

Clinical	Coronavirus (COVID-19) – Resident Visitation, Dining, Activities		
	Effective Date: 7/7/2020	Last Reviewed: 3/13/2022	Last Revised: 3/13/2022

POLICY STATEMENT

Throughout the COVID-19 pandemic, CMS issued guidelines about visitation and other activities at long-term care facilities. The Company has examined all applicable Guidelines and created this Policy to provide facilities guidance towards a goal of reopening facility visitation and other activities during COVID-19.

PURPOSE

After several months of COVID-19 vaccine administration at long term care facilities nationwide, combined with CMS’s continued recognition of the potential effects that physical separation from family and others may have on a resident’s physical and emotional well-being, CMS revised and updated its Guidance on nursing home visitation effective November 12, 2021. The Company now is revising this “Visitation” policy to reflect CMS’s newly released Guidance.¹

The Company desires to comply with the March 10, 2022 revised CMS Guidelines on visitation.

GUIDELINES

All facilities should follow the Interim Final Rule CMS issued on September 9, 2020, found at 85 CFR 54820, which was further revised on March 10, 2022 (Ref: QSO-20-39-NH), titled “Nursing Home Visitation – COVID-19 (REVISED), (collectively, the “Memorandum”). The Company incorporates the Memorandum as if fully set forth in this Policy.

NOTE: A facility should always check for new state visitation guidance post the Memorandum and reach out to Company consultant(s) about the impact of same, if any, on this Policy. In general, if the Memorandum directly addresses the issue, or the state guidance conflicts, the Memorandum should be followed.

Core Principles of COVID-19 Infection Prevention and Visitation

Visitation can be conducted through different means and in different facility areas, as warranted by a facility’s structure, operational ability, and residents’ needs. There are still risks of virus transmission and exposure associated with visitation during COVID-19, however, they are reduced by adhering to the Core Principles of COVID-19 infection prevention.

The following Core Principles and best practices should be employed at all times during resident visitation, dining, and group activities of all kinds, of all types, for all persons, and in all places to help potentially reduce the risk of potential COVID-19 exposure and transmission. This specifically includes all outdoor and indoor visitation with residents, even during end-of-life care circumstances.

¹ This Policy addresses visitation with residents only; it is not intended to apply, and does not apply, to other facility visits by third persons, such as vendors, contractors, care or service providers, surveyors, other government agencies etc.

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Facilities should follow the Core Principles of COVID-19:

- Not permit visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, to enter the facility until they meet the same criteria used for residents to discontinue transmission-based precautions (quarantine). Facilities should screen all who enter for these visitation exclusions.
- Hand hygiene (use of an alcohol-based hand rub is preferred).
- Require visitors to wear a face-covering or mask (covering mouth and nose) and follow physical distancing at least six feet between persons, in accordance with CDC guidance
- Place instructional signage throughout the facility that gives 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)
- Regularly clean and disinfect high frequency touched surfaces in the facility, as well as designated visitation areas after each visit
- Appropriate stakeholder use of Personal Protective Equipment (PPE)
- Effectively cohort residents (e.g., have separate areas dedicated to COVID-19 care)
- Conduct resident and staff testing as required at 42 CFR § 483.80(h) (see QSO-20-38-NH)

Visitation Principles

1. A resident has 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
2. All visitation should be conducted with an adequate degree of privacy for the resident and visitor, if possible, while simultaneously permitting the facility access to monitor adherence to the Core Principles.
3. Visitors of any age can visit if they are able to adhere to the Core Principles (listed above), in coordination with state and federal regulations.
4. Any visitor who is unable or refuses to adhere to the Core Principles and facility's COVID-19 Visitation Rules will be asked to leave and/or not be permitted to visit.
5. Facilities should not restrict visitation except under reasonable clinical or safety circumstances.
6. Visitors, residents, or their representative should be made aware of the potential risk of visiting and necessary precautions related to COVID-19 before visiting the resident.

Outdoor Visitation

1. Outdoor visits generally pose a lower risk of COVID-19 transmission and is the preferred method of visitation when the resident and/or visitor are not up-to-date with all

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recommended COVID-19 vaccine doses.

2. Facilities should create accessible and safe outdoor spaces for visitation.
 - a. Weather considerations or an individual resident’s health status may hinder outdoor visits.
3. All appropriate infection control and prevention practices should be followed when conducting outdoor visitation.

Indoor Visitation During No COVID-19 Outbreak

1. Facilities should allow indoor visitation at all times and for all residents.
 - a. Facilities will not limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling.
 - b. Visits should be conducted in a manner that adheres to the Core Principles of COVID-19 infection prevention and does not increase risk of exposure or transmission to other residents.
 - c. Facilities should ensure physical distancing can still be maintained during peak times of visitation.
 - d. Facilities should avoid large gatherings (ex. parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.
 - e. If a resident’s roommate is not up-to-date with all recommended COVID-19 vaccine doses, or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident’s room, if possible.
2. If a resident and all their visitor(s) are up-to-date with all recommended COVID-19 vaccine doses, and the resident is not moderately or severely immunocompromised, all persons may choose not to wear face coverings or masks when other residents are not present and to have physical contact during the visit.
 - a. Visitors otherwise should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status and physically distance from other residents and stakeholders in the facility.
3. If the nursing home’s county COVID-19 community level of transmission is rated “substantial to high,” all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.
4. In areas with a “low to moderate transmission rate,” the safest practice is for residents and visitors to 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.
Additional information on levels of community transmission is available on the CDC’s [COVID-19 Integrated County View webpage](#).
5. While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors.
 - a. In these cases, visits should occur in the resident’s room
 - b. The resident should wear a well-fitting facemask (if tolerated).

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- c. Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary to visit the resident.
 - d. Visitors should adhere to the Core Principles of infection prevention.
 - e. Facilities may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.
6. Residents not up-to-date with all recommended COVID-19 vaccine doses may choose to have physical touch based on their preferences and needs.
- a. In these situations, residents (or their representative) not up-to-date with all recommended COVID-19 vaccine doses, and their visitors should be advised of the risks of physical contact prior to the visit.

Indoor Visitation During a COVID-19 Outbreak Investigation

1. An outbreak investigation is initiated when a new nursing home onset of COVID-19 occurs (among residents or stakeholders).
2. While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility.
3. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the Core Principles of infection prevention.
4. If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in the resident’s room.
5. Facilities may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.

Visitor COVID-19 Testing

1. In counties with substantial or high levels of community transmission, facilities should encourage visitors to be tested on their own before coming to the facility (within 2-3 days of the visit).
 - a. Facilities may offer testing to visitors, if feasible.
 - b. If a visitor is offered and accepts COVID-19 testing at the Facility, this event and its results should be recorded in a confidential manner and file. Facilities should also document all visitor refusals to be tested.
2. Signature HealthCARE strongly encourages all visitors to become vaccinated.
3. Facilities may ask about a visitors’ vaccination status but are not required to be tested or vaccinated (or show proof as such) as a condition of visitation.
 - a. If the visitor declines to disclose their vaccination status, the visitor should wear a face covering or mask at all times.

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Compassionate Care Visits

1. There are very few scenarios when visitation should be limited only to compassionate care visits.
2. Compassionate care visits are allowed at all times.

Access to the Long-Term Care Ombudsman and Protection & Advocacy (P&A) programs

1. If the Ombudsman or P&A is planning to visit a resident who is in TBP or quarantine, or a residents not up-to-date with all recommended COVID-19 vaccine doses 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.
2. The representatives of the Office of the Ombudsman should adhere to the Core Principles of COVID-19 infection prevention.
3. If the resident or the Ombudsman program requests alternative communication in lieu of an in-person visit, facilities must, at a minimum, facilitate alternative resident communication with the Ombudsman program (ex. phone or other technology).
4. Face coverings should not be placed on anyone who is unable to wear a mask due to a disability, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

Communal Activities, Dining and Resident Outings

1. Communal dining and other group activities may occur while adhering to the COVID-19 Core Principles, in accordance with state and/or federal guidance. See CDC guidance
NOTE: the safest practice is for everyone, regardless of vaccination status, is to physically distance and wear face coverings or masks while in communal areas of the facility.
2. Residents are permitted to leave the facility as they choose.
 - a. The facility should 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, hand hygiene and encourage those around them to do the same.
3. Upon the resident's return, the facility should do the following:
 - a. Screen residents for signs or symptoms of COVID-19.
 - i. If the resident or family member reports possible close contact to an individual with COVID-19 while outside of the nursing home, test the resident for COVID-19, regardless of vaccination status.
 - ii. Place the resident on quarantine if the resident is not up-to-date with all recommended COVID-19 vaccine doses.
 - iii. 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

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Precautions, regardless of vaccination status.

- b. A nursing home may also 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.
 - c. Facilities might consider quarantining residents, not up-to-date with all recommended COVID-19 vaccine doses, who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended infection prevention measures.
 - d. Monitor residents for signs and symptoms of COVID-19 daily as clinically appropriate. This means it could be 10-14 days or shorter or longer as circumstances warrant.
4. Residents who leave the facility for 24 hours or longer should generally be managed as a new admission or readmission, as recommended by the CDC's "[Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes.](#)"
- a. Exceptions to the above are made for residents who are up-to-date with all recommended COVID-19 vaccine doses.

Visitation Communication and Education

The Facility should communicate and educate all residents, families, and others (through letters, Visitor Rules, etc.) on the general concepts of this Policy, including the Core Principles and facility's COVID-19 Visitation Rules, well in advance of visitation. Facility should post signs in accordance with the Core Principles.

Survey Considerations

1. Facilities are 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.
2. 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.
3. Surveyors should also adhere to the Core Principles of COVID-19 infection prevention.

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RESPONSIBLE ROLE	RESOURCE DOCUMENTS	ORIGINATION DATE	DATE REVISED	DATE REVIEWED
		7/7/2020	9/23/2020 3/11/2021 3/16/2021 4/14/2021 4/28/2021 5/6/2021 11/15/2021 3/13/2022	9/23/2020 3/11/2021 3/16/2021 4/14/2021 4/28/2021 5/6/2021 11/15/2021 3/13/2022