

RUTLAND NURSING HOME VISITATION POLICY/GUIDELINES

EFFECTIVE MARCH 25, 2021

Policy:

It is the policy of Rutland Nursing Home (the "Facility") to comply with all state and federal requirements, including Executive Orders and guidance, state reporting requirements including COVID-19 focus surveys, daily HERDS, weekly staff testing surveys, and federally required weekly submission of COVID-19 data to the National Healthcare Safety Network (NHSN). In particular, the Facility fully complies with all requirements of the Department of Health Advisories regarding Skilled Nursing Facility Visitation and Compassionate Care Visitation.

Our resident care philosophy recognizes the many benefits of engaging families and friends in the healing process. However, since the outbreak of the COVID-19 pandemic, we have been taking extra measures to protect our residents, patients, visitors, and staff, including restrictions on routine visiting. Facility continues to ensure that resident and family communication is ongoing and supported by window visits and virtual visits whenever possible.

To ensure the safety of residents, staff and visitors, the Facility has implemented many procedures to ensure compliance, which is outlined below. In addition, the Facility has developed guidelines for visitors, pediatric visitors and compassionate care situations.

Purpose:

This policy is consistent with the New York State Department of Health guidelines and is consistent with the U.S. Centers for Medicare & Medicaid Services ("CMS") memorandum QSO-20-39-NH and Centers for Disease Control and Prevention ("CDC") guidelines on such topics.

While both New York State and CMS guidance have focused on protecting nursing home residents from COVID-19, we recognize that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones. Additionally, since the release of prior iterations of visitation directives, several COVID-19 vaccines have received Emergency Use Authorization from the Food and Drug Administration ("FDA"). Millions of vaccinations have since been administered to NH residents and staff across the country, and these vaccines have shown pronounced efficacy in helping to prevent symptomatic spread of SARS-CoV-2 infection (i.e., COVID-19). The Facility is committed to ensuring all eligible and consenting residents and staff have the opportunity to be vaccinated.

In order to maintain compliance with the Department of Health Advisories regarding limited visitation, the Facility has taken the following actions:

- The Facility has implemented protocols to separate residents into cohorts of positive, negative, and unknown as well as separate staffing teams to care for and service COVID-positive residents and non-positive residents.
- This Visitation Policy will be easily accessible and immediately available upon request of the Department or local health department.
- The Facility has completed and submitted the NY Forward Safety Plan, which includes a description of the outdoor and indoor spaces to be used for visitation and the number of visitors and residents that can be safely socially distanced within the space.
- The Facility has adequate staffing as evidenced by the individual staffing plan and as reported to the NYSN.
- The Facility has access to adequate testing and has a testing plan in place that, at a minimum, ensures that i) all consenting nursing home residents have received a single baseline COVID-19 test; ii) there is capability to test or arrange for testing of all residents upon identification of any individual with symptoms consistent with COVID-19; and (iii) there is capacity to re-test staff and residents, if a staff member tests positive for the SARS-CoV-2 virus.
- The Facility has an executed and operationalized arrangement with laboratories to process SARS-CoV-2 virus tests.
- The Facility adheres to written screening protocols for all staff during each shift, each resident daily, and all persons entering the Facility or grounds of the Facility, including visitors, vendors, students and volunteers.
- The Facility has posted the formal visitation plan on our public website; provide visitors with clear guidelines for visiting and will 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.
- The Facility has an interdisciplinary team to review the Facility's visitation program compliance with the DOH Health Advisory for Nursing Home Visitation. If the Facility is out of compliance, it will halt visitation and inform the Department of Health.

Guidance

Visitation can be conducted through different means, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain **core principles** and best practices that reduce the risk of COVID-19 transmission including, but not limited to:

- Screening of all who enter the Facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or 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);
- The use of face coverings or masks (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 to COVID-19 care);
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO-20-38-NH).

These core principles are consistent with CDC guidelines for nursing homes and should be adhered to at all times. 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.

Outdoor Visitation

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. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Visits will be held outdoors whenever practicable. However, weather considerations or an individual resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits.

For outdoor visits, the Facility has created accessible and safe space adjacent to the front entrance under the visitation tent. When conducting outdoor visitation, all appropriate infection control and prevention practices will be adhered to.

*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 Visitation

The Facility will allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation will 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 Facility'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 have 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

The Facility supports and accommodates indoor visitation, based on the following guidelines:

- Visitors adhere to the core principles and staff must provide monitoring for those who may have difficulty adhering to core principles, such as children;
- The Facility will limit the number of visitors per resident at one time to two individuals and limit the total number of visitors in the Facility at one time; and
- The Facility will limit movement in the facility. Visitors must go directly to the resident's room or designated visitation area.
- Indoor space located at the former Adult Day Health Care Center space which will accommodate 3 residents and 6 visitors, each appropriately socially distanced and wears a facemask or face covering while in the presence of others.
- Visits for residents who share a room will not be conducted in the resident's room (unless the roommate is a spouse).
- In situations where there is a roommate and the health status of the resident prevents leaving the room, the Facility will attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
- Allow for, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the Facility.

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. To swiftly detect cases, the Facility will adhere to CMS regulations and guidance for COVID-19 testing including routine staff testing, testing of individuals with symptoms, and outbreak testing, including but not limited to 42 CFR 483.80(h) and QSO-20-38-NH. The Facility will comply 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 will immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed.

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/units with no COVID-19 cases. However, the Facility will 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 not in 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/units of the Facility (e.g., new cases in two or more units), then the Facility will suspend visitation for all residents (vaccinated and unvaccinated), until the Facility meets the criteria to discontinue outbreak testing.

If subsequent rounds of outbreak testing identify one or more additional COVID-19 cases in other areas/units of the Facility, then the Facility will suspend visitation for all residents (vaccinated and unvaccinated), until the Facility meets the criteria to discontinue outbreak testing.

In all cases, visitors will be notified about the potential for COVID-19 exposure in the Facility and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

Visitor Testing and Vaccination

Facility will offer testing to visitors. Facility will also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days). While visitor testing and vaccination can help prevent the spread of COVID-19, visitors will not be required to be tested or vaccinated (or show proof of such) as a condition of visitation. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems, as described below.

Potential Visit Related Exposures

In addition and consistent with DOH policy, 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. Exposures among visitors and residents will 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 will 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 will be taken with respect to residents only, if all of the above are confirmed, the resident who received the visit will 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 will 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, then the Facility will proceed as they would 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), Facility 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. 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 will 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, are 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, the 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.

Required Visitation

Consistent with 42 CFR § 483.10(f) (4) (v) the Facility will not restrict visitation without a reasonable clinical or safety cause. The Facility will facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated above.

Residents who are on transmission-based precautions for COVID-19 will only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions as referenced throughout this guidance document. 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.

Access to the Long-Term Care Ombudsman

As per regulations at 42 CFR § 483.10(f)(4)(i)(C), the Facility will provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. During

this PHE, in person access may be limited due to infection control concerns and/or transmission of COVID19, such as the scenarios stated above for limiting indoor visitation; however, in-person access may not be limited without reasonable cause. CMS requires representatives of the Office of the Ombudsman to 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, at a minimum, will facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology.

The Facility is also required under 42 CFR § 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 (DD 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. § 15043(a)(2)(B). 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 § 51.42(c); 45 CFR § 1326.27.

Additionally, the Facility will 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 will allow the individual entry into the nursing home to interpret or facilitate, with some exceptions. This would not preclude the Facility 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

Federal and state surveyors are not required to be vaccinated and must be permitted entry into the Facility unless they exhibit signs or symptoms of COVID-19. 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.

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., will 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.

All staff of the Facility 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.

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.

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 the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). The 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 (e.g. limit to 10 residents and staff in smaller spaces).

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 COVID19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering (except while eating). The Facility 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.