

November 16th, 2021

Dear Family Members, Residents, and Staff,

On November 12, 2021, CMS issued revised guidance and recommendations regarding Nursing Home Visitation- COVID-19. Our Department Heads and Administrative staff have met to go over these new regulations and we have revised our previous Facility Visitation Policy to comply (see attached).

Starting tomorrow November 17th, 2021, recommended visiting hours will be from 10am until 8pm. Visits will occur in the resident rooms, outside in the courtyard (weather permitting), or in a designated area in the facility. If your loved one is in a semi-private room with a roommate, we ask that you limit the number of visitors at any one time to 2 so that we can ensure proper physical distancing can be maintained. You will not need to schedule your visit, but if you plan on visiting with a larger group, please notify Social Services at ext. 144/147, in advance, so that we can set up the visit in one of our designated visiting areas.

We strongly encourage all visitors to wear a well-fitting mask or face-covering at all times, especially when walking to and from your loved one's room or the designated visiting area. We also strongly encourage all visitors to get the COVID-19 vaccine to help stop the spread and help keep COVID-19 out of the facility.

Upon entering the facility all visitors will be screened at the front reception desk and their temperature will be taken. A fact sheet with a summary of the revised Facility Visitation Policy and a fact sheet for visiting any resident who is on Transmission Based Precautions/ Quarantine will be available.

Thank you all for your understanding. On behalf of the team at the Acadia Center for Nursing and Rehabilitation, I hope you all have a safe and happy holiday season! If you have any questions regarding these changes, please don't hesitate to contact me at 631-727-4400 x112 or via email at dmazzone@acadiacenter.com.

Sincerely,



Daniel Mazzone, RN BSN

Director of Nursing Services

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, November 12, 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.

On November 12, 2021, CMS issued revised guidance and recommendations regarding Nursing Home Visitation- COVID-19.

Visitation Criteria:

1. The facility is in full compliance with both state and federal reporting requirements including COVID-19 focus surveys, daily HERDS, monthly 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.

CMS Guidance for Core Principles of COVID-19 Infection Prevention:

- 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)

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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 (i.e. curtains in room)
- 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)

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 Plexiglass 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.

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.

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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.

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 when the resident and/or visitor are not fully vaccinated against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. When conducting outdoor visitation, all appropriate infection control and prevention practices should be followed.

- 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 resident rooms or in a designated area for indoor visitation (i.e. main dining room or common room).

***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 must allow indoor visitation at all times and for all residents as permitted under the regulations. While previously acceptable during the PHE, facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advanced scheduling of visits.

- Although, there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents (*max of 2 visitors for a resident at any one time, if visit is in a semi-private room occupied by 2 residents, to be able to maintain physical distancing, if more than 2 visitors present visit must be moved outside or to designated visiting area. Private room may have more than 2 visitors present, but must be able to maintain appropriate physical distancing*).
 - a) *If a group of more than 2 visitors plan to visit on a given day they shall contact Social Services in advance at ext. 144/147 to set up a visit in a designated visiting area.*

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- Facilities should ensure that physical distancing can still be maintained during peak times of visitation (e.g. lunch time, after business hours, etc.).
- Also, facilities should avoid large gatherings (e.g. parties or events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.
- 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. Visitors should not be approaching nursing stations, going to the kitchen, or to any staff offices, etc. To maintain physical distancing and reduce the risk of transmission to staff visitors should they have any issues or concerns should be calling/e-mailing facility staff.
- 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. For situations where there is a roommate and the health status of the resident prevents them from leaving the room, facilities should attempt to enable in-room visitation while maintaining recommended infection prevention and control practices, including physical distancing and source control.
- If the nursing home's 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 an increased risk for severe disease or is unvaccinated.
- If the resident and all their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose to not 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.
- Visitation for residents under Transmission-Based Precautions and/or quarantine is not recommended. If visitation is to occur in these cases, the visit should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risks of visiting and precautions necessary in order to visit the resident.
- For any resident under TBP and/or quarantine window visits will also be made available.
- For any in-person visit with a resident who is under TBP and/or quarantine the visitor(s) will be provided a TBP/Quarantine Visit Fact Sheet (see Attachment A)

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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, the facility will adhere 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 is identified among residents or staff, the facility will immediately begin outbreak testing.

While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention (see attachment A). 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.

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)

***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.**

2: Reservation and scheduling:

Recommended visiting hours are every day starting at 10am until 8pm.

- If a group of more than 2 visitors plan to visit on a given day they shall contact Social Services in advance at ext. 147/144 to set up a visit in a designated visiting area (preferably outdoors, weather permitting).
- If you wish to have a window visit, or a skype/ facetime visit you may also contact Social Services at ext.147/144 or Recreation at ext. 129.

3: Screening & Monitoring (Visitor Testing and Vaccination):

- 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.
- While not required, the facility will offer COVID-19 rapid testing to visitors (if feasible).
- The facility will also ask for a copy of any visitors COVID-19 vaccination card to keep on file, even though visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation.
- 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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- Families may resume laundering the residents clothing (we still recommend getting all clothing labeled).
- 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 electronic format and make it available upon the request of the Department of Health. (Attachment B)
- Visitors are permitted to bring in items during visitation (i.e. food, beverage, flowers, etc.). We ask that any item or food is in a container that can be disinfected. And we ask that any food brought in is consumed after the visit to encourage the use of mask/ face covering while visiting by resident and visitor(s).;
- Visiting areas will have easily accessible alcohol-based hand rub, for residents, visitors, and staff;
- We do strongly encourage use of masks/ face coverings while visiting with your loved one (especially because we are not able to disclose another resident's vaccination status).
- 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.

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 C).
- Facility will provide education and encourage all staff, residents, and visitors to become vaccinated to help the spread of COVID-19.
- For any in-person visit with a resident who is under TBP and/or quarantine the visitor(s) will be provided a TBP/Quarantine Visit Fact Sheet (see Attachment A)

5: Visitor's Log Sheet:

- A visitors log sheet will be kept for all visitors that includes: (Attachment D)
- 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 (if received).

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6: Required Visitation:

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.
- 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. Ombudsman will be provided TBP/Quarantine Visit Fact Sheet (see Attachment A).
- If the resident or the Ombudsman program requests alternative communication in lieu of an in-person visit, 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.
- If the P&A (Protection and Advocacy) representative 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.

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.
- Health care workers, personnel educating and assisting in residents transitions to the community should be permitted entry consistent with this guidance/policy.

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8: 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.

Facilities must permit residents to leave the facility as they choose. Should a resident choose to leave, 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, and hand hygiene and to encourage those around them to do the same.

Upon the resident's return, nursing homes should take the following actions:

- Screen residents upon return for signs or symptoms of COVID-19.
 - 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. Place the resident on quarantine if the resident has not been fully vaccinated.
 - 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 Precautions, regardless of vaccination status.
- A nursing home may also opt to test unvaccinated residents without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.
- Facilities might consider quarantining unvaccinated residents 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.
- Monitor residents for signs and symptoms of COVID-19 daily.

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9: Survey Considerations

State survey agencies and CMS are ultimately responsible for ensuring surveyors are compliant with the applicable expectations. Therefore, LTC 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.

If facilities have questions about the process a state is using to ensure surveyors can enter a facility safely, those questions should be addressed to the State Survey Agency.

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.

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).

10: 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.