



Visitation Policy

Policy: Visitation for Skilled Nursing Facility Residents

Procedure: To safely accommodate visitors to Skilled Nursing Facility under the DOH guidance dated July 10, 2020 and revised Sept 15. Limited visitation will be allowed when the facility has met the criteria listed in the guidance and is in compliance with all reporting and regulations as directed by DOH.

Heritage SNFs in NY may allow visitation if the following and/or current applicable guidance allows:

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).
2. The SNF has completed the NY Forward Safety Plan, and submitted a copy of the completed plan to covidnursinghomeinfo@health.ny.gov .
3. The facility must retain a copy of the plan at the facility where it is easily accessible and immediately available upon request of the Department or local health department.
4. Any changes to the plan must immediately be communicated to the Department.
5. The plan must clearly articulate the space(s) to be used for visitation (outdoors and indoors) including the number of visitors and residents which could be safely socially distanced within the space(s).
6. The SNF has no staffing shortages as evidenced by the NH's individual staffing plan and as reported by the NH through weekly submissions to the NHSN.
 - a. With the absence of minimum staffing levels in NYS, the definition of staffing shortage is at the discretion of the facility administrator. The basis of such decision will go beyond the traditional hours per resident per day of CNA, LPN, and RNs, and shall include a holistic approach to the quality of care being delivered. As Heritage SNFs utilize an "all hands" approach to resident care, the SNF has not defined a minimum HPPD to be considered short.
 - b. Status of admissions in itself does not reflect a shortage or surplus in staffing.
7. Absence of any new nursing home onset of COVID-19 in the nursing home as reported to the Department on the daily HERDS survey and as reported weekly to the NHSN for a period of no less than **fourteen (14) days**.
8. Access to adequate testing. The SNF has a testing plan in place that, at a minimum, ensures that all consenting nursing home residents have received a single baseline COVID-19 test. In addition, the SNF has the capability to test, or can arrange for testing of, all residents upon identification of any individual with symptoms consistent with COVID-19. If a staff member

tests positive for the SARS-CoV-2 virus, the NH has the capacity to continue weekly re-testing of all nursing home residents until all residents test negative.

9. The SNF has an executed and operationalized arrangement with laboratories to process SARS-CoV-2 virus tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained and rapidly reported to the nursing home.
10. The SNF will screen for signs and symptoms of COVID 19 and temperature checks for all staff during each shift, each resident daily, and all persons entering the facility or grounds of such nursing home, including visitors.
11. The number of visitors to the nursing home **must not exceed ten percent (10%)** of the resident census at any time and only two visitors will be allowed per resident at any one time.

Once determined that visitation shall be permitted the SNF will ensure the following:

1. Visitation should be limited to outdoor areas, weather permitting and under certain circumstances in an inside, well ventilated space with no more than ten individuals who are appropriately socially distanced and wear a facemask or face covering while in the presence of others.
2. At this time, visitation is strictly prohibited in resident rooms or care areas with few exceptions such as situations referenced in #12 below, end of life visits.
3. Adequate staff are present to allow for personnel to help with the transition of residents, monitoring of visitation, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.
4. The nursing home maintains signage regarding facemask utilization and hand hygiene, and applicable floor markings to cue social distancing delineations.
5. Visitors, including long-term care ombudsman, are
 - a. Screened for signs and symptoms of COVID-19 prior to resident access.
 - b. The visitor must present a verified negative test result within the last week (7 days)
 - i. End of life and compassionate care visits are not subject to a verified negative test result but are subject to all COVID-19 screening requirements.
 - c. Visitation must be refused if the individual(s) fails to present such negative test result, exhibits any COVID-19 symptoms, or does not pass screening questions.
 - d. Documentation of screening must be maintained onsite in an electronic format and available upon the Department's request for purposes of inspection and potential contact tracing.
 - e. Documentation must include the following for each visitor or representative of the long-term care ombudsman program (LTCOP) to the nursing home:
 - 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

6. There is adequate PPE made available by the nursing home to ensure residents wear a face mask, or if unable a face covering, during visitation.
7. 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 nursing home must have adequate supply of masks on hand for visitors and make available to visitors who lack an acceptable face covering.
8. 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.
9. The nursing home should develop a quick, easy to read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet must be provided upon initial screening to all visitors.
10. Small group activities will be permissible when space allows for appropriate social distancing, however, no more than 10 residents and staff will be permitted to engage in such activities at any one time.
11. Residents may also be assisted to go outdoors with staff supervision and the appropriate infection control, safety and social distancing requirements maintained.
12. For residents who are bed bound continue to use alternative methods of visitation such as through videoconferencing through skype or facetime as much as possible. Limited visitation may be permitted but should adhere to the same requirements for other visitors as much as possible. Visitors should go to the patient room and not any other areas in the facility.
13. All non-essential personnel as outlined below 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.
14. Allow for students enrolled in programs to become licensed, registered or certified health care professional provided the nursing home environment is appropriate to the student's education, training and experience.
15. Resumption of existing construction projects, and specifically, those projects directly impacting the lives of nursing home residents that were previously approved by the Department 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.
16. Visitors will call and schedule a time for visitation. Visiting hours will be between 9am and 4pm, however, these times may vary based on staffing and daily operations of the facility. The visitors and staff will be aware of the agreed upon time frame prior to the visit.
17. Each visit will be scheduled for 45 minutes. Any variation of time will be at the facility's Administrator's discretion.
18. A team of administrative staff will review visitation policies, train facility staff and modify procedures if necessary.
19. The facility Administrator will be notified of any violation or variance to this policy and should a visitor fail to adhere to the protocol, he/she/they will be prohibited from visiting for the duration of the COVID-19 state declared public health emergency.