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| SUBJECT: NY COVID VISITATION Guide Lines | DEPARTMENT: Administration |
| EFFECTIVE DATE: July 10, 2020 IMPLEMENTATION DATE: JULY 21, 2020 REVISION DATE: September 9 th , 2020 September 15 th , 2020 September 17 th , 2020 | APPROVAL:  |


POLICY: It is the policy of Brookmeade Community to adhere to applicable guidance issued by New York State in consideration of the health, welfare, and significant risk posed to our residents by COVID-19. This policy includes adherence to the guidance regarding visitation for nursing homes and assisted living facilities by New York State, including *Health Advisory: Skilled Nursing Facility Visitation* and *Health Advisory: Visitation in Adult Care Facilities* from the New York Department of Health dated July 10, 2020 as well as *Health Advisory: Visitation in Adult Care Facilities* dated September 9th, 2020 and *Health Advisory: Revised Skilled Nursing Facility Visitation* dated September 17th, 2020

This policy is effective beginning July 21, 2020 at 12:01 a.m. ET and will continue to be effective until modified, amended, or rescinded by the Company.

Please see the attached *Heathy Advisory: Visitation in Adult Care Facilities* and *Health Advisory: Skilled Nursing Facility Visitation* from New York State Department of Health.

PROCEDURES:

1. In association with *Health Advisory: SNF Visitation* and *Health Advisory: Visitation in ACF*, Brookmeade Community will implement visitation guidelines that adhere to the NY Forward Safety plan as per facility. (see attached)
2. Nursing Homes and Adult Care Facilities in **Phase 3** regions may resume limited visitation under certain conditions.
3. Visitation will be limited to outdoor areas, weather permitting and under certain circumstances in an inside, well ventilated space with no more than ten individuals who are appropriately socially distanced and wear a face mask.
4. Visitation will be as follows:
 - o Monday through Friday
 - o Duration of Visits is limited to 30 minutes
 - o Visits scheduled for
 - ❖ 9:30am to 10:00am – Bluebird Lane
 - ❖ 10:15am to 10:45am – Cardinal Court
 - ❖ 11:00am to 11:30am – Dove Way
5. Visitation will be held in the circular driveway entrance to the campus in front of the Meadows for SNF residents and in the pavilion


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6. Visitation will be scheduled by Social Services or designee. Visits must be scheduled ahead of time.
7. No more than 10 percent (10%) of the residents shall have visitors at any one time and only two visitors will be allowed per resident at any one time. Visitors will complete a Screening Health Questionnaire.
8. **Effective September 24th, 2020 Skilled Nursing Care visitors must present a verified negative test result within 7 days and visitation must be refused if the individual(s) fail to present such negative test result, exhibits any COVID-19 symptoms, or does not pass screening questions.**
9. Brookmeade Staff will screen visitors (review health screen form and take temperature)
 - o If screen is passed, visitor will be directed to their visit location
 - o If screen is failed, visitors will be advised and asked to leave campus

Visitors are screened for signs and symptoms of COVID-19 prior to resident access and visitation will be refused if the individual(s) exhibits any COVID-19 symptoms or do not pass the screening questions. Screening shall consist of both temperature checks and asking screening questions to assess potential exposure to COVID-19 which shall include questions regarding international travel or travel to other states designated under the Commissioner's travel advisory. We must maintain screening questions asked onsite and make it available under inspection.

10. Visitors:

- o Must remain in their vehicle at all times
- o Visitors must wear a face mask or face covering which covers both the nose and mouth at all times when on the premises.
- o Maximum of 2 individuals per vehicle
- o Must be of 18 years of age or older
- o Demonstrate appropriate use of alcohol-based hand rub; consisting of at least 60 (60%) percent alcohol.
- o Any visitor who fails to adhere to the protocol; he/she/they WILL BE prohibited from visiting for the duration of the COVID-19 state declared public health emergency.

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11. Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits.
12. Pursuant to Health Advisory: Skilled Nursing Facility Visitation and Health Advisory: Visitation in Adult Care Facilities from the New York Department of Health – the absence of any new onset of COVID-19 among staff or residents as reported to the Department on the HERDS and staff testing surveys and as reported to the NHSN for a period of no less than fourteen days will a SNF or ACF be permitted to have visitation. Visitation is paused due to an increase in the number of residents and/or staff with a confirmed positive COVID-19 diagnosis.
13. This policy is subject to change and will be reviewed and updated based on new or additional guidance from New York State or any other applicable government or health agency or authority.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

DATE: September 9, 2020
TO: Adult Care Facility Operators and Administrators
FROM: New York State Department of Health

Health Advisory: Visitation in Adult Care Facilities

**Please distribute immediately to:
Adult Care Facility Administrators**

On March 13, 2020, the Department of Health (“Department”) issued guidance to adult care facilities (ACFs) limiting visitation to medically necessary or end-of-life services. Such guidance was updated July 10, 2020. The guidance further provided that facilities where one or more residents tested positive for COVID-19 should cancel congregate meals and activities. The Department will permit the reopening of ACFs who meet specific benchmarks and develop a reopening plan via the [NY Forward Safety Plan](#).

Nothing in this directive changes the guidance previously issued relative to visitation for medically necessary or end-of life services.

ACFs may resume visitation and specified additional activities from the date of this advisory and under the following conditions:

1. The ACF completed the NY Forward Safety Plan, submits a copy of the completed plan to covidadultcareinfo@health.ny.gov, and retains the original onsite at the facility where it is easily accessible upon request of the Department or local health department. Such plan shall include attestation of compliance with all State and federal guidelines as described in number 6 below.
2. The ACF has complied with the staff testing requirements, including furlough of staff having tested positive for COVID-19 and the facility has no staffing shortages.

All of the consenting in-house ACF residents have undergone diagnostic COVID-19 testing, and the most recently submitted daily HERDS report indicates no new confirmed staff or resident cases in the last fourteen (14) days based on the HERDS report date.

4. The ACF has undergone an Infection Control survey on or after May 1, 2020 by the Department and was found to be in substantial compliance.
5. The ACF is compliant with all reporting requirements associated with COVID-19 response, including but not limited to the daily HERDS and weekly staff testing surveys, and is compliant with all applicable guidance. Approved plans of correction have been received for all citations related to the aforementioned reporting requirements.
6. The ACF is in full compliance with all applicable State regulations, Executive Orders, and State guidance related to the COVID-19 Public Health Emergency.

7. A copy of the ACF's formal visitation plan is posted to their public website and broadcast via email or social media to provide visitors with clear guidelines for visiting, and to announce if and when visitation is paused due to an increase in the number of residents and/or staff with a confirmed positive COVID-19 diagnosis.

When an ACF meets all of the criteria above, the ACF may:

1. Only allow for visitors (including resident advocates, peer bridgers and care managers) if:
 - a. Visitor is 18 years of age or older or accompanied by an adult 18 years of age or older.
 - b. Adequate staff are present to allow for personnel to help with the transition of residents, monitoring of visitation (including adherence to social distancing requirements), and cleaning and disinfecting visitation areas after each visit.
 - c. The ACF maintains signage regarding facemask utilization and hand hygiene practices and uses applicable floor markings to cue social distancing delineations.
 - d. Visitors are screened for signs and symptoms of COVID-19 prior to resident access and are refused access if they exhibit any symptoms or do not pass the screening questions. Screening must consist of both temperature checks and asking screening questions to assess potential exposure to COVID-19 which shall include questions regarding international travel or travel to other states designated under the Commissioner's travel advisory. The facility must maintain documentation of the screening questions asked onsite and make it available upon the Department's request.
 - e. Documentation of visitor screening must be maintained onsite in an electronic format and available upon the Department's request for purposes of inspection and potential contact tracing. Documentation must include the following for each visitor or representative of the long-term care ombudsman program (LTCOP) to the ACF:
 - i. First and last name of the visitor;
 - ii. Physical (street) address of the visitor;
 - iii. Daytime and evening telephone number;
 - iv. Date and time of visit;
 - v. Email address if available; and
 - vi. A notation indicating the individual cleared the screening (both temperature and questions) that does not include any individual temperatures or other individual specific information.
 - f. Areas where visitors and residents meet are appropriately disinfected between visitations using an EPA-approved disinfectant.
 - g. There is adequate PPE to ensure residents wear a facemask or face covering during visitation.
 - h. Visitors maintain social distancing and wear a face covering at all times. The facility will provide a facemask if the visitor shows up lacking a face covering.
 - i. Facilities provide alcohol-based hand sanitizer to visitors and residents, and staff demonstrate appropriate use.
 - j. Facilities establish additional guidelines as needed to ensure resident and staff safety and continuity of facility operations. Such guidelines shall include provisions for limiting the number of visitors at any one time and limited visitor hours to ensure all residents may have visitation.

- k. Visitation should be limited to outdoor areas, weather permitting. Under certain limited circumstances, as determined by the facility, visitation can be inside in a well-ventilated common space with no more than 10 individuals who are appropriately socially distanced and wear a facemask or face covering while in the presence of others.
 - l. At no time shall the total number of visitors exceed 10 percent of the in-house resident census.
 - m. Currently COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits.
 - n. The ACF should develop a short, easy-to-read fact sheet outlining visitor expectations including appropriate hand hygiene and face covering requirements. The fact sheet must be provided upon initial screening to all visitors.
2. Allow for resumption of external renovation projects with written consent of the applicable regional office of the Department subject to receipt of a requisite Resident Safety Plan and/or licensure project via NYSECON and weekly staff testing of the contractor staff consistent with Executive Order. Those renovation projects impacting resident space are not currently permitted.

Representatives of the LTCOP are permitted as visitors in accordance with this guidance without obtaining a COVID-19 test result. However, in order for LTCOP representatives to visit an adult care facility or its residents in an instance where the adult care facility has not submitted a New York Forward Safety Plan pursuant to this guidance, the representative must obtain COVID-19 negative test in accordance with the Department's July 3, 2020 guidance.

A team must be appointed by the operator which shall include, at a minimum, the administrator, case manager and quality assurance manager, to review compliance with this Health Advisory. Please note if any visitor fails to adhere to the protocol, he/she/they will be prohibited from visiting during the duration of the COVID-19 State-declared public health emergency.

Hours of visitation during this public health emergency must be clearly delineated in policy and within the visitation fact sheet. Adult care facilities with positive COVID cases of residents and/or staff are reminded that communal dining and activities remain suspended. Violations of this directive will result in the imposition of fines and additional enforcement remedies.

If the ACF fails to comply with the requirements listed in this advisory or fails to meet the benchmarks associated with maintaining limited visitation, the ACF shall immediately halt visitation and inform the appropriate regional office of the Department. In addition, the New York State Department of Health can halt visitation and at the ACF at any time due to community or facility spread of infection or based on the Department's identification of failure to comply with one or more elements of this advisory.

In summary, while these guidelines are intended to restart limited visitation, the Department reserves the right to restrict visitation at any point. Failure to follow these guidelines may result in restriction or revocation of visitation and additional remedies as applicable.

Information for healthcare providers on topics related to COVID-19 is readily available on the Department of Health public website at <https://coronavirus.health.ny.gov/information-healthcare-providers>.

Thank you for your ongoing support and cooperation in responding to COVID-19 concerns.

Questions may be routed to covidadultcareinfo@health.ny.gov.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

DATE: September 17, 2020
TO: Nursing Home Operators and Administrators
FROM: New York State Department of Health

Health Advisory: Revised Skilled Nursing Facility Visitation

**Please distribute immediately to:
Operators, Administrators, Directors of Nursing, Medical Director, Activities
Professionals**

On July 10, 2020, the Department of Health ("Department") issued guidance to nursing homes indicating resumption of limited visitation and activities in nursing homes. This directive detailed specific criteria NHs must follow for reducing such restrictions, while mitigating the risk of resurgence of COVID-19. Nothing in this directive absolved a NH's responsibility to ensure that resident and family communication is ongoing and supported by virtual visits, whenever possible, nor did it change the guidance previously issued relative to visitation for medically necessary or end-of life services.

Nursing Homes may resume limited visitation and activities under this revised guidance beginning **September 17, 2020** under the following conditions:

1. Full compliance with both state and federal reporting requirements including COVID-19 focus surveys, daily HERDS, weekly staff testing surveys, and the federally required weekly submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
2. The NH has completed the NY Forward Safety Plan, and submitted a copy of the completed plan to covidnursinghomeinfo@health.ny.gov. The facility must retain a copy of the plan at the facility where it is easily accessible and immediately available upon request of the Department or local health department. Any changes to the plan must immediately be communicated to the Department. The plan must clearly articulate 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(s).
3. The NH has no staffing shortages as evidenced by the NH's individual staffing plan and as reported by the NH through weekly submissions to the NHSN.
4. Absence of any new onset of COVID-19 in the nursing home as reported to the Department on the daily HERDS survey and as reported weekly to the NHSN for a period of no less than **fourteen (14) days**.
5. Access to adequate testing. The NH should have a testing plan in place that, at a minimum, ensures that all consenting nursing home residents have received a single

baseline COVID-19 test. In addition, the NH must have the capability to test, or can arrange for testing of, all residents upon identification of any individual with symptoms consistent with COVID-19. If a staff member tests positive for the SARS-CoV-2 virus, the NH must have the capacity to continue weekly re-testing of all nursing home residents until all residents test negative.

6. An executed and operationalized arrangement with laboratories to process SARS-CoV-2 virus tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained and rapidly reported to the nursing home.
7. Adherence to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds of such nursing home, including visitors.
8. The number of visitors to the nursing home **must not exceed ten percent (10%)** of the resident census at any time and only two visitors will be allowed per resident at any one time.
9. Visitors under the age of 18 must be accompanied by an adult 18 years of age or older.
10. Current COVID-19 positive residents, resident's with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits.

When a nursing home demonstrates that all of the aforementioned criteria have been satisfied, the nursing home must follow the guidelines outlined below to be included in the nursing home's NY Forward Safety Plan.

1. Visitation should be limited to outdoor areas, weather permitting and under certain circumstances in an inside, well ventilated space with no more than ten individuals who are appropriately socially distanced and wear a facemask or face covering while in the presence of others.
2. At this time, visitation is strictly prohibited in resident rooms or care areas with few exceptions such as situations referenced in #6 below, end of life visits or parents visiting a pediatric resident (up to age 21) on a dedicated pediatric unit/wing. In those instances, all other requirements listed in this directive apply. A separate advisory is available for pediatric-only nursing homes.
3. Limited visitation, including representatives from the long-term care ombudsman program, will be permitted, under the following conditions:
 - a. Adequate staff are present to allow for personnel to help with the transition of residents, monitoring of visitation, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.
 - b. The nursing home maintains signage regarding facemask utilization and hand hygiene, and applicable floor markings to cue social distancing delineations.
 - c. Visitors, including long-term care ombudsman, are screened for signs and symptoms of COVID-19 prior to resident access. Additionally, the visitor must present a verified negative test result within the last week (7 days) and visitation must be refused if the individual(s) fails to present such negative test result, exhibits any COVID-19 symptoms, or does not pass screening

questions. Facilities that had already resumed visitation under previous guidance may allow visitation without the presentation of a verified negative test result for a **transition period until September 24, 2020**. End of life and compassionate care visits are not subject to a verified negative test result but are subject to all other COVID-19 screening requirements.

- d. Documentation of screening must be maintained onsite in an electronic format and available upon the Department's request for purposes of inspection and potential contact tracing. Documentation must include the following for each visitor or representative of the long-term care ombudsman program (LTCOP) to the nursing home:
 - i. First and last name of the visitor;
 - ii. Physical (street) address of the visitor;
 - iii. Daytime and Evening telephone number;
 - iv. Date and time of visit; and
 - v. Email address if available
 - e. There is adequate PPE made available by the nursing home to ensure residents wear a face mask, or if unable a face covering, during visitation.
 - f. Visitors must wear a face mask or face covering at all times when on the premises of the nursing home and maintain social distancing. The nursing home must have adequate supply of masks on hand for visitors and make available to visitors who lack an acceptable face covering.
 - g. Facilities provide alcohol-based hand rub to visitors or representatives of the long-term care ombudsman visiting residents and those individuals are able demonstrate appropriate use.
 - h. The nursing home should develop a quick, easy to read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet must be provided upon initial screening to all visitors.
4. Small group activities will be permissible when space allows for appropriate social distancing, however, no more than 10 residents and staff will be permitted to engage in such activities at any one time.
 5. Residents may also be assisted to go outdoors with staff supervision and the appropriate infection control, safety and social distancing requirements maintained.
 6. For residents who are bed bound continue to use alternative methods of visitation such as through videoconferencing through skype or facetime as much as possible. Limited visitation may be permitted but should adhere to the same requirements for other visitors as much as possible. Visitors should go to the patient room and not any other areas in the facility.
 7. All non-essential personnel as outlined below are subject to the same infection control requirements as staff, including but not limited to testing for COVID-19 with the same frequency as for staff; screening, wearing a mask, performing hand hygiene, maintaining social distancing.

- Allow for students and trainees enrolled in programs to become licensed, registered, certified, board eligible or otherwise to complete a program for health care professionals to receive training and otherwise participate in duties relevant to their program of training provided the nursing home environment is appropriate to the student's education, training and experience. Students should follow the guidelines established in their agreement between the nursing home and academic institution.
 - Resumption of existing construction projects, and specifically, those projects directly impacting the lives of nursing home residents that were previously approved by the Department with submission of and approval by the Department of a revised mitigation/prevention plan outlining at a minimum, testing, screening, PPE use, distance from residents, etc. ***Note: Under no circumstance, will the Department allow for such resumption of a renovation or construction project(s) in or adjacent to a functioning and occupied dedicated COVID unit.***

Facilities should establish additional guidelines as needed to ensure resident and staff safety and continuity of facility operations. Nursing homes should also continue to refrain sending residents to non-medically necessary trips outside the nursing home until further notice. Lastly, please be reminded that communal dining remains suspended at this time. The Department will continue to evaluate and make additional recommendations 30 days after the effective date of this directive.

Information for healthcare providers on topics related to COVID-19 is readily available on the Department of Health public website at <https://coronavirus.health.ny.gov/information-healthcare-providers>.

Thank you for your ongoing support and cooperation in responding to COVID-19 concerns. Questions may be routed to covidnursinghomeinfo@health.ny.gov.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH

DATE: September 17, 2020
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Nursing Home Visitation - COVID-19

Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation Guidance:** CMS is issuing new guidance for visitation in nursing homes during the COVID-19 PHE. The guidance below provides reasonable ways a nursing home can safely facilitate in-person visitation to address the psychosocial needs of residents.
- **Use of Civil Money Penalty (CMP) Funds:** CMS will now approve the use of CMP funds to purchase tents for outdoor visitation and/or clear dividers (e.g., Plexiglas or similar products) to create physical barriers to reduce the risk of transmission during in-person visits.

Background

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality.¹ The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

In March 2020, CMS issued memorandum QSO-20-14-NH providing guidance to facilities on restricting visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In May 2020, CMS released Nursing Home Reopening Recommendations, which provided additional guidance on visitation for nursing homes as their states and local communities progress through the phases of reopening. In June 2020, CMS also released a Frequently Asked Questions document on visitation, which expanded on previously issued guidance on topics such as outdoor visits, compassionate care situations, and communal activities.

¹ Information on outbreaks and deaths in nursing homes may be found at <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>.

While CMS guidance has focused on protecting nursing home residents from COVID-19, we recognize that physical separation from family and other loved ones has taken a physical and emotional toll on residents. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and other expressions of distress. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to COVID-19 confusing or upsetting. CMS understands that nursing home residents derive value from the physical, emotional, and spiritual support they receive through visitation from family and friends. In light of this, CMS is revising the guidance regarding visitation in nursing homes during the COVID-19 PHE. The information contained in this memorandum supersedes and replaces previously issued guidance and recommendations regarding visitation.

Guidance

Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission:

Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- 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 COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH)

These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for nursing homes, and should be adhered to at all times. Additionally, visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglas dividers, curtains). Also, nursing homes should enable 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 should not be permitted to visit or should be asked to leave. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the below guidance.

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred and can also be conducted in a manner that reduces the risk of transmission. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors whenever practicable. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status (e.g., medical condition(s), COVID-19 status), or a facility's outbreak status, ~~outdoor visitation should be facilitated routinely.~~ Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). We also recommend reasonable limits on the number of individuals visiting with any one resident at the same time.

Indoor Visitation

Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

- a) There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
- b) Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children;
- c) Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; and
- d) Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room.

NOTE: For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

Facilities should use the COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site as additional information to determine how to facilitate indoor visitation:

- Low (<5%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)
- Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)
- High (>10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies

Facilities may also monitor other factors to understand the level of COVID-19 risk, such as rates of COVID-19-Like Illness² visits to the emergency department or the positivity rate of a county adjacent to the county where the nursing home is located. We note that county positivity rate does not need to be considered for outdoor visitation.

We understand that some states or facilities have designated categories of visitors, such as “essential caregivers,” based on their visit history or resident designation. CMS does not distinguish between these types of visitors and other visitors. Using a person-centered approach when applying this guidance should cover all types of visitors, including those who have been categorized as “essential caregivers.”

Visitor Testing

While not required, we encourage facilities in medium or high-positivity counties to test visitors, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.

Compassionate Care Visits

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations.

Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

Lastly, at all times, visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time. Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

² For information on COVID-19-Like Illness refer to <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/07102020-covid-like-illness.html>.

Required Visitation

We believe the guidance above represents reasonable ways a nursing home can facilitate in-person visitation. ~~Except for on-going use of virtual visits, facilities may still restrict visitation due to the COVID-19 county positivity rate, the facility's COVID-19 status, a resident's COVID-19 status, visitor symptoms, lack of adherence to proper infection control practices, or other relevant factor related to the COVID-19 PHE.~~ However, facilities may not restrict visitation without a reasonable clinical or safety cause, consistent with §483.10(f)(4)(v). For example, if a facility has had no COVID-19 cases in the last 14 days and its county positivity rate is low or medium, a nursing home **must** facilitate in-person visitation consistent with the regulations, which can be done by applying the guidance stated above. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR 483.10(f)(4), and the facility would be subject to citation and enforcement actions.

Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. However, this restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines, and other visits may be conducted as described above.

Access to the Long-Term Care Ombudsman

As stated in previous CMS guidance QSO-20-28-NH (revised), regulations at 42 CFR 483.10(f)(4)(i)(C) require that a Medicare and Medicaid certified nursing home provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. During this PHE, in-person access may be limited due to infection control concerns and/or transmission of COVID-19; however, in-person access may not be limited without reasonable cause. We note that representatives of the Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention. If in-person access is not advisable, such as the Ombudsman having signs or symptoms of COVID-19, facilities must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology. Nursing homes are also required under 42 CFR 483.10(h)(3)(ii) to allow the Ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by State law.

Federal Disability Rights Laws and Protection & Advocacy (P&A) Programs

Section 483.10(f)(4)(i)(E) and (F) requires 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 Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000). P&A programs authorized under the DD Act protect the rights of individuals with developmental and other disabilities and are authorized to "investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported or if there is probably cause to believe the incidents occurred." 42 U.S.C. § 15043(a)(2)(B). Under its federal authorities, representatives of P&A 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.” 42 CFR 51.42(c); 45 CFR 1326.27.

Additionally, each facility must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). For example, if a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions. This would not preclude nursing homes from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

Entry of Health Care Workers and Other Providers of Services

Health care workers who are not employees of the facility but provide direct care to the facility’s residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy 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 show signs or symptoms of COVID-19 after being screened. We note that EMS personnel do not need to be screened so they can attend to an emergency without delay. We remind facilities that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Communal Activities and Dining

While adhering to the core principles of COVID-19 infection prevention, ~~communal activities and dining may occur~~. Residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Facilities should consider additional limitations based on status of COVID-19 infections in the facility.

Additionally, group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering. Facilities may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.

Survey Considerations

- 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 without a reasonable clinical and safety cause, 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, surveyors should investigate for non-compliance at 42 CFR 483.80(a), F880.

Use of CMP Funds to Aid in Visitation

Technology can help improve social connections for some residents by helping to support and maintain relationships with loved ones. CMS has previously approved the use of CMP funds (See QSO-20-28-NH) to purchase communicative devices, such as tablets or webcams, to increase the ability for nursing homes to help residents stay connected with their loved ones. To ensure a balanced distribution of funds, facilities are limited to purchase one communicative device per 7–10 residents, up to a maximum of \$3,000 per facility.

Additionally, ~~facilities may apply to use CMP funds to help facilitate in-person visits.~~ CMS will now approve the use of CMP funds to purchase tents for outdoor visitation and/or clear dividers (e.g., Plexiglas or similar product) to create a physical barrier to reduce the risk of transmission during in-person visits. ~~Funding for tents and clear dividers is also limited to a maximum of \$3,000 per facility.~~ NOTE: When installing tents, facilities need to ensure appropriate life safety code requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration.

To apply to receive CMP funds for communicative devices, tents, or clear dividers, please contact your state agency's CMP contact.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers, and the State/CMS Locations within 30 days of this memorandum.

/s/

David R. Wright

cc: Survey Operations Group