

Meadows at Brookmeade

Policy and Procedure COVID-19 Visitation Policy

Department: Nursing

Date: February 22, 2021
Revised: March 10, 2021
Revised March 25th, 2021
Revised November 12th, 2021
Revised: November 16th, 2021

Author: Nick Fanek

Approval: 

STATEMENT OF 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 included adherence to the guidance regarding visitation for nursing homes and assisted living facilities by New York State, including *Health Advisory: Nursing Home Visitation Guidelines, Revised November 16th, 2021* and *DHHS/CMS QSO-20-39-NH, and Nursing Home Visitation- COVID-19, Revised November 12th, 2021*.

The information contained in this directive supersedes and replaces previously issued guidance and recommendations regarding general nursing home (NH) visitation and aligns with CMS and CDC guidelines on such topic. Nothing in this directive should be construed as limiting or eliminating a nursing home's (NH's) responsibility to ensure that resident and family communication is ongoing and supported by virtual visits, whenever possible, nor does it change the guidance previously issued relative to visitation for medically necessary or end-of life services.

Based on the needs of residents and a facility's structure, visitation can be conducted through a variety of means, such as in resident rooms, dedicated visitation spaces and outdoors weather permitting. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission and must be followed.

Procedures:

- 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. Visitors will be screened for these exclusions.
- Hand hygiene must be performed before and after visitation and between contact with residents (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose) and physical distancing at least sixfeet between people, 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)

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 will 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 Plexiglass dividers, curtains).

Visitors who are unable to adhere to the core principles of COVID-19 infection prevention will not be permitted to visit.

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred when the resident and/or visitor are *not* fully vaccinated against COVID-19.

Indoor Visitation

Meadows will allow indoor visitations for all residents as permitted under the regulations.

Meadows ensures that physical distancing can still be maintained during peak times of visitation (e.g., lunch time, after business hours, etc.). To maintain social distancing, a maximum of 2 visitors will be allowed in a resident's room per visit.

If a resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room, if possible.

If the county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times. In areas of low to moderate transmission, 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 unvaccinated. If the resident and all their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact. Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status.

Indoor Visitation during an Outbreak Investigation

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, Meadows adheres to CMS regulations and guidance for COVID-19 testing, including routine *unvaccinated* staff testing, testing of individuals with symptoms, and outbreak testing.

When a new case of COVID-19 among residents or staff is identified, Meadows will immediately begin outbreak testing *in accordance with CMS QSO 20-38-NH REVISED and CDC guidelines.*

While it is safer for visitors not to enter the facility during an outbreak investigation, visitors will still be allowed into Meadows. Visitors will be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention. 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.

Visitor Testing and Vaccination

While not required, visitors will be offered COVID-19 rapid tests on site.

Compassionate Care Visits

Compassionate care visits are allowed at all times. Compassionate care visits should 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

The situations above are not intended to be an exhaustive list. Additional compassionate care situations may be considered by the facility on a resident-specific basis. Testing should be encouraged, or facilitated wherever possible.



November 16, 2021

DAL- NH 21-27

**Subject: Revised Nursing Home
Visitation Guidelines**

Dear Nursing Home Operator and Administrator:

- This DAL serves to notify all NYS nursing homes that the Department will expect all nursing homes across the state to adhere to the provisions of the updated nursing home visitation guidelines issued by CMS on November 12, 2021 detailed in [QSO-20-39-NH Revised \(PDF\)](#), and to immediately implement and comply with those provisions. As such, this DAL supersedes and replaces any/all previously issued guidance and recommendations regarding nursing home visitation previously issued by the Department.

The Department further expects that all nursing homes adhere to the Core Principles of COVID-19 Infection Prevention which include the following:

- 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. Facilities should screen all who enter for these visitation exclusions.
 - Hand hygiene (use of alcohol-based hand rub is preferred)
 - Face covering or mask (covering mouth and nose) and physical distancing at least six feet in between people, 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) and
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see [QSO-20-38-NH REVISED \(PDF\)](#)) as referenced in NH-DAL 21-23 issued October 27, 2021.

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**.

Important highlights in QSO 20-28-NH:

1. Ombudsman Program

As stated in previous Department and 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. If an ombudsman is planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident in a nursing home in a county where the level of community transmission is substantial or high in the past 7 days, the resident and ombudsman should be made aware of the potential risk of visiting, and the visit should take place in the resident's room. We note that representatives of the Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention as described above. 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, 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.

Guidance referenced above should also be followed for those Protection and Advocacy Programs (P&A) seeking to access residents consistent with their responsibilities under 42 CFR § 483.10(f)(4)(i)(E) and (F). Lastly, each facility must 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).

2. **Communal Activities, Dining and Resident Outings**

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. The safest approach is for everyone, regardless of vaccination status, to wear a face covering or mask while in communal areas of the facility. For more information, see the Implement Source Control section of the CDC guidance "[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic.](#)"

As we approach the holidays facilities must permit residents to leave the facility as they choose but should remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices include use of face coverings or mask, physical distancing, and hand hygiene.

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.](#)

The Department expects that all nursing home providers routinely visit and familiarize themselves with the updated guidance on the comprehensive CDC website, as it relates to nursing homes.

3. State Survey Agency Responsibilities:

Effective immediately, and consistent with this document, LTC facilities are not permitted to restrict access to surveyors based on vaccination status, NOR ask a surveyor to demonstrate proof of vaccination status as a condition of entry. That said, surveyors are not to enter a facility if they have a positive viral test for COVID-19 or they are exhibiting signs or symptoms of COVID-19. State 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).

Questions related to this correspondence should be forwarded for response to covidnursinghomeinfo@health.ny.gov Thank you in advance to your attention and compliance with this updated visitation guidance.

Sincerely,



Sheila McGarvey
Director
Division of Nursing Homes and
ICF/IDD Surveillance

Cc: Kathy Marks
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