



COMPLIANCE CONSULTING
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Memorandum

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CMS Updates Nursing Home Guidance with Revised Visitation Recommendations

At the beginning of the COVID-19 pandemic, CMS directed facilities to restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation.

In guidance issued on March 10, 2021, CMS stated that while its previous guidance focused on protecting nursing home residents from COVID-19, CMS recognized that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and other expressions of distress. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to COVID-19 confusing or upsetting. CMS noted that it understands that nursing home residents derive value from the physical, emotional, and spiritual support they receive through visitation from family and friends.

CMS furthermore recognized that millions of COVID-19 vaccinations have been administered within nursing homes, thus changing the dynamics of the risk to residents. Consequently, CMS in conjunction with the CDC, issued the following updated guidance for nursing homes to safely expand in-person visitation of residents in nursing homes during the COVID-19 pandemic.

I. Core Principles of COVID-19 Infection Prevention.

1. CMS reiterated that while each facility can tailor its visitation policy through different means based on its structure and its residents' needs, facilities must, at all times, still adhere to the following Core Principles and best practices that reduce the risk of COVID-19 transmission:

- 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);

- 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 to COVID-19 care);
- Resident and staff testing conducted as required at 42 CFR § 483.80(h).

II. Visitor Testing and Vaccination.

1. CMS continues to encourage facilities in medium or high-positivity counties to offer testing to visitors, to encourage visitors to be tested on their own prior to coming to the facility, and to encourage visitors to become vaccinated when they have the opportunity.

That said, facilities may not require visitors to be tested or vaccinated (or show proof of such) as a condition of visitation.

III. Outdoor Visitation.

1. Outdoor visitation is the preferred method of visitation 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. Therefore, visits should be held outdoors whenever practicable.
2. 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, all appropriate infection control and prevention practices should be adhered to.

IV. Indoor Visitation.

1. Compassionate care visits should be permitted at all times.
2. Indoor visitation should be allowed at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission), which include limiting indoor visitation for:

- Unvaccinated residents, if the nursing home’s COVID-19 county positivity rate is more than 10% and less than 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.
3. Facilities should consider how visitors may affect its ability to maintain the Core Principles of infection prevention. If necessary, facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.
 4. During indoor visitation, facilities should limit visitor 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, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the Core Principles of COVID-19 infection prevention.

CMS and CDC continue to recommend facilities, residents, and families adhere to the Core Principles of COVID-19 infection, including physical distancing. Due, however, to the toll that separation and isolation has taken on residents and the fact that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one, if a resident is fully vaccinated, the resident 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.

V. Indoor Visitation during an Outbreak.

1. An outbreak occurs when a new COVID-19 case occurs among residents or staff. Visitation can still occur when there is an outbreak if there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility.
2. When a new case of COVID-19 among residents or staff is identified, a facility should 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.

3. 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.
 - a. 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 should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing, which occurs when testing identifies no new cases of COVID-19 infection among staff or residents for at least 14 days since the most recent positive result.

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.

VI. Compassionate Care Visits.

1. Compassionate care visits, and visits required under federal disability rights law, must be allowed at all times, regardless of a resident's vaccination status, the county's COVID 19 positivity rate, or an outbreak.
2. In addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support.
3. It is important to note that the term "compassionate care situations" does not exclusively refer to end-of-life situations. 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).
4. If the resident is fully vaccinated, the visitors and resident can choose to have close contact (including touch) while the resident wears a well-fitting face mask, and the resident and visitors perform hand-hygiene before and after the visit.
 5. If the resident is not fully vaccinated, the visit must be conducted using social distancing. If the resident is not fully vaccinated but the visitor and facility identify a way to allow for personal contact, it should only be done following appropriate infection prevention guidelines, and for a limited amount of time. 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.

VII. Survey Considerations.

1. It is important to note that federal and state surveyors are not required to be vaccinated and must be permitted entry into facilities unless they exhibit signs or symptoms of COVID-19. That said, facilities must ensure that surveyors also adhere to the Core Principles of COVID-19 infection prevention, and to any COVID-19 infection prevention requirements set by state law.

Additional details on the updated nursing home visitation guidance can be found at: <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/nursing-home-visitation-covid-19-revised>

A Fact Sheet can be found here: <https://www.cms.gov/newsroom/fact-sheets/cms-updates-nursing-home-guidance-revised-visitation-recommendations>