

Recommendations to Allow Nursing Home Residents to Have Increased In-Person Contact with Family and Friends During the COVID-19 Pandemic

The COVID-19 pandemic has reinforced the critical necessity of support and interaction between residents living in long-term care facilities and their families and friends. The restrictions on visitation have taken a great toll, impacting residents' physical, psychosocial, and mental well-being. In order to promote and protect resident welfare, CMS must reassert that all residents have the right to in-person visitation from family and friends and must establish requirements for visitation that nursing facilities must follow.

Nursing homes must be required to accommodate in-person visits in accordance with established guidelines that are implemented in a way that meets the needs and preferences of individual residents. Whenever possible, guidelines should offer greater access and the least restrictive protocols for visits. In addition, individual accommodations must be made to expand access to visitation if warranted by the needs of the resident, including, but not limited to, compassionate care and at the end of life. Reaffirming the importance of person-centered planning, residents must, to the best of their ability, be included in decisions regarding in-person visitation.

CMS and the States must ensure that facilities are implementing established guidelines for visitation. Any facility unable to meet the requirements must provide an explanation and a plan and timeline for how it intends to address the barriers preventing implementation. Failure to timely implement a visitation plan in accordance with the guidelines should result in a deficiency citation.

CMS must also continuously seek to restore full visitation rights and opportunities to residents, and engage with residents, families, and their advocates towards achieving this goal.

We recommend that CMS adopt the following as requirements for visitation during COVID-19:

- All nursing homes must allow outdoor visits and indoor visits for all residents. A facility may allow only indoor visits for a resident if outdoor visits are not possible because they are medically contraindicated or due to the weather.
 - The nursing home must ensure a safe, comfortable outdoor visiting area, i.e., taking into account air temperature, sun/shade, etc.
 - Indoor visits, other than compassionate care or end of life visits, may be limited to a resident's private room or designated visitation rooms or areas such as activity rooms, dining rooms, or lobbies. The location of the visit should meet the resident's needs and preferences and allow for privacy of conversation.

- Window visits (including open window visits, as weather allows) should be allowed for residents with a first floor window or those who can be given access to a first floor window for the purpose of visitation.
- Staff must provide as much distance as necessary to allow for privacy of the visit conversation.
- The facility must provide information in writing (i.e., email, memo, flyers, letters, etc.) to all residents, families, and the Long-Term Care Ombudsman Program about visitation policies and practices, including, at a minimum, hours, scheduling, and screening. Changes to visitation hours or policies must be communicated to residents, families, and the Long-Term Care Ombudsman Program within 24 hours of the change.
- All visitors must be screened prior to their visit. Visitors meeting any of the following criteria may not visit in-person:
 - Fever of 100.4 Fahrenheit and above, or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;
 - Signs or symptoms of COVID-19 as listed by the CDC, such as chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;
 - Contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is under observation for COVID-19, or is ill with a respiratory illness.
- All visitors must follow all protocols related to screening, use of PPE, social distancing from other residents and families, hand washing/sanitizing, and proceed to and remain in the designated visitation area. Prior to restricting or suspending a visit, the facility should address any concerns with the visitor and make a reasonable attempt to resolve them. Residents and their representatives should be afforded appeal rights when a facility prohibits visits that meet guidelines.
 - Residents, as tolerated, and visitors must wear face coverings and other appropriate PPE throughout the visit. If specific PPE is required, other than a mask or face covering, the facility must make it available to the visitor.
 - All visitors must wash their hands or use hand sanitizer upon entering and exiting the nursing home.
- The number of visitors allowed for visits at any one time is based on safely accommodating social distancing.
 - The number of individuals visiting a resident at one time may be limited if reasonable and needed to ensure social distancing, although accommodations should be made to support the visits as needed; for example, the elderly wife of a resident who needs assistance walking or being wheeled to the visit.

- When determining the number of visitors per resident at any one time, facilities should take into consideration the resident needs and preferences. Residents may choose to vary who visits them from visit to visit.
- Physical contact between residents and visitors is permissible in situations in which it can be safely accommodated with the use of appropriate PPE.
- All residents must be ensured access to visitors.
 - Daytime, evening, and weekend hours must be made available for visits.
 - Nursing homes must permit a minimum of 1 hour per week in-person visits for each resident. This one hour per week does not include visits by Essential Support Persons, for compassionate care or at end of life, nor from non-essential health care personnel, therapy personnel, hospice, home care, dialysis, representatives of the long-term care Ombudsman program, state surveyors, beauticians, chaplains/spiritual advisors.
 - The amount of visitation time and visitation location must be individualized and made in accordance with each resident's care plan and preferences.
 - Virtual visitation should be facilitated for all residents and families who desire this.
- For residents who are in a quarantine period, who test positive for COVID-19 or are symptomatic, in-person visits may be suspended unless the visit is for compassionate care or at the end of life. In any case where in-person visits are suspended, the facility is required to explore all other opportunities for social interaction including telephone and virtual visits, window visits through a closed window, etc. Visits must be reinstated as soon as the quarantine period ends or the person tests negative.
- If the facility experiences an outbreak of COVID-19, defined as one or more confirmed cases of COVID-19 in either a resident or staff, visitation must continue outdoors or in those areas of the facility where COVID-19 does not exist, except for compassionate care, by an Essential Support Person or at the end of life, which must be permitted to continue.
- Any changes in compassionate care or end of life visits or visits by an Essential Support Person must be reflected in the resident's care plan that includes how this loss of care and support will be addressed.
- Residents must be permitted to engage or visit with other residents, individually, or in small group activities or dining. Social distancing, face coverings or appropriate use of PPE, and hand washing or sanitizing are required.
- Residents who do not have visitors must be provided the same opportunity as residents with visitors to leave their rooms and spend time outdoors.

Additionally, we reaffirm the “Initial Recommendations to Address Resident Isolation and Decline by Allowing Residents to Have Increased In-Person Contact with Family Members and Friends,” (Aug. 20, 2020, by Justice in Aging, National Consumer Voice for Quality Long-Term Care, Long Term Care Community Coalition, Center for Medicare Advocacy, and California Advocates for Nursing Home Reform), which provided specific recommendations for the designation of an Essential Support Person for residents experiencing decline or significant change in their physical or mental conditions (i.e., compassionate care), as well as stronger standards regarding end-of-life visits.

For more information, contact Lori Smetanka, National Consumer Voice for Quality Long-Term Care, lsmetanka@theconsumervoice.org.

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Developed collaboratively by:

National Consumer Voice for Quality Long-Term Care
California Advocates for Nursing Home Reform
Justice in Aging
Michigan Elder Justice Initiative
Texas State LTC Ombudsman Program
Ohio State LTC Ombudsman Program
Center for Advocacy for the Rights and Interests of the Elderly
Kansas Advocates for Better Care
Minnesota State LTC Ombudsman Program
Massachusetts Advocates for Nursing Home Reform
Our Mother’s Voice
Long Term Care Community Coalition
Center for Medicare Advocacy
Michigan State LTC Ombudsman Program