



## **Updated Facility Visitation Plan (July 27, 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 DOH Health Advisory guidance beginning July 8, 2021, nursing homes may expand visitation and/or activities based on the needs of the residents and the facility's structure. 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. There is no change in the policy for visitation of residents due to medical necessity, compassionate visits, or end-of life services, as well as visits required under federal disability rights law. 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. 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.
3. 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:
  - 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 or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status);
  - Hand hygiene (use of alcohol-based hand rub is preferred);
  - The use of face coverings or masks (covering mouth and nose) in accordance with CDC guidance;
  - Social distancing at least six feet between persons, in accordance with CDC guidance;
  - 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);
  - Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit;
  - Appropriate staff use of Personal Protective Equipment (PPE);
  - Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care);
  - Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO-20-38-NH).
4. 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.

### **Visitation Procedures**

1. 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.
2. 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:

- First and last name of the visitor
  - Date and time of facility entry
  - Temperature
  - Phone number
  - Resident name and room number
  - COVID-19 screening questions
3. Visits are permitted during the designated visiting hours. Visitation appointments no longer need to be scheduled in advance. The hours of visitation will be on a specified schedule:
    - 10:00am-12:00pm
    - 2:00pm-5:00pm
    - 6:30pm-8:00pm
  4. The facility requests that there are only 2 visitors per resident at one time and may limit total number of visitors allowed in the facility at one time in order to maintain the core principles of infection prevention.
  5. Visits may take place for the resident and visitor's desired length of time during normal visiting hours, 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. If the resident is fully vaccinated, they can choose to have close contact (including touch) with an unvaccinated visitor while both are wearing a well-fitting face mask and performing hand-hygiene before and after.
  7. If both the resident and their visitor(s) are fully vaccinated, and the resident and visitor(s) are alone in the resident room or designated visitation area, the resident and visitor may choose to have close contact (including touch) without a face mask or face covering, and perform hand-hygiene before and after.
  8. 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.
  9. There is adequate PPE made available by the facility to ensure residents wear a facemask or face covering which covers both the nose and mouth during visitation, if medically tolerated.
  10. The facility has posted signage throughout the site to remind personnel to adhere to proper hand hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.
  11. Residents who are on transmission-based precautions for confirmed or suspected COVID-19 or an exposure to COVID-19 as defined by the CDC, regardless of vaccination status, should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to contact and droplet precautions. This restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines.

### **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.***

### **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

### **Outdoor Visitation**

1. Outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19 (except in instances of inclement weather, excessively hot or cold temperatures, or poor air quality). 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, except during circumstances when there is high risk for COVID-19 transmission. 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. Circumstances when indoor visitation would be limited due to a high risk of COVID-19 transmission:
  - Unvaccinated residents, if the nursing home's COVID-19 county positivity rate\* is  $>10\%$  AND  $<70\%$  of residents in the facility are fully vaccinated\*;
  - Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to discontinue Transmission-Based Precautions, OR
  - Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

***\*Note: For county positivity rates, go to: <https://data.cms.gov/covid-19/covid-19-nursing-home-data>***

3. 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.
4. If the resident is in a private room, visitation can always occur in their room.
5. Visits for residents who share a room should ideally not be conducted in the resident's room.

6. 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.
7. 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.
8. 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.

#### **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, suspend all indoor visitation (except required visitation) and immediately begin outbreak testing until at least one round of facility-wide testing is completed.
2. Visitation during an outbreak may resume under the following criteria:
  - If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then indoor visitation can resume for residents in areas/units with no COVID-19 cases. However, visitation on the affected unit is suspended until the facility meets the criteria to discontinue outbreak testing on the affected unit.
  - For example, if the first round of outbreak testing reveals 2 more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.
  - If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in 2 or more units), then facility will suspend indoor visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.
  - Facilities should continue all necessary rounds of outbreak testing on the affected unit(s), or facility-wide as necessary, regardless of presence or absence of additional cases.

#### **Compassionate Care, Medically Necessary, End of Life, & Disability Rights Visits**

1. Compassionate care visits, medically necessary visits, end of life visits, and visits required under federal disability rights law are always allowed, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak. Visitors will be screened and escorted to the resident's room.
2. Compassionate care visits include:
  - Newly admitted residents with difficulty adjusting to the facility environment and lack of in-person family support.
  - Residents recently grieving the loss of a friend or loved one.
  - Residents who previously received in-person support and/or cueing from family for eating and drinking and are now experiencing dehydration and/or weight loss.
  - Residents who are exhibiting signs and symptoms of emotional distress including, but not limited to, seldom speaking, or crying more frequently (when the resident had rarely cried in the past), refusing to participate in an activity or activities, staying in bed longer than usual, or exhibiting behavior considered abnormal for the individual.

- Residents who receive religious or spiritual support from clergy or another layperson.
  - Other situations which are resident specific.
3. Visitor movement in the facility is limited, including walking around different halls of the facility. Instead, visitors should go directly to the resident's room or designated visitation area.
  4. Visits for residents who share a room should not be conducted in the resident's room unless the roommates are spouses.
  5. For residents who are bed bound, the facility will continue to use alternative methods of visitation (I.e., videoconferencing through skypes or facetime, telephone calls, etc.) Limited visitation may be permitted but should adhere to the same requirements for other visitors as much as possible. Visitors should go to the resident's room and not any other areas in the facility.

### **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. This plan clearly articulates the space(s) to be used for visitation (outdoors and indoors) including the number of visitors and residents which could be safely socially distanced within the space. The plan includes relevant infection control policies for visitors.
2. The facility's policies widely communicate to residents, staff, and visitors the limit on the number of visitors per resident at one time and limitation of the total number of visitors in the facility at one time (based on the size of the building and physical space).
3. 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.
4. The facility will continue to conduct resident monitoring, which includes daily temperature and COVID-19 symptom screening.
5. 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).
6. The facility has posted its formal visitation plan to its public website to provide visitors with clear guidelines for visiting and to announce if visitation is paused due to an increase in the number of residents and/or staff with a confirmed positive COVID-19 diagnosis.
7. Notification and communication to residents will be provided to those residents who are cognitively intact.
8. The facility will develop a short, easy-to-read fact sheet outlining hours of visitation and visitor expectations including appropriate hand hygiene and face coverings. The fact sheet will be provided upon initial screening to all visitors.
9. Visitors under the age of 18 must be accompanied by an adult 18 years of age or older.
10. The IDT Team will review the visiting program and monitor for any needed adjustments and report to QA Committee as needed.

11. 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

### **Healthcare Workers and Other Providers of Services**

1. 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. EMS personnel do not need to be screened, so they can attend to an emergency without delay.
3. 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.
4. 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.
5. 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. 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.
3. 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.
4. 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.
5. 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.

We thank you for your continued patience and support during this unprecedented time. The Facility continues to vigorously follow all CDC, CMS and NYSDOH guidelines to protect our residents and their well-being. We will continue to update our website with any additional recommendations and requirements of the NYSDOH and CMS.