

# Visitation

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## Policy Statement

Our facility permits residents to receive visitors subject to the resident's wishes and the protection of the rights of other residents in the facility.

## Policy Interpretation and Implementation

1. Residents are permitted to have visitors of their choosing at the time of their choosing as long as:
  - a. the resident, visitor and resident representative are aware of the risks of visitation; and
  - b. the visit occurs in a manner that does not place other residents at risk (e.g., in the resident's room or designated visitation area).
2. The facility provides 24-hour access to individuals visiting with the consent of the resident.
3. Family members are designated as such by the resident or representative. Immediate family is not limited to individuals related by blood, adoption, marriage or common law.
4. Visitors may include, but are not limited to:
  - a. spouses (including same-sex and transgender spouses);
  - b. domestic partners (including same-sex and transgender domestic partners);
  - c. other family members;
  - d. guardian;
  - e. essential caregivers; and
  - f. friends.
5. All lawful marriages and spouses are recognized for purposes of this and all other policies, regardless of any contradictory state or local laws.
6. Core principles of COVID-19 prevention and best practices to reduce COVID-19 transmission are to be adhered to at all times, including:
  - a. Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19. 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 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control);
  - b. hand hygiene (use of alcohol-based hand rub is preferred);
  - c. face covering or mask (covering mouth and nose) in accordance with CDC guidance;

- d. post instructional signage (e.g., visual alerts, signs, posters) at the entrance and throughout the facility in strategic locations (e.g., elevators, waiting areas, dining room) on infection prevention and control recommendations for COVID- 19:
    - (1) signs and symptoms;
    - (2) infection control precautions;
    - (3) use of source control (face mask);
    - (4) hand hygiene.
  - e. cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit;
  - f. appropriate staff use of personal protective equipment (PPE);
  - g. cohorting of residents; and
  - h. resident and staff testing conducted following nationally accepted standards from CDC recommendations ([Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic | CDC](#)).
7. Consensual physical contact between a resident, client, or patient and the visitor is permitted.
  8. Visitors are encouraged to physically distance themselves from other visitors, residents, and staff, when possible. Visitors who are unwilling or unable to adhere to the core practices of infection prevention are restricted from visiting the facility or asked to leave.
  9. Visitors are not required to be tested or vaccinated as a condition of visitation.
    - a. Visitors are educated and strongly encouraged to maintain an “up-to-date” vaccination status.
  10. The facility Infection Preventionist and/or designee is responsible for ensuring that staff adhere to the policies and procedures.

### **Reasonable Clinical and Safety Restrictions**

1. The facility provides 24-hour access to individuals visiting with the consent of the resident, including during the following situations:
  - a. end of life situations;
  - b. when a resident is making one or more major medical decision;
  - c. when a resident is struggling with a change in environment;
  - d. when experiencing emotional distress or grieving the loss of a loved one;
  - e. when the resident needs encouragement to eat or drink;
  - f. when the resident is experiencing changes in behavior, etc.

2. Some visitation may be subject to reasonable clinical and safety restrictions that protect the health, safety, security and/or rights of the facility's residents such as:
  - a. keeping the facility locked or secured at night with a system in place for allowing visitors approved by the resident;
  - b. denying access or providing limited and supervised access to an individual if that individual is suspected of abusing, exploiting, or coercing a resident until an investigation into the allegation has been completed or has been found to be abusing, exploiting, or coercing a resident;
  - c. denying access to individuals who have been found to have been committing criminal acts such as theft;
  - d. denying access to individuals who are inebriated or disruptive;
  - e. denying access or providing supervised visitation to individuals who have a history of bringing illegal substances into the facility which places residents' health and safety at risk; and/or
  - f. restrictions placed to prevent community-associated infection or communicable disease transmission to one or more residents.
    - (1) A resident's risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) will be considered when restricting visitors.
    - (2) In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) are asked to defer visitation until no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication), or according to CDC guidelines, and/or local health department recommendations.
3. Residents and visitors may choose to not wear face coverings or masks while in the facility unless facility is in an outbreak or the COVID-19 hospital admission level in the county is high,  $\geq 20$  new COVID-19 admissions per 100,000 population over the last 7 days.
4. Residents and visitors who are at risk for severe disease are recommended to wear face covering or mask, and to physically distance during visitation.
5. Resident and visitor may choose to not wear a face covering or mask and can have close contact (including touching) when alone in the resident's room or in a designated visitation area.
6. During indoor visitation, visitors are asked to go directly to the resident's room or visitation area.
  - a. If a resident's roommate is present during the visit, it is safest for the visitor to wear a face covering or mask to decrease risk to the resident's roommate.
  - b. If the health status of the resident being visited prevents leaving the room, in-room visits are allowed while adhering to the core principles of infection prevention, including the visitor wearing a face covering or mask. If the visitor does not wish to wear a mask, alternative visitation locations should be considered (e.g., designated location, outdoors, etc.).
7. If a resident is on transmission-based precautions:
  - a. visitors will be made aware of the potential risk of visiting and the precautions necessary in order to visit with the resident;
  - b. visitation will occur in the resident's room or designated area; and
  - c. the resident will wear a well-fitting mask if tolerated.

## **Visitation During Communicable Disease Outbreak**

1. Visitation policies may be modified during infectious disease outbreaks or pandemics in order to align with current CMS and CDC guidelines and offer maximum visitation. For example:
  - a. indoor visitation is allowed at any time for all residents;
  - b. providing access to devices for virtual visitation;
  - c. designation of visiting areas can occur;
  - d. offering safe and accessible options for outdoor visitation whenever weather and a resident's health status permits with adequate privacy;
  - e. posting signage with infection prevention and control instructions (i.e., hand hygiene, infection control precautions, PPE, signs and symptoms, etc.);
  - f. ensuring access to hand hygiene and PPE supplies; and
  - g. contacting the local health department for guidance or direction on how to reduce the risk of communicable disease transmission during visitation.
2. During an infectious disease outbreak, residents on transmission-based precautions are permitted to have visitors. Before visitation the visitor is:
  - a. made aware of the potential risk of visiting;
  - b. instructed on the precautions necessary in order to visit the resident; and
  - c. asked to:
    - d. adhere to infection prevention principles (e.g., hand hygiene, cough etiquette, etc.).
    - e. wear a face covering or mask;
    - f. physically distance themselves from other residents and staff, when possible;
    - g. conduct visitation in the resident's room or visitation area, if possible; and
    - h. restrict movement in the facility (go directly to the resident's room or designated visitation area, not walk around different hallways).

### **Restriction of Individual Visitors**

1. The facility does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
2. The facility does not restrict visitors based on the request of family members or the healthcare power of attorney. If a family member (or HPOA) requests that a certain individual be denied access to resident based on safety or security concerns, the staff will protect resident safety while allowing visitor access until the allegations are investigated.
3. Residents are permitted to visit with representatives from federal and state survey agencies, resident advocates, the state long-term care ombudsman, protection and advocacy agencies for individuals with developmental disabilities or mental illness, clergy and/or their personal physicians at any time. Space and privacy are provided for such visits.

4. The resident has the right to deny visitation at any time. If a resident chooses to withdraw consent for visitation by a particular individual, the name of that person and the date of withdrawn consent are documented in the resident's medical record.
5. The facility reserves the right to limit the number of visitors in the room at one time to protect the rights of the person sharing the room.
6. If it is determined that an illegal substance(s) has been brought into the facility by a visitor, it is immediately reported to the charge nurse or supervisor. The supervisor and the DNS determine whether the situation warrants a referral to law enforcement.
  - a. If the supervisor notifies law enforcement, in accordance with state laws, he or she immediately implements measures to protect the health and safety of all residents, visitors and staff. This may include supervising the visitation until the situation is addressed or law enforcement arrives.
  - b. If items or illegal substances are in plain view, and these pose a risk to the residents' health and safety, the items may be confiscated by facility staff. The circumstances, description of the item(s), and rationale for confiscating are documented in the resident's record.
  - c. Facility staff does not conduct searches of a resident or their personal belongings, unless the resident or representative agrees to the search and understands the reason for the search.
7. Incidents of any visitor's disruptive behavior are documented in the resident's medical record or other facility approved form.
8. A critically ill resident may have visitors of his/her choice at any time, as long as visitation is not medically contraindicated. The rationale for medically-restricted visitation is documented in the resident's medical record.
9. Unless otherwise permitted by the resident, visitors are required to wait outside the room or in the lobby while the resident is receiving treatment, undergoing examinations, and/or receiving personal care.
10. The facility reserves the right to change the location of a visit if such visit infringes upon the rights of the resident's roommate or other residents in the facility.
  - a. Space is available in the lobby/lounge for residents to receive guests in reasonable comfort and privacy.
11. Residents, family and/or resident representatives are informed upon admission of their visitation rights, and related policies.
12. Inquiries concerning visitation and access to the facility should be referred to the administrator or his/her designee.

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

1. Representatives of the Office of the State Long-Term Care Ombudsman are allowed immediate access to any resident.
  - a. If the ombudsman is planning to visit a resident who is under transmission-based precautions or quarantine the resident and ombudsman are informed of the potential risk of visiting, and the visit is conducted in the resident's room.
  - b. If the resident or the ombudsman requests alternative communication in lieu of an in-person visit, communication between the resident and Ombudsman program is facilitated by phone or through the use of other technology.

## **Access to Protection and Advocacy Programs**

1. Any representative of the protective and advocacy system is allowed immediate access to any resident.
  - a. If the Protection and Advocacy (P&A) representative is planning to visit a resident who is under transmission-based precautions or quarantine in a county where the level of community transmission is [high](#) in the past seven days, the resident and the P&A representative are informed of the potential risk of visiting and the visit will take place in the resident's room.
  - b. If a resident is unable to comply with infection prevention measures (i.e., face coverings) due to a disability, the resident's disability rights are protected. For example, a resident may be offered a clear mask or mask with a clear panel if the resident is deaf or hard of hearing.
  - c. If a resident requires assistance with communication (such as through a qualified interpreter or someone to facilitate communication), the facility will allow the individual entry to provide this service. Safety measures, such as adhering to the core principles of COVID-19 infection prevention are imposed.

## **Federal and State Surveyors**

1. Federal and state surveyors are permitted entry into the facility unless they exhibit signs or symptoms of COVID-19, have a positive viral test for COVID-19, or currently meet the criteria for quarantine.
  - a. Surveyors are asked to adhere to the core principles of COVID-19 infection prevention and other requirements set by federal and state agencies.
  - b. Questions regarding whether surveyors can enter a facility safely are directed to the State Survey Agency.

## **Healthcare Workers and Service Providers**

1. Health care workers who are not employees of the facility but provide direct care to the facility's residents, (for example, hospice workers, emergency medical services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, personnel educating and assisting in resident transitions to the community, etc.) are 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.
  - a. EMS personnel are exempt from any screening process, so they can attend to an emergency without delay.
  - b. All healthcare workers and service providers must adhere to the core principles of COVID-19 infection prevention and comply with COVID-19 testing requirements.

## **Communal Activities and Outings**

1. Residents are permitted to leave the facility as they choose and should notify their primary nurse of departure to ensure policy and procedures are followed.
2. Residents and anyone accompanying them are reminded to follow infection prevention practices (masking, physical distancing and hand hygiene) and to encourage those around them to do the same.
3. Upon returning, residents are screened for signs and symptoms of COVID-19.
4. If the resident or family member reports close contact to an individual with COVID-19 during the outing, [SARS-CoV-2 testing](#) will be conducted per CDC guidance and they should wear source control (e.g., mask or face covering). Transmission based precautions following close contact may be considered in certain scenarios (e.g., unable to test, wear source control as recommended, severely immunocompromised, or residing on a unit experiencing uncontrolled SARS-CoV-2 transmission), although not required.

5. Following close contact with someone with SARS-CoV-2 during an outing, the resident will receive a viral test immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours following the first negative test and, if negative, again 48 hours following the second negative test. This will typically be at day 1 (exposure day is day 0), day 3, and day 5 per [CDC guidance](#), and placed on transmission-based precautions. For more information see *Coronavirus Disease (COVID-19) – Testing Residents*.
6. Transmission based precautions implemented for a **symptomatic** resident following close contact can be discontinued upon having results from at least one viral test of a resident with symptoms of COVID-19.
  - a. If using NAAT (molecular), a single negative test is sufficient in most circumstances. If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider maintaining Transmission-Based Precautions and confirming with a second negative NAAT.
  - b. If using an antigen test, a negative result should be confirmed by either a negative NAAT (molecular) or second negative antigen test taken 48 hours after the first negative test
7. Transmission based precautions (if implemented) for an **asymptomatic** resident following close contact, can be discontinued as follows:
  - a. TBP can be discontinued after day 7 following exposure (day 0) if they do not develop symptoms and all viral testing per CDC guidance following close contact is negative.
  - b. If viral testing is never performed following close contact, TBP can be discontinued after day 10 following exposure (day 0) if they do not develop symptoms.
8. Residents who leave the facility for longer than 24 hours will be managed as new admissions/readmissions (see [CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic | CDC](#))
  - a. Implementation of a screening testing program is at the discretion of the facility for those residents who are new asymptomatic admissions/readmission and/or asymptomatic residents who leave the facility for longer than 24 hours.
  - b. If implemented, screening testing should follow CDC guidance. If using an antigen test instead of a NAAT, residents should be tested 3 times spaced 48 hours apart in line with FDA recommendations.

<b>References</b>	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident’s right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.

<b>Survey Tag Numbers</b>	F562; F563; F564; F880; F583; F563; F550
<b>Other References</b>	<p>Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: US Department of Health and Human Services, CDC; 2022, October 05.  <a href="https://covid.cdc.gov/covid-data-tracker">https://covid.cdc.gov/covid-data-tracker</a></p> <p>COVID-19 by County   CDC (CDC.gov 5/11/2023)</p> <p>Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (CDC.gov 5/8/2023)</p> <p>Nursing Home Visitation – COVID-19. CMS QSO-20-39-NH. 9/17/20 (revised 05/08/2023).</p>
<b>Related Documents</b>	Nursing Home Visitation - COVID-19. CMS QSO-20-29-NH. 9/17/2020 (revised 05/08/2023).
<b>Version</b>	