

# Acadia Center for Nursing + Rehabilitation

## Administration Policy and Procedure

### Policy: Facility Visitation

Effective: July 15, 2020

Revised: September 17, 2020, February 23, 2021, March 12, 2021, April 27, 2021, June 17, 2021, July 28, 2021

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### BACKGROUND:

On March 13, 2020, the Department of Health (DOH) issued guidance to nursing homes limiting visitation to medically necessary or end-of-life services.

On July 10, 2020, DOH revised guidance to permit outside visitation, and limited indoor visitation and activities, if the nursing home met specific benchmarks and developed a reopening plan via the NY Forward Safety Plan.

On February 22, 2021 the Department of Health issued guidance and recommendations regarding Nursing Home visitation.

On March 12, 2021 the Department of Health issued guidance and recommendations regarding Nursing Home visitation

On April 27, 2021, CMS, the Center for Disease Control, and the NYS Department of Health issued revised guidance and recommendations regarding Nursing Home Visitation.

### Visitation Criteria:

1. The facility is in 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 facility must retain a copy of the revised facility's visitation plan at the facility where it is easily accessible and immediately available upon request of the Department or local health department.
3. The facility is in compliance with all state and federal requirements for COVID-related regulations, executive orders, surveillance, and data reporting.
4. The facility has procedures in place to separate COVID-positive and non-positive residents.
5. The facility has no staffing shortages, as evidenced by the facility's staffing plan.
6. The facility has access to adequate testing for residents and staff, as per guidelines.
7. Continued daily monitoring and screening of resident, staff, and visitors. Resident monitoring must include daily symptom checks, vital signs, and pulse oximetry.
8. A copy of the facility's formal visitation plan is posted on its public website and broadcasted 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.

### CMS Guidance for 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 about and observations of signs and 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)

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- Face covering or mask (covering mouth and nose) and social distancing at least six feet apart 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 Revised)

Visitation should be person-centered, consider the resident's physical, mental, and psychosocial well-being, and support their quality of life. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention will not be permitted to visit or will be asked to leave.

Visitation can occur safely based on the below guidance.

### Visitation Key:

Facilities must use the CMS COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site (link available at; <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>) as additional information to determine how to facilitate indoor visitation, and must abide by the following:

- a. Low (<5%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits). For county COVID-19 positivity rates below 5%, visitor testing is strongly encouraged; and facilities may utilize rapid testing. (Attachment A)
- b. Medium (5% - 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits). Visitor testing is required. Visitors must either; present a negative COVID-19 test result from within the past seventy-two (72) hours, or facilities may utilize rapid antigen testing to meet the testing requirement. (Attachment A). Alternatively, the visitor (s) may provide proof of having completed the COVID-19 vaccination series no less than 14 days prior to the date of the visit but also within 90 days of the last vaccination. However, proof of vaccination is not a guarantee that a visitor is not transmitting COVID-19, so testing is still recommended, and facilities may choose to require testing for these individuals. Additionally, all visitors must adhere to all infection control practices.
- c. Indoor visitation for unvaccinated residents should be limited solely to compassionate care situations if the COVID-19 county positivity rate is >10% and <70% of

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residents in the facility are fully vaccinated.

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- d. Indoor visitation should be limited solely to compassionate care situations, for:
  - Vaccinated and unvaccinated residents with SARS-CoV-2 infection until they have met criteria to discontinue Transmission-Based Precautions.
  - Vaccinated and unvaccinated residents in quarantine until they have met criteria for release from quarantine.
- e. The facility outbreak status shall follow guidance from state and local health authorities and CMS when visitation should be paused
  - Visitors will be counseled about their potential to be exposed to SARS-CoV-2 in the facility if they are permitted to visit.
- f. Physical distancing and source control during visitation:
  - ✓ If the resident is fully vaccinated, they can choose to have close contact (including touch) with their fully vaccinated or their unvaccinated visitor(s) while both continue to wear well-fitting source control masks.

### Potential Visit Related Exposures:

If a visitor to the facility tests positive for SARS-CoV-2 by a diagnostic test and the visit to the facility occurred from two days before the visitor's symptom onset (or in the 2 days before the date of collection of the positive sample for visitors who remained asymptomatic) to the end of the visitor's isolation period, there is a potential for exposure. (See Visitors Guidelines Fact Sheet, Attachment E, for instructions on contacting the facility if a visitor tests positive for SARS-CoV-2).

Exposures among visitors and residents should be evaluated using community contact tracing guidelines, meaning exposure is defined by the proximity of the individuals and duration of the visit (contact within 6 feet and duration 10 minutes or more) regardless of personal protective equipment (PPE) or face covering used by the visitor or the resident.

The following should be evaluated to determine the appropriate follow-up when there is identification of a visitor who tests positive for COVID-19. If the following are confirmed by the facility:

- a. The visit was supervised by an appropriate facility member; and
- b. The visit was conducted in a common area or outdoor area that does not require the visitor to enter a resident unit; and
- c. The visitor complied with all COVID-19 precautions including hand-hygiene and appropriate use of a face mask or face covering; and
- d. The visitor and the resident maintained at least 6 feet of distance from each other for the entire duration of the visit; and
- e. The visit maintained at least 6 feet of distance from all other visitors, residents, and staff for the entire duration of the visit.

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### PROCEDURE:

#### 1. Location of visits:

##### Outdoor Visits:

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, **outdoor visitation is preferred even when the resident and visitor are fully vaccinated\* against COVID-19.**

- Facility visitation will be conducted in the outdoor courtyard, weather permitting;
- In inclement weather, such as high heat or foul weather and as facility space allows, visitation will be inside, in the main dining room, when the COVID-19 county positivity is less than 10% based on CMS guidelines.

**\*Note: Fully vaccinated refers to a person who is >2 weeks following receipt of the second dose in a 2-dose series, or >2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.**

##### Indoor Visits:

The facility shall allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (exception-compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:

- 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 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.
- Visitation for residents under Transmission-Based Precautions and/or quarantine, shall be limited to window visits.
- The facility shall limit movement in the facility, including limiting visitors from walking around different halls of the facility. Instead, visitors 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 unless the roommates are spouses.
- **If the resident is fully vaccinated and the sole occupant of the room, visitation could occur in their room.**
- Visits for residents who share a room should ideally not be conducted in the resident's room.

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- If in-room visitation must occur (e.g. resident is unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither resident is able to leave the room, facilities shall attempt to enable in-room visitation while maintaining recommended infection prevention and control practices, including physical distancing and source control.
- If visitation is occurring in a designated area in the facility, facility shall consider scheduling visits so that multiple visits are not occurring simultaneously, to the extent possible. If simultaneous visits do occur, everyone in the designated area should wear source control and physical distancing should be maintained between different visitation groups regardless of vaccination status.
- See the Facility Visitation Summary (Attachment B)

### Indoor Visitation During an Outbreak:

An outbreak exists when a new nursing home onset of COVID-19 occurs (i.e. a new COVID-19 case among residents or staff). With the appropriate safeguards, visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g. unit) of the facility. When a new case of COVID-19 among residents or staff is identified, Acadia Center shall immediately begin outbreak testing and suspend all visitations (except that required under federal disability rights law), until at least one round of facility-wide testing is completed.

In addition, the New York State Department of Health issued emergency regulations regarding Personal and Compassionate Caregivers in Skilled Nursing Facilities. (See Personal and Compassionate Caregiving Visitors Policy & Procedure)

Visitation can resume based on 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 visitation can resume for residents in areas with no COVID-19 cases. However, the facility shall suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
  - For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but no 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 of the facility (e.g. new cases in two or more units), then Acadia Center shall suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

**\*Note In all cases, visitors shall be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.**

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#### 2: **Reservation and scheduling:**

Visits are for thirty (30) minutes. They are to be scheduled in advance and shall be scheduled by the admissions staff in one (1) hour time slots to allow time to return residents to their units, and to sanitize visiting area between visits.

- A visitation schedule will be provided to all units a day in advance of visitation day and updated, as needed, for changes.(Attachment C)
- No more than twenty percent (20%) of the residents shall have visitors on any day and only two visitors will be allowed per resident at any one time;
- Visitors under the age of 18 are allowed but must be accompanied by an adult 18 years of age or older.
- Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in 14-day quarantine are not eligible for visits; in this instance every effort shall be made to accommodate visits using electronic devices and alternate visitation techniques. (ex. window visits).

#### 3: **Screening & Monitoring:**

- The facility will assign staff to assist with the transporting of residents, monitoring of visitation for appropriate infection control and safety and social distancing, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.
- The facility will assign staff to screen all visitors for the presence of a **verified** negative COVID-19 test result and 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 and/or does not present a verified negative COVID-19 test result within the last week (7 days), or 72 hours if positivity rate in the community is 5 – 10% or greater, or get a rapid test at the facility prior to visit. This will include temperature checks and screening questions to assess potential exposure to COVID-19, international travel and to states designated under the Commissioner's travel advisory. The facility shall maintain documentation of visitor's verified negative COVID-19 test result, as well as screening questions asked onsite in an electric format and make it available upon the request of the Department of Health. (Attachment D)
- Visitors and residents must wear a facemask or face covering (must always cover both the nose and mouth when on the premises of the facility), including outdoors and in-room visits where both resident and visitor are fully-vaccinated. Masks will be available for residents and visitors.
- **Visitors are not permitted to bring in items during visitation (i.e. food, beverage, flowers, ect.);**
- Visiting areas will have easily accessible alcohol-based hand rub, for residents, visitors, and staff;
- If any visitor fails to adhere to the CMS Guidance for Core Principles of COVID-19 Infection Prevention, he/she/they will be prohibited from visiting for the duration of the COVID-19 state declared public health emergency.
- The facility will adhere to screening protocol for all staff during each shift, each resident daily, and each person entering the facility including visitors, vendors, students, and volunteers.

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#### 4: Visitor Education

- The facility will post signage regarding facemask utilization and hand hygiene and use applicable floor markings for social distancing.
- The facility will provide and post a fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet will be provided upon initial screening to all visitors and posted on the facility website. (Attachment E).

#### 5: Visitor's Log Sheet:

- A visitors log sheet will be kept for all visitors that includes: (Attachment F)
- First and last name of the visitor;
- Physical (street) address of the visitor;
- Daytime and evening telephone number;
- Date and time of visit;
- Email address, if available; and
- As per NYSDOH, a notation indicating the individual cleared the screening that does not include any individual temperatures, test results, or vaccination status or other individual specific information.
- On a weekly basis, the Administrative Assistant will scan and save each visitor's log sheet and verified proof of negative COVID-19 test result or proof of vaccination to a visitor data base.

#### 6: Compassionate Care Visits:

Using a person-centered approach, the facility will work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits. Compassionate care visits may include, but are not limited to:

- End of life situations
- A resident, who was living with their family before recently being admitted to the facility, 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.
- Residents who receive religious or spiritual support from clergy or another layperson.

Additional compassionate care situations may be considered by the facility on a resident-specific basis. Testing should be encouraged, or facilitated wherever possible, using rapid antigen testing.

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### Required Visitation:

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; other visits may be conducted as described above.

#### 1. Access to Long-Term Care Ombudsman

- The facility will provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident.
- Representatives of the Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention as described above.
- If in-person access is deemed inadvisable (e.g. the Ombudsman has signs or symptoms of COVID-19), the facility shall, at a minimum, facilitate alternate resident communication with the Ombudsman, such as by phone or through use of other technology.

#### 2. Access to resident advocates for residents with developmental disabilities

- The facility will allow immediate access to a resident by any representative of the protection and advocacy systems, as designed 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 for individuals with a mental disorder.

#### 3. Entry of Healthcare 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 showing 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.

#### 7: Review of Visitation Plan

- The IDT Team will review the Facility Visitation Program and monitor for any needed adjustments and report to the QA Committee, as needed.