



SODUS

Rehabilitation & Nursing Center

SUBJECT: OUTDOOR VISITATION & LIMITED INDOOR VISITATION

October 30, 2020

PURPOSE and APPLICATION: On March 13, 2020, the Department of Health issued guidance to nursing homes (NHs) limiting visitation to medically necessary or end-of-life services. Such guidance was updated July 10, 2020. The guidance further provided that facilities where one or more residents tested positive for COVID-19 should cancel congregate meals and activities.

The Department will now permit outside visitation and limited indoor visitation and activities, if the facility meets specific benchmarks and develop a reopening plan.

On October 23, 2020, the Department of Health issued additional guidance for visitation restrictions to ensure the safety of residents and staff of facilities housing congregate populations.

POLICY: It is the policy of Sodus Rehabilitation and Nursing Center, pursuant to the most recent New York State Department of Health directives issued on September 15, 2020, to permit outside visitation and limited indoor visitation/activities if/when Sodus Rehabilitation and Nursing Center meets specific benchmarks and develops a reopening plan via the NY Forward Safety Plan.

PROCEDURE: The execution of this plan pursuant to the New York State Department of Health Advisory is contingent upon (1) this facility's ability to meet conditions set forth by the NYS Department of Health and (2) the Department's approval. The facility and the Department reserve the right to restrict visitation at any point.

If/when Sodus Rehabilitation and Nursing Center is in Phase 3, they may resume limited visitation and activities under the revised guidance beginning September 17, 2020 and only under the following conditions:

1. The region in which the Nursing Home (NH) is located is in Phase 3.
2. The NH is in full compliance with all state and federal requirements, state Executive Orders and guidance, state reporting requirements including COVID-19 focus surveys, HERDS and staff testing surveys, and federally required submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
3. The NH has protocols to separate residents into cohorts of positive, negative, and unknown as well as separate staffing teams to deal with COVID-positive residents and nonpositive residents. In order to effectuate this policy, nursing home facilities should transfer residents within a facility, to another long-term care facility, or to another noncertified location if they are unable to successfully separate out patients in individual facilities.
4. The NH has completed the NY Forward Safety Plan and submitted a copy of the completed plan to covidnursinghomeinfo@health.ny.gov. 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. Any changes to the plan must be immediately communicated to the Department. 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). Such plan shall include attestation of compliance with all State and federal guidelines as described in number 2.
5. The NH has no staffing shortages as evidenced by the NH's individual staffing plan and as reported by the NH through submissions to the National Health Safety Network (NHSN).
6. The absence of any new onset of COVID-19 among staff or residents as reported to the

- Department on the HERDS and staff testing surveys and as reported to the NHSN for a period of no less than **fourteen (14)** days, consistent with [CMS established thresholds](#)
7. Access to adequate testing. The NH should have a testing plan in place that, at a minimum, ensures all consenting nursing home residents have received a single baseline COVID-19 test. In addition, the NH must have 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 must have the capacity to continue weekly re-testing all nursing home residents, until all residents test negative.
 8. An executed and operationalized arrangement with laboratories to process SARS-CoV-2 virus tests. As recommended by CMS, 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.
 9. Adherence to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds of such nursing home, including visitors. Resident monitoring must include daily symptom checks, vital signs, and pulse oximetry.
 10. A copy of the NH's formal visitation plan is posted to their public website and broadcasted via email or social media to provide visitors with clear guidelines for visiting and to 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.
 11. Visitors under the age of 18 are allowed but must be accompanied by an adult 18 years of age or older.
 12. Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits.

When a nursing home demonstrates that all of the aforementioned criteria have been satisfied, the nursing home must follow the guidance outlined below to be included in the nursing home's NY Forward Safety Plan.

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 (10) individuals who are appropriately socially distanced and wear a face mask 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 being bed bound and end of life visits. visit. In those instances, all other requirements listed in this directive apply.
3. Limited visitation, including representatives from the long-term care ombudsman program, will be permitted, under the following conditions:
 - a. 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.
 - b. The nursing home maintains signage regarding facemask utilization and hand hygiene, and applicable floor markings to cue social distancing delineations.
 - c. Visitors, including long-term care ombudsman, are screened for signs and symptoms of COVID-19 prior to resident access. **Additionally, the visitor must present a verified negative test result within the last week (7 days)** and 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. 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
- e. 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.
 - f. 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.
 - g. 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.
 - h. 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.
4. Specialty practitioner, podiatric, and dental services may continue. Strict adherence to infection control guidelines is required.
 5. 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
 6. Residents may also be assisted to go outdoors with staff supervision. The appropriate infection control and safety and social distancing requirements must be maintained.
 7. An interdisciplinary team must be created by the facility to review visitation program compliance with this Health Advisory.
 8. If any visitor fails 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.

Facilities should establish additional guidelines as needed to ensure resident and staff safety and continuity of facility operations. Hours of visitation must be clearly delineated in policy and within the visitation fact sheet. Nursing homes must continue to refrain from sending residents to non-medically necessary trips outside the nursing home until further notice. Please be reminded that communal dining and hairdresser services remain suspended at this time. Violations of this directive will result in the imposition of fines and additional enforcement remedies.

If the facility falls out of compliance with requirements listed in this advisory, the NH should immediately halt visitation and inform the Department. In addition, the Department can halt visitation at the nursing home at any time due to community or facility spread of infection, or when the Department identifies that the NH has failed to comply with requirements of this advisory.