

Interim COVID-19 Visitation	Date Implemented: 11/15/2021 By: Corporate Director of Clinicals (CDC)
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To comply with CFR §483.10(f)(4)(v), this facility will allow visitation of all visitors and non-essential health care personnel of his or her choosing at the time of his or her choosing in a manner that does not impose on the rights of another resident, such as clinical or safety restrictions. The visits can be conducted through different means based on the facility’s structure and residents’ needs, such as in resident rooms, dedicated visitation spaces, and outdoors. Initially, restriction/limitation were placed on visitation to mitigate the transmission risk. However, current nursing home COVID-19 data shows approximately 87% of residents and 83% of staff are fully vaccinated as of February 2022.

Visitation is allowed for all residents *in person* during visiting hours from 11-am to 8 pm allowing our residents to rest.

The facility will allow visits to be conducted with an adequate degree of privacy. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention will not be permitted to visit or will be asked to leave. Compliance will be achieved by following a person-centered approach and adherence to the core principles of COVID-19 listed below. Visitation can occur safely based on the below guidance. Exceptions will be in accordance with current CMS directives and CDC recommendations, or as directed by state government (whichever is more rigorous).

Definitions:

“Up-to-date” means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible. Revised 3/10/22

Policy Explanation and Compliance Guidelines:

1. The Infection Preventionist will monitor the status of the COVID-19 situation through the CDC website and local/state health department and will keep facility leadership informed of current directives/recommendations and the need for restricting visitation if indicated.
2. The facility will communicate this visitation policy through multiple channels. Examples include signage, calls, letters, emails, and recorded messages for receiving calls i.e., robocall.
3. Non-essential staff, as designated in emergency preparedness plans, will be notified through routine and emergency communication procedures for staff.
4. We acknowledge that there are still concerns associated with visitation, such as visitation with a resident, who is not up-to-date with all recommended COVID-19 vaccine doses, while the facility’s county COVID -19 level of community transmission is substantial or high. As such, the core principles of COVID-19 infection prevention will be adhered to and as follows:
 - a. Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility *until they meet the criteria used for residents to [discontinue transmission-based precautions](#)* (quarantine). The facility will screen all who enter for these visitation exclusions.
 - b. Visitors will be educated about their potential to be exposed to COVID-19 in the facility.
 - c. [Hand hygiene](#), using an alcohol-based hand rub, will be performed by the resident and the visitors before and after contact.
 - d. Face covering - a well-fitting cloth mask, facemask covering the mouth and nose, will be worn at all times; and physical distancing at least six feet between residents and staff in accordance with CDC [guidance](#).

- e. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices will be conducted
- f. Cleaning and disinfection of highly touched surfaces in the facility and in designated visitation areas after each visit will be performed.
- g. Staff will continue adherence to the appropriate use of [personal protective equipment \(PPE\)](#).
- h. The facility will utilize effective strategies of cohorting residents such as separate areas dedicated to COVID-19 care residents.
- i. The facility will conduct resident and staff testing as per current CMS guidance.
- j. Physical barriers (e.g., clear Plexiglass dividers, curtains) will be used to ensure privacy and reduced risk of transmission during in-person visits.

Outdoor visitation

To align with the core principles of COVID-19 infection prevention, outdoor visitation will be conducted in a manner that reduces the risk of COVID-19 transmission as follows and is the preferred method when the resident and/or visitor are not up to date with all recommended COVID-19 vaccine doses.

- a. Visits will be held outdoors whenever practicable and will be facilitated routinely barring weather conditions, a resident's health status or the facility's outbreak status.
- b. Resident should wear well-fitting source control (if tolerated), maintain physical distancing from others, and not linger in common spaces when moving from their rooms to the outdoors.
- c. The facility will have an accessible and safe outdoor space such as our patio covered tents, umbrella etc. in which to conduct outdoor visitation.

Indoor visitation

This form of visit will be conducted in a manner that reduces the risk of COVID-19 transmission based on the following guidelines:

- a. The facility will allow indoor visitation at all times and for all residents and will no longer limit the frequency and length of visits, the number of visitors, or require advance scheduling of visits. (**Appointment is now retired**)
- b. Visits will be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.
- c. Visitors will continue practicing source control and physically distance from other residents, staff, and other visitors that are not part of their visitation group in the facility regardless of vaccination status.
- d. Visitors will go directly to the resident's room or designated visitation area.
- e. A visit in the resident's room will **not** be conducted if the resident's roommate is not up to date with all recommended COVID-19 vaccine doses or immunocompromised (regardless of vaccination status), but if the said roommate is unable to leave the room, the facility will allow in-room visitation while adhering to the core principles of infection prevention.
- f. If the facility's county COVID-19 community level of transmission is substantial too high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.
- g. If the facility's county COVID-19 community level of transmission is low to moderate, residents and visitors should wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are not up to date with all recommended COVID-19 vaccine doses.
- h. If the resident and all their visitor(s) are not up to date with all recommended COVID-19 vaccine doses; and the resident is not moderately or severely immunocompromised, they may choose **not** to wear face coverings or masks and to have physical contact.

- i. While not recommended by CMS, residents who are on transmission-based precautions or quarantine, can still receive visitors. Visits should occur in the resident's room and the resident should wear a well-fitted facemask (if tolerated). Visitors will be made aware of the potential risk of visiting and precautions necessary in order to visit and should adhere to the core principles of infection prevention.
- j. Regardless of Residents vaccination status, they may choose not to wear face coverings or masks when other residents are not present and have close contact (including physical touch) based on their preferences and needs with their visitor.
- k. Residents (or their representatives) and their visitors who not up to date with all recommended COVID-19 vaccine doses; should be advised of the risk of physical contact prior to the visit.

Indoor visitation during an Outbreak Investigation

5. An outbreak investigation is initiated when a new [nursing home-onset](#) of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff). To swiftly detect cases, the facility will adhere to CMS regulations and guidance for COVID-19 testing, including routine staff testing, testing of individuals with symptoms, and outbreak testing.
6. When a new case of COVID-19 among staff or residents is identified, the facility will immediately begin an outbreak investigation and adhere to CMS regulations and guidance for COVID-19 testing, ([QSO 20-38-NH Revised](#) and [CDC guidelines](#)) including routine unvaccinated staff testing, testing of individuals with symptoms and outbreak testing. Refer to *Coronavirus Testing Policy*.
7. While it is safer for the visitors not to enter the facility during an outbreak investigation, Visitors will be allowed during outbreak investigations, but visitors will be made aware of the potential risk of visiting during the outbreak investigation and adhere to the core principles of infection prevention. If visiting, during this time, residents and their visitors should wear face coverings or masks and physically distance during the visits when around other residents or healthcare personnel regardless of vaccination status, and visits should ideally occur in the resident's room.
8. Visitors will be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection and prevention, including effective hand hygiene and use of face coverings.
9. Compassionate care visits and Protection & Advocacy (P&A) visits required under the federal disability rights laws will be always allowed. If the resident is in transmission-based precautions or quarantine, or a resident who is not up-to-date with all recommended COVID-19 vaccine doses is in a county where the level of community transmission is substantial or high in the past 7 days, the resident and visitor(s) should be made aware of the potential risk of visiting and the visit should take place in the resident's room.
10. Ombudsman who plans to visit a resident in transmission-based precautions or quarantine, resident who is not up-to-date with all recommended COVID-19 vaccine doses in the facility in a county where the level of community transmission is substantial or high in the past 7 days, the ombudsman and resident, will be made aware of the potential risk of visiting and the visit should take place in the resident's room.
11. Additionally, the facility will comply with federal disability rights laws such as Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794 (Section 504) and the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq. (ADA).
12. Alternative communication methods (phone or other technology) may be used if the resident or Ombudsman program requests it in lieu of an in-person visit.

13. Visitor testing may be offered, if feasible, in facilities in counties with substantial or high levels of community transmission. If the facility does not offer testing, the facility should encourage visitors to be tested on their own before coming to the facility (e.g., within 2-3 days).
14. The facility may ask about a visitor's vaccination status; however, visitors will **not** be required to be tested or vaccinated or show proof as a condition of visitation. If the visitor declines to disclose their vaccination status, the visitor should wear a face always covering or mask.
15. All healthcare workers will be permitted to come into the facility if they are not subject to a work exclusion or showing signs or symptoms of COVID-19. This includes personnel educating and assisting in resident transitions to the community. **EMS do NOT need to be screened, so they can attend to an emergency without delay.**
16. Advise visitors to monitor for signs and symptoms of respiratory illness and report to the facility if symptoms are evident within 14 days after visiting the facility.

Legislature of the State of Florida:

In accordance with Legislature SB-988, "No Patient Left Alone Act" signed into Law on 4/6/22; regardless of the situation, the resident will receive in-person visitation by essential caregiver for at least 2 hours daily in addition to any other visitation established by the facility. Essential caregiver is not required to provide necessary care to a resident nor can the facility require essential caregiver to provide care to the resident.

A resident, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care.

The visitation policies and procedures required by this section must allow in-person visitation in all the following circumstances, unless the resident, client, or patient objects:

- a. End-of-life situations.
- b. A resident, client, or patient who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support.
- c. The resident, client, or patient is making one or more major medical decisions.
- d. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
- e. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
- f. A resident, client, or patient who used to talk and interact with others is seldom speaking

Communal Activities

Communal activities (including group activities, communal dining, and resident outings):

- a. Communal activities and dining may occur, but regardless of vaccination status, everyone should wear a face covering or mask while in the communal areas of the facility.
- b. A resident who is unable to wear a mask due to a disability or medical condition may attend communal activities, however they should physically distance from others. If possible, facilities should educate the resident on the core principles of infection prevention, such as hand hygiene, physical distancing, cough etiquette, etc. and staff should provide frequent reminders to adhere to infection prevention principles. A resident who is unable to wear a

- mask and whom staff cannot prevent having close contact with others should not attend communal activities.
- c. Residents are permitted to leave the facility as they choose. The facility will remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene and to encourage those around them to do the same.
 - d. Upon the resident's return, the facility will take the following actions:
 - i. If the resident or family member reports possible close contact to an individual with COVID-19 while outside the facility, test the resident for COVID-19, regardless of vaccination status. Place the resident on quarantine if the is not up to date with all recommended COVID-19 vaccine doses.
 - ii. If the resident develops signs or symptoms of COVID-19 after the outing, test the resident for COVID-19 and place the resident on Transmission-Based Precautions, regardless of vaccination status.
 - e. The facility may opt to test residents who are not up to date with all recommended COVID-19 vaccine doses without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.
 - f. The facility may consider quarantining residents who are not up to date with all recommended COVID-19 vaccine doses and leave the facility, if based on an assessment of risk, uncertainty exists about the adherence or the adherence of those around them to recommended infection prevention measures.
 - g. The facility will monitor residents for signs and symptoms of COVID-19 daily.
 - h. Residents who leave the facility for 24 hours or longer should be managed as a new admission or readmission and follow current CDC guidance. [See Novel Coronavirus Prevention and Response Policy.](#)

Survey Considerations

State survey agencies and CMS are ultimately responsible for ensuring surveyors are compliant with the applicable expectations. Therefore, the facility is not permitted to restrict access to surveyors based on vaccination status, nor ask a surveyor for proof of his or her vaccination status as a condition of entry. If the facility has questions about the process a state is using to ensure surveyors can enter a facility safely, those questions should be addressed to the State Survey Agency. Surveyors should not enter a facility if they have a positive viral test for COVID-19, signs, or symptoms of COVID-19, or currently meet the criteria for quarantine. Surveyors should also adhere to the core principles of COVID-19 infection prevention and adhere to any COVID-19 infection prevention requirements set by federal and state agencies (including Executive Orders).

- For concerns related to resident communication with and access to persons and services inside and outside the facility, surveyors should investigate for non-compliance at 42 CFR § 483.10(b), F550.
- For concerns related to a facility limiting visitors, surveyors should investigate for non-compliance at 42 CFR § 483.10(f)(4), F563.
- For concerns related to ombudsman access to the resident and the resident's medical record, surveyors should investigate for non-compliance at 42 CFR §§ 483.10(f)(4)(i)(c), F562 and 483.10(h)(3)(ii), F583.
- For concerns related to lack of adherence to infection control practices, including practices for residents and staff based on COVID-19 vaccination status, surveyors should investigate for non-

compliance at 42 CFR § 483.80(a), F880. Contact: Questions related to this memorandum may be submitted to: DNH_TriageTeam@cms.hhs.gov.

<i>Date Reviewed/</i> <i>By:</i>		<i>Date Revised</i> 3/14/2022 4/21/2022 <i>By CDC</i>	<i>Reviewed by;</i>	Admin/ DON/ IP/ SOCS/ IDT/ Activity Director/ Medical Director
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References:

Centers for Disease Control and Prevention. *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic*. Located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.

Accessed September 2021. Revised February 2, 2022.

1. Centers for Medicare & Medicaid Services. *QSO-20-39-NH: Nursing Home Visitation – COVID-19 REVISED* and accessed November 12, 2021; Revised and accessed on 3/10/2022
2. Centers for Medicare & Medicaid Services. *QSO-20-38-NH Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool. (August 26, 2020)*
3. Legislature of the State of Florida: SB-988. *No Patient Left Alone Act. 408.823. In-person visitation. Signed into Law 4/6/2022.*