

**HUDSON VALLEY REHABILITATION AND EXTENDED CARE CENTER**  
**VISITATION POLICY**

**POLICY:**

It is the policy of this facility to allow visitation for residents, families and resident representatives while ensuring safety and adherence to infection prevention strategies to minimize any potential spread of infection. This will be done in accordance with all state and federal guidance for the prevention of COVID-19.

**PURPOSE:**

To promote and enhance resident quality of life by allowing visitation to combat psychological impact of isolation from family and representatives.

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 this 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, and in person visitation whenever possible.

Based on the needs of our residents and our facility's structure, visitation is conducted through dedicated visitation spaces and outdoors, weather permitting. Core principles and best practices that reduce the risk of COVID-19 transmission must be followed.

Beginning **November 12, 2021** visitation and/or activities under this revised guidance will resume, while adhering to core principles of infection control and prevention, under the following guidelines.

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). The Administrator will 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 NYS/NYC health department. The plan designates the spaces to be used for visitation (outdoors and indoors) including the number of visitors and residents which are safely socially distanced within the space(s). The plan includes relevant infection control policies for visitors.
2. Visitors must be able to adhere to the core principles, including infection prevention and control policies. Staff provides monitoring to ensure compliance.
3. Adherence to screening protocols for all persons entering the facility.
4. Visitors under the age of 16 must be accompanied by an adult 18 years of age or older.
5. Families of current COVID-19 positive residents, residents with COVID-19 signs or

symptoms, and residents in a 14-day quarantine or observation period are encouraged to utilize remote visitation which is facilitated by our activities staff.

6. Families and visitors are educated on the risks of visitation in the event of a COVID-19 outbreak at the facility but are not restricted from visitation.
7. The Facility will request the vaccination status of all visitors upon their arrival at the facility, though this information is not required to be provided, it is strongly encouraged.
8. The facility will continue to offer rapid tests to all visitors to be tested prior to their entrance to the facility for their visit, though it is not required to enter the facility.
9. This facility promotes visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines.
  - a. Visitors are required to adhere to the core principles. Visitors will be screened upon entrance and must wear a mask while in the facility.
  - b. Facility no longer limits the number of visitors per resident at one time and no longer limits the total number of visitors in the facility at one time. However, the facility may limit the number in a resident room especially when there is a roommate or not enough space to safely distance. The facility needs to assure a safe place for the visitors while respecting the core principles of infection control.
  - c. Visitors are directed to visit in the residents' rooms if social distance is able to be maintained or they are requested to visit in other designated visitation areas.
  - d. The facility takes into consideration the immunocompromised state and vaccination status of the residents roommate in consideration of visitation permissions in the residents room, and will conduct visits in other areas of the facility when possible.

#### **Indoor Visitation:**

Facility allows indoor visitation at all times and for all residents (regardless of vaccination status). Visitation can occur in resident rooms and designated areas

***Note: For county positivity rates go to: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>***

#### **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 will

continue to be permitted as per CMS and Doh guidance and regulations. Visitors must be educated on the risk of visitation during an outbreak and are required to wear required PPE when visiting.

This facility also complies with NYS executive orders, regulations, and applicable Department guidance governing testing.

When a new case of COVID-19 among residents or staff is identified, the facility immediately begins outbreak testing and notifies residents and families of a positive resident or staff result as required by NYS and DOH. Visitation is discouraged but not suspended during an outbreak,

While the above scenarios describe how visitation can continue after the facility confirms a positive resident or staff result and during outbreak testing, facility will continue all necessary rounds of outbreak testing. In other words, this guidance provides information on how visitation can occur during an outbreak but does not change any expectations for testing and adherence to infection prevention and control practices.

**NOTE:** In all cases, visitors should 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.

#### **Visitor Testing and Vaccination:**

The DOH encourages visitors to become vaccinated when eligible and recommends COVID-19 testing prior to visitation, since visitor testing and vaccination can help prevent the spread of COVID-19. Visitors will be asked of their vaccination status upon arrival and if they would be willing to provide a copy of their vaccination card to keep on file if needed in the future for contact tracing. **Starting 1/7/2022 all visitors are required to wear a well fitting paper surgical mask and are required to provide proof of a negative COVID - 19 result within 24 hours prior to their visit. Rapid tests are available at the facility for those that need to test 15 minutes prior to the visit.al.** This also applies to representatives of the Office of the State Long-Term Care Ombudsman State Surveyors and protection and advocacy systems.

### **Potential Visit Related Exposures:**

In addition, and consistent with DOH policy, if a visitor to a nursing home tests positive for SARS-CoV-2 by a diagnostic test and the visit to the NH 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 the visitors who remained asymptomatic) to the end of the visitor's isolation period, there is a potential for exposure. 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. Any potential visit related to exposure should be reported to Social Worker/RN Supervisor.

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 staff 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 visitor maintained at least 6 feet of distance from all other visitors, residents, and staff for the entire duration of the visit.

Then, the appropriate action should be taken with respect to residents only, if all of the above are confirmed, the resident who received the visit should be placed on a 14- day quarantine in a single room in the designated observation area using Contact plus Droplet precautions and eye protection. The resident should be monitored for symptoms and have temperature checks every shift. Testing for SARS-CoV-2 could be considered for greater assurance of the resident's COVID-19 status, every 3 to 7 days for at least 14 days.

If all of the above cannot be confirmed by the facility, NHS will just as after identification of a COVID-19 positive staff member, including conducting contact tracing to determine the extent of the exposure within the facility. On affected units (or entire facility, depending on the amount of contact), NHS will initiate testing every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result, use of transmission- based precautions and testing for influenza (as per 10 NYCRR 415.33).

Facility staff who are exposed according to CDC HCP exposure guidance should be furloughed in keeping with the current guidance on exposure in Health Care Personnel. See: NYS DOH guidance dated 12/24/2021 "Advisory on shortening Isolation Period for Certain Fully Vaccinated Healthcare Workers and Other Critical Workforce". If contacts include other visitors, those visitors should be considered exposed if contact was within 6 feet for more than 10 minutes to the COVID -19 positive visitor, regardless of PPE or face covering worn. Facility staff or visitors who identified as exposed at the facility should be reported by the facility to the local health department where the individual resides.

### 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. Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak. Using a person-centered approach, facility will work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

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).
- Visits by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support.

### Managing New Admissions and Readmissions:

- See facility Admission and Re- Admission Policies for Vaccinated and Unvaccinated Individuals

### Residents who Leave the Facility:

- Residents who leave the facility should be reminded to follow all recommended IPC practices including source control, physical distancing, and hand hygiene and to encourage those around them to do the same.
  - Individuals accompanying residents (e.g., transport personnel, family members) should also be educated about these IPC practices and should assist the resident with adherence.
- For residents going to medical appointments, regular communication between the medical facility and the nursing home (in both directions) is essential to help identify residents with potential exposures or symptoms of COVID-19 before they enter the facility so that proper precautions can be implemented.
- In most circumstances, **quarantine is not recommended for residents who leave the facility for less than 24 hours** (e.g., for medical appointments, community outings with family or friends) and **do not** have close contact with someone with SARS-CoV-2 infection.
  - Quarantining residents who regularly leave the facility for medical appointments (e.g., dialysis, chemotherapy) would result in indefinite isolation of the resident that likely outweighs any potential benefits of quarantine.
- 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 IPC measures.
- In the case of residents who leave the facility for 24 hours or longer who are unvaccinated the facility may opt to test the resident when they return.

- Upon a residents return to the facility the resident will be screened regardless of vaccination status.
  - If the resident or family reports possible close contact to an individual with COVID-19 while outside of the nursing home, the resident will be tested for COVID-19 regardless of vaccination status
- If the resident is not fully vaccinated, they are to be placed on quarantine
- In the event that a resident develops signs of symptoms of COVID-19 after their return to the facility the resident will be tested and placed on Transmission based precautions regardless of their vaccination status.
- In general residents who are out of the facility for 24 hours or longer should be treated as a new admission, with considerations of exceptions of quarantine for fully vaccinated individuals.

### **Required Visitation:**

Consistent with 42 CFR S 483.10(f) (4) (v) a nursing home shall not restrict visitation without a reasonable clinical or safety cause. A nursing home **must facilitate** in-person visitation consistent with the applicable CMS 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 S 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 are permitted to receive visits and the facility cannot restrict these visits. The visitors will be educated on the risks that the visit poses and visitors must adhere to transmission-based precautions as referenced throughout this guidance document. The facility may offer PPE for these visits but is not required to provide it.

### **Communal Dining and Activities:**

Communal dining and activities may occur while adhering to the core principles of COVID-19 infection prevention. Residents may eat in a communal setting and activities may occur, all residents are encouraged to wear a mask while engaging in these activities, except while eating.

The Facility will make every attempt to ensure social distancing (e.g., limited number of people at each table and with at least six feet between each person).

This facility will consider additional limitations based on status of COVID-19 infections in the facility and the size of the room being used and the ability to socially distance residents

Additionally, group activities may also be facilitated with social distancing among residents, appropriate hand hygiene, and use of a face covering is encouraged for residents at all times (except while eating). The facility offers a variety of activities while also taking necessary precautions.

10. While taking a person-centered approach and adhering to the core principles of COVID19 infection prevention, outdoor visitation can 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, outdoor visitation is still highly encouraged when ever possible.

Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), outdoor visitation should be facilitated routinely. Facility has accessible and safe outdoor spaces for visitation. When conducting outdoor visitation. Facility limits the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing).

### **In addition, this facility will promote the following:**

- Adequate staff present to allow for personnel to help with the transport of residents, monitoring of

visitation, and cleaning and disinfecting of areas used for visitation after each visit using an EPA-approved disinfectant.

- Appropriate signage regarding facemask or face covering utilization and hand hygiene will be in-place. Applicable floor markings to cue social distancing must be in place at all times.
- Screening for signs and symptoms of COVID-19 prior to resident access.
- Documentation of screening will 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:
  - 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
- Adequate PPE must be made available by this facility to ensure residents wear a face mask, if medically able to utilize a face covering during visitation. 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 facility may offer appropriate PPE to visitors but is not required to provide visitors with PPE or an acceptable face covering.
- 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.
- The facility will provide quick, easy to read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet will be available to all visitors at the reception desk upon initial screening to all visitors.
- Group activities will be permissible when the facility when space allows for appropriate social distancing.
- Weather permitting, residents may also be assisted to go outdoors with staff supervision and the appropriate infection control, safety and social distancing requirements maintained.
- All non-essential personnel 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.

### **Access to the Long-Term Ombudsman:**

Nursing homes are reminded that regulations at 42 CFR S 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. They are subject to screening upon entry.

CMS requires representatives of the Office of the Ombudsman to adhere to the core principles of COVID-19 infection prevention as describes above. If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19, facility 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 S 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 (DO 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).

Protection and Advocacy 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 to the system or if there is probable cause to believe the incidents occurred." 42 U.S.C. S 15043(a)(2)(8). Under its federal authorities, representatives of Protection and Advocacy 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 S 51.42(c), 45 CFR S 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. 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.

### **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). Surveyors are subject to the screening process for COVID.

### **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.

EMS personnel do not need to be screened, so they can attend to an emergency without delay. Nursing homes are reminded 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. Routine transportation staff of ambulance services, taxis will be subject to screening prior to taking a resident to appointments.

Hospice care workers do not need to be tested but are subject to the screening process for COVID upon entry.



Using a person-centered approach when applying this guidance should cover all types of visitors, including those who may have been previously categorized as "essential caregivers."

#### CONSTRUCTION DURING COVID

The resumption of existing construction projects, and specifically, those projects directly impacting the lives of nursing home residents that were previously approved by the Department may move forward 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.***

#### **Resources:**

***NYS-DOH Health Advisory Memo Dated (11-12-2021)***

**EFFECTIVE DATE: 5/17/2021**

11/16/2021, **1/7/2022**, 2/1/22, 5/31/22