

Nursing Home Visitation - COVID-19

On September 17, 2020, the Centers for Medicare, and Medicaid Services (CMS) issued a memo which allows visitation to nursing facilities as long as certain safety and infection control protocols regarding COVID-19 are followed. Below is a summary of the memo.

Prior to allowing in person visitation, facilities must adhere to the following “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 or observations about signs or symptoms), and denial of entry of those with signs or symptoms;
- Hand hygiene (use of alcohol-based hand rub is preferred);
- Face covering or mask (covering mouth and nose);
- Social distancing at least six feet between persons;
- 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 COVID-19 care); and
- Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20- 38-NH)

In addition to these Core Principles, CMS stipulated that visitation should be “person-centered” by taking into account the resident’s physical, mental, and psychosocial well-being as well supporting the resident’s quality-of-life. Additionally, facilities should enable visits to be conducted with an adequate degree of privacy for residents and visitors.

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.

Outdoor Visitation

Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors whenever practicable. Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). CMS also recommends reasonable limits on the number of individuals visiting with any one resident at the same time.

It is important to note that the county positivity rate does not need to be considered for outdoor visitation.

Indoor Visitation

Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

- There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
- Visitors are able to adhere to the Core Principles and staff will provide monitoring for those who may have difficulty adhering to Core Principles, such as children;
- Facilities limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space).
 - a. Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; and
- Facilities limit movement in the facility.
 - a. For example, visitors should not walk around different halls of the facility. Rather, they 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.
 - a. For situations where there is a roommate and the health status of the resident prevents the resident from leaving the room, facilities should attempt to enable in-room visitation while adhering to the Core Principles.

Facilities should use the COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site as additional information to determine how to facilitate indoor visitation:

- Low (<5%) = Visitation should occur according to the Core Principles and facility policies (beyond compassionate care visits);
- Medium (5% – 10%) = Visitation should occur according to the Core Principles and facility policies (beyond compassionate care visits);
- High (>10%) = Visitation should only occur for compassionate care situations according to the Core Principles and facility policies.

Facilities may also monitor other factors to understand the level of COVID-19 risk, such as rates of COVID-19-Like Illness, visits to the emergency department, or the positivity rate of a county adjacent to the county where the facility is located.

Compassionate Care Visitation

Compassionate care visits can be conducted by family members as well as any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support. All compassionate care visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and the facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time.

The term “compassionate care situations” does not exclusively refer to end-of-life situations. Rather, compassionate care situations also 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 died;
- 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; and
- 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).

Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

Required Visitation

Facilities may not restrict visitation without a reasonable clinical or safety cause, consistent with §483.10(f)(4)(v). For example, if a facility has had no COVID-19 cases in the last 14 days and its county positivity rate is low or medium the facility must facilitate in-person visitation consistent with the regulations, which can be done by applying the guidance stated above. Notwithstanding the above guidance, however, facilities may still restrict visitation due to the COVID-19 county positivity rate, the facility’s COVID-19 status, a resident’s COVID-19 status, visitor symptoms, lack of adherence to proper infection control practices, or other relevant factor related to the COVID-19 PHE.

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, and other visits may be conducted as described above.

Communal Activities and Dining

Communal activities and dining may occur, provided that the facility adheres to the Core Principles. Residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person) as long as no additional limitations are warranted based on status of COVID-19 infections in the facility.

Additionally, group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering.

Facilities may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.