

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, March 10, 2022, October 17, 2022

Page 1 of 7

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 March 10, 2022 CMS issued revised guidance and recommendations regarding Nursing Home Visitation.

On September 23, 2022 CMS issued revised guidance and recommendations regarding Nursing Home Visitation.

On October 12, 2022 the Department of Health issued 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

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Page 2 of 7

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), will be conducted upon entry. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until ten (10) days after their close contact if they meet criteria described in CDC healthcare guidance .
- Hand hygiene (use of alcohol-based hand rub is preferred)
- 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 shall 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 Guidelines:

Consistent with 42 CFR § 483.10(f)(4)(v) facilities shall not restrict visitation without a reasonable clinical or safety cause.

- a. Facilities shall allow visitation at all times for all residents, as permitted under the regulations, except for certain situations when the visit is limited to being conducted in the resident's room or the rare event that visitation is limited to compassionate care. As such, all temporary visitation pauses will occur only under the express direction of the NYSDOH.
- b. Facility will verify that visitors have received a negative SARS-COV-2 test result within one day prior to visitation for antigen tests and within two (2) days prior to visitation for PCR tests. The facility shall provide antigen tests, at no cost, for all visitors. This does not apply to compassionate caregiving visitors life or in the instance of a significant mental, physical, or

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Page 3 of 7

social decline or crisis of a resident, nor should it apply to emergency medical services (EMS) personnel.

- c. During peak times of visitation and large gatherings(e.g., parties, events) the facility shall encourage physical distancing.
- d. All visitors two (2) years or age and older and able to medically tolerate a face covering/mask shall continue to be required to wear a face covering/mask during visitation, regardless of vaccination status.

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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Page 4 of 7

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 up-to-date with all recommended COVID-19 vaccine doses.**

- 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's room, or in the lounge, for larger groups.

Indoor Visits:

The facility shall allow indoor visitation at all times and for all residents (regardless of vaccination status).

- 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. Semi-private rooms may have up to two (2) visitors at a time. Lounge areas may be used for larger groups of visitors.
- Regardless of the community transmission level, residents and their visitors when alone in the resident's room or in a designated visitation area, may choose not to wear face coverings or masks and may choose to have close contact (including touch). Residents (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit. If a roommate is present during the visit, the visitor must wear a face covering or mask.
- While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits shall 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 shall be made aware of the potential risk of visiting and the precautions necessary in order to visit the resident. Visitors must adhere to the core principles of infection prevention. The facility will offer facemasks or other appropriate PPE.
- 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.

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Page 5 of 7

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. Visitation may continue, however, visitors will be alerted of the risks.

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).

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 receptionist 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.

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

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Page 6 of 7

- 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.

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.

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Page 7 of 7

4. State and Federal Surveyors

- Federal and State surveyors **are not required** to be vaccinated , or be tested for COVID-19, or show proof of testing. Upon arrival at facility, surveyors must be permitted entry into facilities unless they exhibit signs or symptoms of COVID-19 upon screening. Surveyors should also adhere to the core principles of COVID-19 infection prevention and adhere to any COVID-19 infection prevention requirements set by State Law.

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.