, and the statewide licensing agencies.

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

no comment

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

Our recommendations need to establish MOUs such that even during a state of emergency, the local public health officials must work in cooperation with the state licensing agencies and state-recognized advocacy providers impacted.

#7

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, June 22, 2023 8:11:08 PM
Last Modified: Thursday, June 22, 2023 8:34:06 PM
Time Spent: 00:22:58
IP Address: 209.233.174.249

Page 1

Q1

Name of Organization

Solano Public Health and member of County Health Exec. Association of CA (CHEAC)

Q2

Name of Individual Completing Survey (First and Last)

Jayleen Richards, Public Health Director

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

4. I agree with some reservations

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

n/a

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

4. I agree with some reservations

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

As we have seen during a public health emergency or event, it does take time to develop guidance and provide it to LTCF.

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

4. I agree with some reservations

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

n/a

Page 10

Q12

5. I am in complete agreement

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

n/a

Page 13

Q15

4. I agree with some reservations

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

Supply issues and training modules for visitors may take time to secure and develop.

Page 16

Q18

4. I agree with some reservations

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

The term "direct" is worrisome. During a public health emergency there are many issues that may need to be addressed and priorities may be different for some areas. The timeline is not clear and the circumstances are not clear. The Health Officer needs to have the ability/flexibility to respond to a public health emergency that may have many unknown factors similar to COVID-19.

Page 24

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

4. I agree with some reservations

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

In addition to earlier points raised, staffing shortages are real during a public health emergency or event (because staff are getting ill or have been exposed to someone who has been ill). LTCF's may not have the capacity to be able to operate visitation hours as normal during such an event.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

4. I agree with some reservations

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

The term "direct" is worrisome. During a public health emergency there are many issues that may need to be addressed and priorities may be different for some areas. The timeline is not clear and the circumstances are not clear. The Health Officer needs to have the ability/flexibility to respond to a public health emergency that may have many unknown factors similar to COVID-19.

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

n/a

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

Thank you for the opportunity to review and provide comments actionable principles related to LTCF Visitation. CHEAC and CCLHO recommend that local health jurisdictions and health officers maintain the ability to respond to a public health emergency/event using the tools and knowledge that we have about how to minimize the spread of disease and save lives.

#8

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, June 22, 2023 7:34:32 PM
Last Modified: Friday, June 23, 2023 12:00:14 PM
Time Spent: 16:25:41
IP Address: 66.60.136.130

Page 1

Q1

Name of Organization

California Assisted Living Association

Q2

Name of Individual Completing Survey (First and Last)

Heather Harrison

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

Suggest changing "frontline care" to "essential care" in 1c.

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

4. I agree with some reservations

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

Agree that a clear framework for visitation is important, however, this principle should be reworded to acknowledge the role that variations in local public health guidance plays in creating variations in access; should recognize that details specific to individual LTCFs (physical plant, resident population, etc) play a legitimate role in contributing to variations; should also specify in-person visits as the goal rather than window visits.

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

Suggest clarifying appeals to licensing agency and/or LTCO

Page 10

Q12

4. I agree with some reservations

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

Some reservation about using "wide range of visitors" and whether it would ever be advisable to have some limits while still allowing for the most essential visits.

Page 13

Q15

5. I am in complete agreement

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

Page 16

Q18

4. I agree with some reservations

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

Is the collaboration intended to be state or countywide or specific to individual facilities?

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

4. I agree with some reservations

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

Type: Should be "must not UNreasonably inhibit"; Some reservation about "wide range of visitors" if a future emergency requires some limit for the most essential.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

4. I agree with some reservations

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

Is this collaboration intended to be facility by facility or state/countywide? LTCFs will need to be able to implement/comply with federal, state, and local guidance while collaboration on alternative parameters is underway.

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

Page 28

Q30

Respondent skipped this question

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

#9

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, June 23, 2023 11:54:28 AM
Last Modified: Friday, June 23, 2023 12:34:59 PM
Time Spent: 00:40:31
IP Address: 208.127.82.152

Page 1

Q1

Name of Organization

Caregiver Resource Center OC

Q2

Name of Individual Completing Survey (First and Last)

Jack Light

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

I concur that "visitors" who are selected by the resident and appropriately vetted are essential to the care of residents in long term care facilities.

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

Clear standards should be supported by a process for decision making that includes accountability and timeliness for those responsible for implementing and adjudication of any disputes.

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

See my previous comments. Timeliness and transparency are key to avoid any unnecessary delay.

Page 10

Q12

4. I agree with some reservations

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

"wide range "of Visitors"... is a concerning term. The wide range of visitors need to be clearly defined, to the extent possible. The process for defining needs to be developed.

Page 13

Q15

5. I am in complete agreement

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

The issue of supplies should also be tied to space available and capacity for additional essential caregivers.

Page 16

Q18

4. I agree with some reservations

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

I would be more comfortable if it were mandated that all essential persons (including Visitors) follow the same safety protocols.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

4. I agree with some reservations

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

Simple algorithms that can be applied and adjudicated in a timely manner need to be developed to address how capacity for Visitors is administered. The speed at which these can be applied on a day-to-day basis need to be considered as this is a fluid set of circumstances.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

5. I am in complete agreement

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

See previous comments about having a process for timely and consistent deliberations and decisions for any concerns regarding dynamic circumstances and arguable parameters.

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

Guidance must be definitive.

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

It would be impossible to capture all the potential situations to which the legislation could apply. It is important that there be one adjudicating body with authority to collect evidence, hear arguments and resolve disputes timely.

#10

INCOMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, June 23, 2023 12:36:02 PM
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Time Spent: 00:03:15
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Page 1

Q1

Name of Organization

Assembly ALTC committee

Q2

Name of Individual Completing Survey (First and Last)

Liz Fuller

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

4. I agree with some reservations

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5

Please provide any comments on the principle for the workgroup to consider

I don't want to have visitation linked to caregiving. Many do provide care but it shouldn't be necessary to be essential

Page 4

Q6

Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8

Please provide any comments on the principle for the workgroup to consider

None

Page 7

Q9

Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

3. I am undecided or abstain

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Respondent skipped this question

Please provide any comments on the principle for the workgroup to consider

Page 10

Q12

Respondent skipped this question

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Respondent skipped this question

Please provide any comments on the principle for the workgroup to consider

Page 13

Q15

Respondent skipped this question

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16 Respondent skipped this question
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 15

Q17 Respondent skipped this question
Please provide any comments on the principle for the workgroup to consider

Page 16

Q18 Respondent skipped this question
Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19 Respondent skipped this question
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 18

Q20 Respondent skipped this question
Please provide any comments on the principle for the workgroup to consider

Page 19

Q21 Respondent skipped this question
Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident's ability to receive a wide range of visitors and must be transparently communicated to the public.

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

Respondent skipped this question

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 25

Q27

Respondent skipped this question

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Respondent skipped this question

Please provide any comments on the principle for the workgroup to consider

Page 28

Q30

Respondent skipped this question

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

#11

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, June 23, 2023 12:51:42 PM
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Time Spent: 00:34:51
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Page 1

Q1

Name of Organization

California Commission on Aging

Q2

Name of Individual Completing Survey (First and Last)

Ellen Schmeding

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

I believe that there are differences between those visitors whom the resident wishes to see (loved ones) and those who are advocates or service providers. I would split out these two groups.

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

I totally agree with this principle. However, in the midst of a true crisis, having consistent guidance uniformly applied could be impossible as it was during the pandemic. We were told to use the most restrictive practices (which varied by Licensing body or Public Health jurisdiction). Perhaps a caveat is needed that this will be done "to the extent possible" and to note that the entity issuing direction may change depending upon the nature of the emergency.

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

4. I agree with some reservations

Page 3

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

We need to identify whom we believe would manage this appeals/grievance process (e.g., is it the facility social worker, the Licensing body or yet TBD?). In the midst of a crisis, this may be difficult to administer and may require a dedicated and funded social worker who is managing visitation and appeals/grievances.

Page 10

Q12

5. I am in complete agreement

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

This principle may be best placed at the beginning of the listing as the overarching principle requiring visitation access.

Page 13

Q15

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

4. I agree with some reservations

Page 14

Q16

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

Though I agree with this principle, the reality of the pandemic was that PPE was not available initially (no gowns, cloth masks, etc.). Would we still prioritize visits without appropriate PPE if it meant putting residents and visitors at risk?

Page 16

Q18

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

4. I agree with some reservations

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

We need to add State Licensing bodies to this principle as well as those in 6 & 7, given that they are the oversight bodies for SNFs and Assisted Living/Board and Cares. I also believe that visitors need to be fully aware of the danger associated with a visit during an outbreak or similar disaster and that there be discussion as to how to proceed in terms of liability impacts if a visitor admitted to the site were to become ill or die.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

5. I am in complete agreement

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

I agree and also note that in the midst of a crisis, things change rapidly - so the communication timeliness is most important.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

5. I am in complete agreement

Page 23

Q25

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

State Licensing bodies also need to be listed.

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

This is most important and is a different type of visitation (e.g., end of life care). I agree with pulling this out as a different category of visitation. We still need to ensure that the compassionate care visitor understands and accepts any potential risk to their health and safety.

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

I know that the document will have an intro section that identifies the different types of emergencies and notes that there will be differences in managing visitors.

Thanks for the opportunity to review. We did submit two surveys from CCoA as we have varying perspectives we felt were important to share.

#12

INCOMPLETE

Collector: Web Link 1 (Web Link)
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Page 1

Q1

Name of Organization

Alzheimer's Association

Q2

Name of Individual Completing Survey (First and Last)

Eric Dowdy

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5

Please provide any comments on the principle for the workgroup to consider

None

Page 4

Q6

Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 7

Q9

Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

Respondent skipped this question

Page 8

Q10

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 10

Q12

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Respondent skipped this question

Page 11

Q13

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 13

Q15

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Respondent skipped this question

Page 14

Q16

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 16

Q18

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Respondent skipped this question

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident's ability to receive a wide range of visitors and must be transparently communicated to the public.

Respondent skipped this question

Page 20

Q22 Respondent skipped this question
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 21

Q23 Respondent skipped this question
Please provide any comments on the principle for the workgroup to consider

Page 22

Q24 Respondent skipped this question
Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

Page 23

Q25 Respondent skipped this question
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 24

Q26 Respondent skipped this question
Please provide any comments on the principle for the workgroup to consider

Page 25

Q27 Respondent skipped this question
Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

Respondent skipped this question

#13

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, June 23, 2023 1:25:50 PM
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IP Address: 72.134.243.217

Page 1

Q1

Name of Organization

Association of Regional Center Agencies

Q2

Name of Individual Completing Survey (First and Last)

Amy Westling

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5

Please provide any comments on the principle for the workgroup to consider

For those with cognitive and/or communication challenges, visitors also provide a key support for resident to staff communication.

Page 4

Q6

Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8

Please provide any comments on the principle for the workgroup to consider

While there is a need for some flexibility, a standard framework takes the guesswork out of this.

Page 7

Q9

Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

This is important, particularly for those visitation restrictions that will last for prolonged periods of time.

Page 10

Q12

5. I am in complete agreement

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

Person-centeredness is key and informs the recognition that different supports are important to different people.

Page 13

Q15

4. I agree with some reservations

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

There may need to be more targeted conversations about vaccines.

Page 16

Q18

5. I am in complete agreement

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

This is a pragmatic response to a real world challenge.

Page 24

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

5. I am in complete agreement

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

Again, it is important to allow necessary flexibility for each person.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

5. I am in complete agreement

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

While safety is paramount, it needs to be balanced with psychological impacts.

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

Recognizing the need for greater flexibility for those in crisis is essential.

Page 28

Q30

Respondent skipped this question

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

#14

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, June 23, 2023 3:48:14 PM
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Page 1

Q1

Name of Organization

California Association of Long Term Care Medicine (CALTCM)

Q2

Name of Individual Completing Survey (First and Last)

KJ Page

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

"visitors' of all varieties need to follow the same IP precautions/interventions as staff.

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

Everyone follows the same guidelines. IF there are legitimate reasons for a variation in local or site specific response, the reasons and basis for each restriction needs to be fully explained and reevaluated frequently .

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

appeals need to be handled by competent trained professionals with authority to intervene on the resident's behalf. The LTC Ombudsman Program seems well suited for this.

Page 10

Q12

5. I am in complete agreement

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

Following the same infection prevention and control protocols (PPE, restrictions etc.) including education and training for all visitors regardless of the purpose of visit.

Page 13

Q15

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

5. I am in complete agreement

Page 14

Q16

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

Facilities need to be responsible for providing PPE to visitors. Visitors may be allowed to bring PPE if it meets the same standards as facility provided PPE. Facility needs to consider visitor use when determining their 'par' level to meet the 45 day supply requirement. Costs need to be addressed under emergency generated relief programs/ grants and other considerations. Costs need to be considered as routine part of doing business and not an above and beyond benefit. Visitation is a Resident Right.

Page 16

Q18

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

5. I am in complete agreement

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

SNF need to consider additional PPE for visitors based on historical data on visitors likely based on bed numbers. Grants and emergency relief programs may include this additional cost however, it needs to be a SNF responsibility to consider visitors and visitors needs/supplies as a routine cost of business and not an extra benefit for which they deserve compensation or obtain permission to deny visitors based on their failure to plan and budget for adequate PPE to meet Resident needs. visitation is a resident need.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

5. I am in complete agreement

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

Some safety accommodation may need to be made to allow multiple visitors especially in multi bed rooms. Limitations similar to acute hospital ICU or NICU limits for time and number of visitors (instead of relationship or category of visitor- friend family etc.) as long as restrictions are reviewed often with the least restrictive always the goal. Facilities are obligated to make arrangements when possible to allow visitors per resident request despite multibed rooms. This may mean developing additional spaces within the facility to accommodate multiroom visitors elsewhere. or moving a bed bound person to another space for a visit if needed.

Page 22

Q24

5. I am in complete agreement

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

Page 23

Q25

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

any visitor restriction needs to be communicated clearly, reevaluated frequently and made in collaboration with at least the local LTC Ombudsman program as well as local public health jurisdictions.

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

visitors for any reason- esp. compassionate visits need to follow same IP precautions as staff. Definition of compassionate visit needs to include those with dementia or other cognitive disabilities who may not meet the standard for 'end of life' but certainly need compassionate visits esp.. in light of their failure to understand or remember the reason for restrictions etc.

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

Do not forget those with Dementia who may not be at the end of their life (hospice definition of end of life) but who will not remember instructions etc. and will be very much negatively impacted by restricting visitors.

#15

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, June 23, 2023 5:28:02 PM
Last Modified: Friday, June 23, 2023 5:32:52 PM
Time Spent: 00:04:49
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

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

No comments

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

No comments

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

The proposed framework must also clarify that certain visitors, like Long Term Care Ombudsmen and surveyors from CDPH/DSS are required by state and federal law to have access to LTC residents/facilities and therefore would not be subject to every restriction for regular visitors.

Page 10

Q12

5. I am in complete agreement

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

No comments

Page 13

Q15

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

5. I am in complete agreement

Page 14

Q16

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

No comments

Page 16

Q18

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

5. I am in complete agreement

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

Facilities should coordinate with Long Term Care Ombudsmen to ensure that all residents still have timely access to their services despite any supply shortages.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

5. I am in complete agreement

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

No comments

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

5. I am in complete agreement

Page 23

Q25

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

No comments

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

No comments

Page 28

Q30

Respondent skipped this question

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

#16

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, June 23, 2023 12:28:39 PM
Last Modified: Friday, June 23, 2023 5:55:37 PM
Time Spent: 05:26:57
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Page 1

Q1

Name of Organization

State Council on Developmental Disabilities

Q2

Name of Individual Completing Survey (First and Last)

Ken DaRosa

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

As we consider the needs of people with intellectual and developmental disabilities in this context, it's important to recognize their unique support needs and that for many of them as their family members age, people with I/DD may lose their parents and family members who were providing those supports.

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

As regards the I/DD community, special attention and guidance should be included in the frameworks that recognizes and supports best practices for those LTCF.

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

Please include appropriate guidance, information, and recognition for the advocacy needs of those with I/DD

Page 10

Q12

5. I am in complete agreement

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

A critical element and one that must recognize that those in LTCF may have multiple health issues and health risks. However, balance needs to be achieved that manages risk without initiating isolation.

Page 13

Q15

5. I am in complete agreement

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

Where resources are lacking, facilities should be encouraged and empowered to establish safety procedures that are nonetheless as effective, and not adopt blanket limitations that harm and isolate residents.

Page 16

Q18

5. I am in complete agreement

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

Where resources are lacking, facilities should be encouraged and empowered to establish safety procedures that are nonetheless as effective, and not adopt blanket limitations that harm and isolate residents.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

5. I am in complete agreement

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

No additional comments.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

5. I am in complete agreement

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

The parameters also should require facilities to identify a timeframe by which normal visitation can be expected to resume and active and advanced communication in the event that target date can't be met.

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

No additional comments.

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

Please emphasize the need for cultural, language, and communication need (e.g., nonverbal residents) considerations and attention in any plans, guidance, or frameworks.

#17

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, June 20, 2023 11:15:31 AM
Last Modified: Friday, June 23, 2023 6:59:56 PM
Time Spent: Over a day
IP Address: 98.208.121.31

Page 1

Q1
Name of Organization

California Foundation of Independent Living Center

Q2
Name of Individual Completing Survey (First and Last)

Talmadge House

Q3
Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

4. I agree with some reservations

Page 2

Q4
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

Assure equitable treatment in facilities that address loneliness and isolation.

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

4. I agree with some reservations

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

cost of living also increasing in nursing home facilities

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

Assuring that their grievance will be heard, have a tracking number and a valid advocate support service to assist in and follow up with the client/resident.

Page 10

Q12

4. I agree with some reservations

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

The sad thing is who will help the visitors get the correct non-bias information.?

Page 13

Q15

4. I agree with some reservations

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

extenuating circumstances should apply

Page 16

Q18

5. I am in complete agreement

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

transparency in key element in communication if progress is to be made.

Page 24

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

5. I am in complete agreement

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

As long as the visitor is not a threat to the resident, staff or facility

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

5. I am in complete agreement

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

barriers, rules and guidelines should be made apparent to the visitor with a signature

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

unless the resident is on limited time of continued existence.

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

Not to my knowledge. The Actionable Principles are considerate in involving all parties involved in the care, hospitality and wellbeing of the resident.

#18

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, June 26, 2023 1:30:20 AM
Last Modified: Monday, June 26, 2023 2:17:19 AM
Time Spent: 00:46:58
IP Address: 76.82.171.47

Page 1

Q1

Name of Organization

RCFE family caregiver

Q2

Name of Individual Completing Survey (First and Last)

Maitely Weismann

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

Page 10

Q12

5. I am in complete agreement

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

Page 13

Q15

5. I am in complete agreement

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

There should be ample supply in stock at facilities as a standard.

Page 16

Q18

1. I disagree and cannot support

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Residents and family must be instrumental in any such planning process. It can never be tied to staff levels. If visitor has appropriately equivalent access to supplies for their own use, there should be no reason for restriction.

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

Residents and family must be instrumental in any such planning process. It can never be tied to staff levels. If visitor has appropriately equivalent access to supplies for their own use, there should be no reason for restriction.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

4. I agree with some reservations

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

Residents and family must be instrumental in any such planning process. It can never be tied to staff levels. Restrictions such as visitation hours should not apply to resident designated support persons. Example: If the resident needs them at midnight, they should have close access to their chosen personal support person at midnight provided that the support person is available.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

1. I disagree and cannot support

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

I disagree with any period of restriction for resident-designated support persons. If staff has access with precautions, so shall support persons. Residents and family must be instrumental in any such planning process. Operational? Family caregivers are helpers. Restrictions such as visitation hours should not apply to resident designated support persons. Example: If the resident needs them at midnight, they should have close access to their chosen personal support person at midnight provided that the support person is available.

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

Residents and family caregivers must be meaningfully included in decisions that may affect them. Advocates are important in this as well but they do not replace the consumer voice. Also, not unlike reasonable accommodations per the ADA, resident-designated support persons should always have access when they are able to practice the same precautions as staff. Residents are highly vulnerable behind locked doors, dependent solely on staff for their every need. Staff dwindles in numbers and turns over rapidly during emergencies. The training inconsistencies and lack of familiarity can have, and has had, disastrous consequences. Residents' pre-sanctioned access to their chosen support persons can help to balance shortcomings and inequitable power structures rampant in facilities during these high-risk times. Please revisit the fine print to address these problems.

Page 25

Q27

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

5. I am in complete agreement

Page 26

Q28

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

Residents and their families (chosen or bio) must hold an important -an essential - role in these conversations. Their lives are greatly affected and they must be empowered to provide meaningful input that is taken into account, in addition to advocates. Policy changes or temporary changes should be co-designed with them. Work should go into ensuring that happens proactively and in an ongoing manner.

#19

INCOMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, June 26, 2023 12:33:29 PM
Last Modified: Monday, June 26, 2023 12:48:23 PM
Time Spent: 00:14:53
IP Address: 158.96.177.66

Page 1

Q1

Name of Organization

Department of Developmental Services (DDS)

Q2

Name of Individual Completing Survey (First and Last)

Kristin Rains

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

I choose not to provide feedback on this principle

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 4

Q6

Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

I choose not to provide feedback on this principle

Page 5

Q7

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 7

Q9

Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

I choose not to provide feedback on this principle

Page 8

Q10

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 10

Q12

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

I choose not to provide feedback on this principle

Page 11

Q13

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 13

Q15

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

I choose not to provide feedback on this principle

Page 14

Q16

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 16

Q18

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

I choose not to provide feedback on this principle

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident's ability to receive a wide range of visitors and must be transparently communicated to the public.

I choose not to provide feedback on this principle

Page 20

Q22

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 21

Q23

Respondent skipped this question

Please provide any comments on the principle for the workgroup to consider

Page 22

Q24

I choose not to provide feedback on this principle

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

Page 23

Q25

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 24

Q26

Respondent skipped this question

Please provide any comments on the principle for the workgroup to consider

Page 25

Q27

I choose not to provide feedback on this principle

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

Respondent skipped this question

#20

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, June 27, 2023 12:02:35 PM
Last Modified: Tuesday, June 27, 2023 12:49:54 PM
Time Spent: 00:47:18
IP Address: 165.225.242.106

Page 1

Q1

Name of Organization

Department of Rehabilitation

Q2

Name of Individual Completing Survey (First and Last)

Ana Acton

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

Inclusion of family members, friends, advocates, and other service providers not employed by the facility is essential.

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

There has to be some room for flexibility at the local level but clear standards are needed to avoid situations, for example, that occurred during the pandemic that resulted in inconsistent interpretation resulting in prolonged isolations and access to care due to restrictions to visitors.

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

Residents need access to advocates and supports to address grievances in a timely manner.

Page 10

Q12

5. I am in complete agreement

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

Who can visit should be based on the individuals desires and needs and may go beyond the typical support network.

Page 13

Q15

4. I agree with some reservations

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

Supplies and PPE should be made available to visitors whenever possible.

Page 16

Q18

5. I am in complete agreement

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

In agreement as the informal support network is as critical as the formal support network.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

5. I am in complete agreement

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

Agreed. During the pandemic, restrictions on number of visitors resulted in stress and trauma to individuals and family members resulting in increased isolation including during end of life.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

4. I agree with some reservations

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

Advocates should include a wide range types of advocates including family, friends, and ombudsman, Independent Living Center, and ADRC staff.

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

During end of life, restrictions to visitors can cause undue stress for family and loved ones who remain.

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

Consider a proposed framework that would establish a right for residents' to explore transition options to community living. This could build off of MDS 3.0 Section Q where residents who express interest get access to timely wrap around support for transition.

#21

INCOMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, June 22, 2023 2:54:02 AM
Last Modified: Wednesday, June 28, 2023 3:34:33 AM
Time Spent: Over a day
IP Address: 47.229.253.72

Page 1

Q1

Name of Organization

ECC

Q2

Name of Individual Completing Survey (First and Last)

Mercedes Vega

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

I can't think of any comments at this time.

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

4. I agree with some reservations

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

This is already the rule, DPH has given guidance and orders, however, a lot of LTCF do not always follow them. Furthermore, the agencies responsible to enforce the rules have way too much room for loopholes. This is because the "rules" were made pre-pandemic and there is not much specifically written about visitation violations. I only agree with this if the standards enforce the rights of residents, and intervene if such rights are being violated, otherwise, I disagree. The exceptions used to restrict visitation are contingent upon "clinical reasons" not entirely defined anywhere, and as a result, it is something often used by facilities to violate visitation rights, and licensing won't do anything because this is a vague criteria.

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

There's already a process, but it is very faulty, and agencies are "overwhelmed", enforcement, consequences, and penalties for violators are what's missing. Getting rid of loopholes is important otherwise this will continue to happen.

Page 10

Q12

5. I am in complete agreement

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

agree

Page 13

Q15

4. I agree with some reservations

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

Visitors already adhered to the same DPH protocols, we were fully vaccinated, wore PPE, and were screened before entering. We were subjected to more strict guidelines because we had to provide and get tested every time we entered the facility. Resources were no issue then, I don't see why they would be in the future. Maybe use re-usable gowns that can be properly washed, there are ways to mitigate this "potential" problem.

Page 16

Q18

3. I am undecided or abstain

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

I am not sure what this means, and strongly think we should discuss this so we can fully understand the scope of this question. Leaving anything up to a facility operator and/or administrator leaves residents and families at the mercy of the facility, which will lead to resident rights violations. This a perfect example of the gray area, I personally found myself in with the existing rules. Resident rights should never be left at the discretion of the facility, this includes resident representatives, family caregiver visitors, conservators, etc.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

3. I undecided or abstain

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

I am not entirely sure what this means, I would like to discuss this further to make sure. I do not think we should restrict the number of visitors. I have my family member in a facility where there are three residents per room. The administrator used this as an excuse despite never having any covid cases in the two years, to restrict indoor visits. We did not get to see my brother in person for an additional half a year, because he had two roommates. It was and it is completely unfair, especially because CMS has limit SNFs to two beds, but facilities get to apply for waivers to have residents crowded up and make so much profit. It is unfair, and such an inequity for those of us who can't afford a private room for our loved ones.

Page 22

Q24

3. I am undecided or abstain

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

Page 23

Q25

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

With all due respect, I do not see this happening, where residents are involved in the decision-making. It is so difficult to answer these questions, as members who are so familiar with the dynamic challenges of LTC. The decisions should primarily consider the residents, there has never been any infection control prevention protocol, or guidance, etc. per CDC, CDPH, etc. that has ever involved restricting visits even for more contagious communicable diseases. Ideally, this should be a collaboration like we are doing now, but we literally only have one resident and like family resident representatives, this is a great start but not even close to the equality we need.

Page 25

Q27

Respondent skipped this question

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

Respondent skipped this question

#22

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, July 03, 2023 3:40:11 PM
Last Modified: Monday, July 03, 2023 4:27:34 PM
Time Spent: 00:47:22
IP Address: 76.89.133.227

Page 1

Q1

Name of Organization

Stakeholder: Chosen Family Support

Q2

Name of Individual Completing Survey (First and Last)

Melody Taylor Stark

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

Even "pre-COVID" healthcare valued bio/family contact as "essential". September 2019, my husband was in a negative pressure room for 7 days due to possible tuberculosis. All providers welcomed me there. I used the same PPE and took the same precautions as staff to keep me, my husband, and the community safe. I was in the room with him for at least 8 hours per day. Having me there, helped mitigate depression. Why could this not be done in LTC "during COVID"

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

4. I agree with some reservations

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

Include language that indicates that CADPH will enforce execution of the visitation standards at the facilities

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

4. I agree with some reservations

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

The appeal process needs to be clear, "user friendly" (i.e. not complicated) and available in minimally in all identified threshold languages. Also, receipt of the notice of the grievance process and understanding of the process needs to be acknowledged by resident and/or caregiver

Page 10

Q12

4. I agree with some reservations

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

Principle 5 - too broad

Principle 6 - too broad - and define "reasonably" is needed Principle 7 - isn't all of this "compassionate care"?

Page 13

Q15

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

3. I am undecided or abstain

Page 14

Q16

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

This leaves the door wide open to subjective decisions by the facility - which can allow one resident advocate access while another resident advocate is denied access depending on things like the "mood" of facility staff/admin and can block a resident advocate who facility staff/admin may feel is problematic because they speak up and know the guidelines that the facility must adhere to

Page 16

Q18

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

4. I agree with some reservations

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

Same as the last question: This leaves the door wide open to subjective decisions by the facility - which can allow one resident advocate access while another resident advocate is denied access depending on things like the "mood" of facility staff/admin and can block a resident advocate who facility staff/admin may feel is problematic because they speak up and know the guidelines that the facility must adhere to

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

4. I agree with some reservations

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

Hours of visitation should NEVER be limited. This leaves it open to such things as for example Activities Staff leave at 4:30 pm so a facility will not let visits happen after 4:30 pm M-F and none on the weekend.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

1. I disagree and cannot support

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

This one is a HUGE open door to interpretation - DANGEROUS! Facility Admin can work around this in their sleep!

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

Principle 7 - If the facility is accessible to "visitors" at all times, what is the reason "compassionate care" needs to be singled out?

Last, there are still facilities that are closing and reopening their doors to visitors at the whim of the administrator. The policy must not "assume" that for visitation "guidance" those who manipulated in the past, still manipulate, will manipulate in the future

Page 25

Q27

4. I agree with some reservations

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

This needs to be tightened up - still to much wiggle room - what is "timely access" for example?

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

Not at this moment - thank you!

#23

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 01, 2023 6:19:40 PM
Last Modified: Tuesday, August 01, 2023 6:43:03 PM
Time Spent: 00:23:23
IP Address: 204.108.16.101

Page 1

Q1

Name of Organization

CCLHO

Q2

Name of Individual Completing Survey (First and Last)

Anissa Davis

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

NA

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

4. I agree with some reservations

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

A set of clear standards would be helpful. They would need to be flexible to take into account variabilities in types of emergencies, capacities of facilities, and federal, state and local regulations.

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

4. I agree with some reservations

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

Access to timely appeals and grievances process is important, and should not preclude flexibility and authority of public health officials.

Page 10

Q12

4. I agree with some reservations

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

Residents should be able to see a wide range of Visitors during an state of emergency and public health officials should retain their flexibility and authority to make decisions to save live and protect the public's health in the event of a state of emergency.

Page 13

Q15

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

4. I agree with some reservations

Page 14

Q16

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

NA

Page 16

Q18

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

1. I disagree and cannot support

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Nothing; Collaboration with stakeholders is an integral part of public health practice. However, in a state of emergency public health officers need to retain flexibility, nimbleness and authority to institute decisions to quickly respond in order to prevent illness and save lives. Requiring consultation with LTCF operators and resident advocates will impede the timely response to emergencies. Public health officers are directed to narrowly tailor orders and interventions, using the least restrictive approach, in line with the US and California Constitutions. We need to retain our flexibility and authority in order to ensure the overall safety of the residents and staff at LTCFs.

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

see previous response

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

4. I agree with some reservations

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors, taking into account the impacts of these decisions on the health of other residents in the facility.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

1. I disagree and cannot support

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

taking out that public health officers would be directed to collaborate with anyone before they implement visitation parameters during a state of emergency.

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

In a state of emergency public health officers need to retain flexibility, nimbleness and authority to institute decisions to quickly respond in order to prevent illness and save lives. Requiring consultation with LTCF operators and resident advocates will impede the timely response to emergencies. Public health officers are directed to narrowly tailor orders and interventions, using the least restrictive approach, in line with the US and California Constitutions. We need to retain our flexibility and authority in order to ensure the overall safety of the residents and staff at LTCFs.

Page 25

Q27

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

4. I agree with some reservations

Page 26

Q28

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

I thought we were getting rid of the term compassionate care and treating all visitation as instituting compassionate care. This adds another layer of complexity and subjectivity into the process.

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

NA

#24

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 02, 2023 5:41:00 PM
Last Modified: Wednesday, August 02, 2023 6:11:19 PM
Time Spent: 00:30:18
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

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

b

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

5. I am in complete agreement

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

"This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and THIS WOULD HARM RESIDENTS. INSTEAD, California SHOULD establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency."

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

5. I am in complete agreement

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

"The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure access to visitation PURSUANT TO STATE STANDARDS." Deleted "equitable" because that doesn't seem specific enough.

Page 10

Q12

5. I am in complete agreement

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

agree

Page 13

Q15

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

4. I agree with some reservations

Page 14

Q16

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

"This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation. SUCH VARIATION SHOULD BE KEPT TO AN ABSOLUTE MINIMUM."

Page 16

Q18

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

1. I disagree and cannot support

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

This is too loose and impractical. There must be clearer standards from the State, with specifics about what to do in the case of shortages (for example).

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

see previous.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident’s ability to receive a wide range of visitors and must be transparently communicated to the public.

1. I disagree and cannot support

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

"operational and safety considerations" is too broad. Some facilities would take this as a green light to limit visitation, even if visitation could be accommodated.

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

see previous

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

1. I disagree and cannot support

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

"operational and safety" is too broad. And the collaborative process would be impractical, slow and unwieldy.

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

see previous

Page 25

Q27

5. I am in complete agreement

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

agree

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

nothing comes to mind

#25

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 02, 2023 11:46:23 PM
Last Modified: Thursday, August 03, 2023 1:18:50 AM
Time Spent: 01:32:26
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Page 1

Q1

Name of Organization

Resident

Q2

Name of Individual Completing Survey (First and Last)

Nancy Stevens

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

5. I am in complete agreement

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5
Please provide any comments on the principle for the workgroup to consider

1 b
I believe the word "human" should be added to the terms social contact

Page 4

Q6
Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

4. I agree with some reservations

Page 5

Q7
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8
Please provide any comments on the principle for the workgroup to consider

By using the word framework, it allows for no clear and definitive structure or guideline to be followed or adhered to by individual facilities, without any protection for the residents' right to in person chosen family or essential caregivers visitation. Also, the words in-person should be added to "enable in-person visitation in states of emergencies".

Page 7

Q9
Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

4. I agree with some reservations

Page 8

Q10

Respondent skipped this question

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

Timely is not defined, nor is there a word for a limited number of days included in this principle, for a grievance to be responded to. If left undefined, both ignored are, often times, immediate dangers and a detriment to the well being and safety, and health of residents, Also the word swift (or timely if defined) should be included between the words "ensure" and "equitable". Otherwise, there is too much risk that said grievances will just get backlogged and or forgotten about.

Page 10

Q12

1. I disagree and cannot support

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Page 11

Q13

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Subject to any parameters. I cannot condone the use of this language because it is not clearly defined and definitely leave way too much room for interpretation, thus harming the resident and standing in the way of a resident and human right.

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

Leave no room for loophole language and use no language that would allow for the right to essential in person visits. Period.

Page 13

Q15

1. I disagree and cannot support

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Page 14

Q16

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

There must not be allowable exceptions and loopholes added to this principle, guidance, or guideline.

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

There is way too much risk involved to allow what has already happened to continue happening. As far as PPE goes, why did many of the facilities in privileged areas, such as where I reside, often have a surplus of PPE, while, for example, 2 facilities 20 min away in very underserved and BIPOCAAPI populated facilities have a shortage? Nope.

Page 16

Q18

1. I disagree and cannot support

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Residents and their chosen family or essential visitors should be included in this decision process. Otherwise it's the same old same old ways that will ultimately end up as govt and agency fouls and an opening for residents rights to be taken away. External factors should be anticipated now by facilities, agencies, advocates, and community.

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

Residents must be protected, and their rights to have their chosen family or essential visitor must be protected, preserved, and maintained by laws that do not allow for the taking of said rights. There will always be an external factor if it's allowed here.

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident's ability to receive a wide range of visitors and must be transparently communicated to the public.

1. I disagree and cannot support

Page 20

Q22

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Hours of visitation needs to be removed. These "visitors" are essential to the well being and survival of residents! No restrictions on entry hours.

Page 21

Q23

Please provide any comments on the principle for the workgroup to consider

Hours of visitation needs to be removed. These "visitors" are essential to the well being and survival of residents! No restrictions on entry hours.

Page 22

Q24

Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

1. I disagree and cannot support

Page 23

Q25

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

This should not even be a principle. I keep seeing patterns of loopholes, instead of protections for residents here.

Page 24

Q26

Please provide any comments on the principle for the workgroup to consider

This should not even be a principle. I keep seeing patterns of loopholes, instead of protections for residents here.

Page 25

Q27

1. I disagree and cannot support

Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Compassionate care is always needed in nursing homes. And the word timely leaves too much room for individual interpretation

Page 27

Q29

Please provide any comments on the principle for the workgroup to consider

This is another loophole in its entirety.

Page 28

Q30

Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?

Yes. Protections to residents right to have in person visits from one or two essential caregivers at any given time, and definitions of violations of said protections.

#26

INCOMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, August 03, 2023 2:57:26 PM
Last Modified: Thursday, August 03, 2023 3:01:01 PM
Time Spent: 00:03:34
IP Address: 107.77.212.90

Page 1

Q1

Name of Organization

Alzheimer's Disease & Related Disorders Advisory Committee

Q2

Name of Individual Completing Survey (First and Last)

Darrick Lam

Q3

Principle (1): "LTCF Visitors" are essential to a LTCF resident's wellbeing and the workgroup recommends that they should be considered a component of the resident's care.(a) "LTCF Visitors" are considered as any individuals not living in a LTCF, which include loved ones who the resident wish to see, advocates, and service providers not employed by the facility.(b) Social contact is essential in preventing resident's social isolation and loneliness, which research has shown has a significant negative impact on physical, cognitive, and mental health.(c) Family and friends provide frontline care when they visit residents of LTCFs.(d) Visitors who do not work for the LTCF have an important role in identifying issues with resident health and wellbeing, identifying care issues, and advocating for care

4. I agree with some reservations

Page 2

Q4

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 3

Q5

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 4

Q6

Principle (2): This workgroup acknowledges that allowing each LTCF to determine appropriate parameters for visitation based on existing federal, state, and local guidance may lead to variation in access, and it recommends that California establish a framework that gives facilities clear standards on how to enable visitation during a state of emergency.

Respondent skipped this question

Page 5

Q7

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 6

Q8

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 7

Q9

Principle (3): The proposed framework would include residents' access to a timely appeals and grievances process to address scenarios in which visitation standards are not met and to ensure equitable access to visitation.

Respondent skipped this question

Page 8

Q10

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 9

Q11

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 10

Q12

Principle (4): The proposed framework would establish a right for residents' ability to see a wide range of Visitors during an state of emergency, subject to any parameters established in accordance Principles 5-7.

Respondent skipped this question

Page 11

Q13

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 12

Q14

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 13

Q15

Principle (5a): This workgroup recommends that Visitors must adhere to the same safety protocols as LTCF staff, although acknowledges that external factors – such as supply issues- may contribute to some variation.

Respondent skipped this question

Page 14

Q16

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 15

Q17

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 16

Q18

Principle (5b): In any situation where external factors – such as supply issues -- may limit Visitors' ability to follow the same safety protocols as staff, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on safety protocols for LTCF Visitors during a state of emergency.

Respondent skipped this question

Page 17

Q19

What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Respondent skipped this question

Page 18

Q20

Please provide any comments on the principle for the workgroup to consider

Respondent skipped this question

Page 19

Q21

Principle (6a): Visitation parameters to account for operational and safety considerations – such as, but not limited to, hours of visitation and number of simultaneous visitors – must not reasonably inhibit a resident's ability to receive a wide range of visitors and must be transparently communicated to the public.

Respondent skipped this question

Page 20

Q22 Respondent skipped this question
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 21

Q23 Respondent skipped this question
Please provide any comments on the principle for the workgroup to consider

Page 22

Q24 Respondent skipped this question
Principle (6b): In any situation where LTCFs may need to implement visitation parameters to account for safety or operational considerations that may not adhere to Principle 5 for a limited period of time, the proposed framework would direct public health officers, LTCF operators, and resident advocates to collaborate on those parameters.

Page 23

Q25 Respondent skipped this question
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 24

Q26 Respondent skipped this question
Please provide any comments on the principle for the workgroup to consider

Page 25

Q27 Respondent skipped this question
Principle (7): When compassionate care is needed and acknowledging the importance of visitors during moments of crisis, the proposed framework would provide guidance to LTCFs on enhanced steps to mitigate operational or safety considerations and enable timely access to Visitors.

Page 26

Q28 Respondent skipped this question
What changes to the above actionable principles would need to be made to change your level of agreement from a 1 to a 2 or higher?

Page 27

Q29 Respondent skipped this question
Please provide any comments on the principle for the workgroup to consider

Page 28

Q30 Respondent skipped this question
Is there anything missing from the principles from this survey that the workgroup should consider in its recommendations?