

## Updated Facility Visitation Plan (November 12, 2021)

The facility is committed to ensuring compliance with all state and federal laws regarding visitation in nursing homes while continuing to mitigate the risk of resurgence of COVID-19. Under the revised CMS QSO-20-39 NH revised on November 12, 2021, facilities may expand visitation to be allowed for all residents at all times. The modification is due to nursing home residents and staff who have been fully COVID-vaccinated as well as residents and staff receiving vaccinations as they become available.

Residents have the right to receive visitors of his or her choosing at the time of his or her choosing, and in a manner that does not impose on the rights of another resident, such as a clinical or safety restriction. Visitation will be allowed, including, but not limited to, for family members, loved ones, representatives from the long term care ombudsman program (LTCOP), and resident advocacy organizations.

### Facility Visitation Plan

1. To promote person-centered visitation, the facility will consider the residents' physical, mental, and psychosocial well-being, and support the resident's quality of life.
2. **Visits are permitted at all times and for all residents. Visitors are not required to make appointments in advance.**
3. Visitation can be conducted through different means based on the facility's structure and resident's needs, such as in resident rooms, dedicated visitation spaces, and outdoors.
4. The facility shall allow visits to be conducted with an adequate amount of privacy.
5. Visits may take place for the resident and visitor's desired length of time, to the extent possible, in consideration of the core principles of infection control and to respect the privacy of other residents in the event a resident shares a room.
6. Although there is no limit on the number of visitors that a resident can have at one time, visits must be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and allows for physical distancing to be maintained during peak times of visitation. The facility reserves the right to limit the number of visitors for each resident at any one time as necessary to maintain core principles of COVID-19 infection control.
7. The facility, its residents, and families will continue to adhere to the core principles of infection control **at all times** to reduce the risk of COVID-19 transmission, including, but not limited to:
  - a. Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms, those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status), or those who have a positive viral test for COVID-19;
  - b. Hand hygiene (use of alcohol-based hand rub is preferred);
  - c. The use of face coverings or masks (covering mouth and nose) in accordance with CDC guidance;
  - d. Physical distancing at least six feet between persons, in accordance with CDC guidance;
  - e. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene);
  - f. Cleaning and disinfecting high frequency touched surfaces in the facility often, **and designated visitation areas after each visit;**

- g. Appropriate staff use of Personal Protective Equipment (PPE);
  - h. Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care);
  - i. Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO-20-38-NH).
8. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. By following a person-centered approach and these core principles, visitation can occur safely based on the below guidance.
  9. Visitors will be screened upon entry to the facility. Screening shall consist of both temperature checks and asking screening questions to assess for signs and symptoms or potential exposure to COVID-19.
  10. Documentation of visitor entry screening will be maintained and available upon the DOH's request for purposes of inspection and potential contact tracing. Documentation shall include the following:
  11. First and last name of the visitor
    - a. Date and time of facility entry
    - b. Temperature
    - c. Phone number
    - d. Resident name and room number
    - e. COVID-19 screening questions

### **Visitor Testing and Vaccination**

1. Visitors are encouraged to get tested in the community prior to coming to facility (2-3 days prior to visit). The facility may offer testing to visitors and utilize rapid testing as appropriate. In addition, visitors' COVID-19 test results will be compiled for reference in the event a need for contact tracing arises.
2. The facility encourages visitors to become vaccinated when they have the opportunity to help prevent the spread of COVID-19.
3. Visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation. This also applies to representatives of the Office of the state Long-Term Care Ombudsman and protection and advocacy systems.

***\*Note: Fully vaccinated refers to a person who is  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.***

### **OUTDOOR VISITATION**

1. **Outdoor visitation** is preferred when the resident and/or visitor are not fully vaccinated against COVID-19 (except in instances of inclement weather, excessively hot or cold temperatures, poor air quality, or based on a resident's health status). Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Visits will be held outdoors whenever feasible/practicable.
  - **When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.**

### **INDOOR VISITATION**

1. **Indoor visitation** is allowed at all times for all residents regardless of vaccination status, Visitation will take place in a space to ensure individuals are appropriately socially distanced and wearing a facemask while in the presence of others. This includes residents visiting each other.

2. The facility shall limit visitor movement in the facility (e.g., visitors should not walk around different halls of the facility.) Rather, they should go directly to the resident's room or designated visitation area. The Long-Term Care Ombudsman shall be permitted to move within the facility.
3. If the resident is in a private room, visitation can always occur in their room.
4. If a resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room, if possible.
5. For situations where there is a roommate and the health status of the resident prevents leaving the room, the facility will attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
6. If in-room visitation must occur, an unvaccinated roommate should not be present during the visit. If neither resident is able to leave the room, the facility will attempt to enable in-room visitation while maintaining recommended infection prevention and control practices, including physical distancing and source control.
7. If simultaneous visits occur in a designated area in the facility, everyone in the designated area should wear face masks and physical distancing should be maintained between different visitation groups, regardless of vaccination status.
8. If the nursing home's county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, must wear face coverings or masks and physically distance, at all times.
9. If the resident and all of their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact.
  - If a visitor declines to disclose their vaccination status, the visitor should wear a face covering or mask at all times.
10. Unvaccinated residents may also choose to have physical touch based on their preferences and needs, such as with support persons for individuals with disabilities and visitors participating in certain religious practices, including in end-of-life situations. In these situations, unvaccinated residents (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit.
11. Visitors should continue to physically distance from other residents, visitors and staff in the facility and wear a face mask or face covering which always covers both the nose and mouth when on the premises of the facility. The facility has an adequate supply of masks on hand for visitors and will make them available to visitors who lack an acceptable face covering.

#### **INDOOR VISITATION FOR RESIDENTS ON TRANSMISSION-BASED PRECAUTIONS (TBP)**

1. While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors.
2. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting face mask (if tolerated.)
3. Before visiting residents who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident.

4. Visitors should adhere to the core principles of infection prevention. The facility may offer fit masks or other appropriate PPE if available.

### **INDOOR VISITATION DURING AN OUTBREAK (COVID-19 infections that originate in the SNF)**

1. When a new case of COVID-19 among residents or staff is identified, the facility will immediately begin outbreak testing in accordance with CMS QSO 20-38-NH and CDC guidelines.
2. While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors will be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention.
3. If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings during visits, regardless of vaccination status, and visits should ideally occur in the resident's room.

### **COMPASSIONATE CARE, MEDICALLY NECESSARY, END OF LIFE, & DISABILITY RIGHTS VISITS**

1. In accordance with CMS regulations, there are few scenarios that would limit visitation for a resident (e.g., resident is severely immunocompromised and the number of visitors the resident is exposed to needs to be kept to a minimum.)
2. In the event that visitation is limited, compassionate care visits would still be allowed at all times.

### **GENERAL PROTOCOLS FOR SNF VISITATION**

1. A copy of the revised facility's visitation plan is kept at the facility in the Administrator's office where it is easily accessible and immediately available upon request of the DOH or local health department. The plan includes relevant infection control policies for visitors.
2. The facility will continue to adhere to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds, including visitors, vendors, students, and volunteers.
3. The facility will continue to conduct resident monitoring, which includes daily temperature and COVID-19 symptom screening.
4. The facility will comply with both state and federal reporting requirements including COVID-19 focus surveys, daily HERDS, staff testing requirements, and the federally required weekly submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
5. The facility has posted its formal visitation plan to its public website to provide visitors with clear guidelines for visiting.
6. Notification and communication to residents will be provided to those residents who are cognitively intact.
7. The facility will develop a short, easy-to-read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings.
8. Visitors under the age of 18 must be accompanied by an adult 18 years of age or older.
9. The IDT Team will review the visiting program and monitor for any needed adjustments and report to QA Committee as needed.

10. The facility will consult with their State or Local Health Department Epidemiology when an outbreak is identified to ensure adherence to infection control precautions, and for recommendations to reduce the risk of COVID-19 transmission.

### **HYGIENE AND CLEANING**

1. Frequent cleaning and disinfection of shared objects (e.g., chairs, tables, surfaces, and high transit areas, such as restrooms and common areas) will be conducted.
2. The facility will provide alcohol-based hand rub, consisting of at least 60 percent (60%) alcohol, to residents, visitors, and representatives of the long-term care ombudsman visiting residents and those individuals are able demonstrate to appropriate use

### **HEALTHCARE WORKERS AND OTHER PROVIDERS OF SERVICES**

1. All health care workers who are not employees of the facility **but provide direct care** to the facility's residents (e.g., hospice workers, EMS personnel, etc.) must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or exhibiting signs or symptoms of COVID-19.
2. In addition to health care workers, personnel education and assisting in resident transitions to the community should be permitted entry consistent with CMS guidance.
3. **EMS personnel do not need to be screened, so they can attend to an emergency without delay.**
4. The facility complies with federal disability rights laws, which allow the individual entry into the nursing home to interpret or facilitate interpretation if communication assistance is not available by onsite staff, or effective communication cannot be provided without such entry into the facility.
5. Students enrolled in programs to become licensed, registered, or certified health care professionals, provided the nursing home environment is appropriate to the student's education, training, and experience, are allowed.
6. All staff, including individuals providing services under arrangement, as well as volunteers, must adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 staff testing requirements.

### **ACCESS TO LONG-TERM CARE OMBUDSMAN AND ADVOCACY SYSTEMS**

1. The facility complies with regulations that require the facility to provide representatives of the office of the State Long-Term Care Ombudsman with **immediate access** to any resident. In-person access may be limited to virtual visitation due to infection control concerns and/or concerns relating to the transmission of COVID-19, such as scenarios stated above for limiting indoor visitation or where the representative of the LTCOP program screens positive for signs of symptoms of COVID-19. However, in-person access may not be limited without reasonable cause.
2. If an ombudsman is planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident in a nursing home in a county where the level of community transmission is substantial or high in the past 7 days, the resident and ombudsman should be made aware of the potential risk of visiting, and the visit should take place in the resident's room.
3. CMS requires representatives of the Office of the Ombudsman to adhere to the core principles of COVID-19 infection prevention as described above. If in-person access is deemed inadvisable, facilities

must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology.

4. The facility complies with regulations to allow the Ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by State law.
5. The facility complies with regulations that require the facility to allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the State, and as established under the DD act, and of the agency responsible for the protection and advocacy systems for individuals with a mental disorder.
6. Under its federal authorities, representatives of Protection and Advocacy programs are permitted access to all facility residents, which includes the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail, and in person.