



**GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION**

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## **MEMO 21-10**

**TO: Administrator, DNS, Medical Director, Corporate Compliance Officer  
and QA Committee**

**FROM: Mary Gracey-White RN, Director of Regulatory Compliance &  
Arlette Drigpaul, RN, Infection Preventionist / Education  
Coordinator**

**DATE: March 11, 2021**

**RE: CMS QSO-20-39-NH – Visitation; Revised 3-10-2021**

Centers for Medicare and Medicaid (CMS), in conjunction with the Centers for Disease Control and Prevention (CDC), has updated the visitation guidelines for Nursing Homes, in light of the millions of nursing home residents and staff who have been fully Covid-vaccinated and continues to receive vaccinations as they become available. Vaccination of staff and residents is contributing significantly to a decline in Covid cases. Vaccination is one of the key tools alongside our Infection control principles that we have to end the pandemic. The American Health Care Association encourages vaccination for all eligible staff and residents. The Association has been in contact with the New York State Department of Health (NYSDOH) who have stated that they are presently reviewing the CMS/CDC guidance. **Please note, NYS has not yet adopted these guidelines.** The Association will inform you of any updates as they become available.

**Highlights include:**

1. Facilities, residents, and families should continue to adhere to the core principles of Covid-19 infection – wearing a mask, maintaining social distance (at least 6 feet apart), hand hygiene, etc.
2. **Outdoor visitation** is preferred (except in instances of inclement weather, excessively hot or cold temperatures, poor air quality) even when the resident and visitor are fully vaccinated against Covid-19.
  - Fully vaccinated: a person who is  $\geq 2$  weeks following receipt of the 2<sup>nd</sup> dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine.
3. **Indoor visitation** should be allowed at all times and for all residents (regardless of vaccination status) except in the following situations when visitation should be limited due to a high risk of Covid-19 transmission:

- Unvaccinated residents, if the nursing home's Covid-19 positivity rate >10% **and** <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.
4. A fully vaccinated resident may choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand hygiene before and after.
- However, visitors should physically distance from other residents and staff in the facility.
5. **Indoor visitation during an outbreak** may continue under the following circumstances:
- \*Outbreak is defined as a new nursing home onset of Covid-19 infections that originate in the nursing home
  - When a new case of Covid-19 is detected among residents or staff, the facility should
    - Begin outbreak testing
    - Suspend all visitation (except that required under federal disability rights law)
  - Visitation may resume under 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.
      - However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing
      - For example, if the first round of outbreak testing reveals 2 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 **and** subsequent rounds of outbreak testing reveals **one or more additional Covid-19 cases in other areas/units of the facility** (e.g. new cases in 2 or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.
  - While the above scenarios describe how visitation can continue after one round of outbreak testing, facilities should continue all necessary rounds of outbreak testing.
  - In all cases, visitors should be notified about the potential for Covid-19 exposure in the facility (e.g. appropriate signage regarding current outbreaks)

6. **Compassionate care visits and visits required under federal disability rights law** should be allowed at all times, for any resident regardless of a resident's vaccination status, the county's Covid-19 positivity rate, or an outbreak.
7. Facilities should consult with their State or Local Health Department Epidemiology when an outbreak is identified to ensure adherence to infection control precautions, and for recommendations to reduce the risk of Covid-19 transmission.
8. **Visitor testing and vaccination:**
  - While not required, facilities in medium or high positivity counties are encouraged to offer testing to visitors if feasible. CMS outlines that facilities should prioritize visitors who visit regularly.
  - Facilities can also encourage visitors to get tested in the community prior to coming to facility (2-3 days prior to visit).
  - Visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation
  - This also applies to representative of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems
9. **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.
  - Surveyors should also adhere to the core principles of Covid-19 infection prevention, and adhere to any Covid-19 infection prevention requirements set by State law.
  - CMS states that facilities shall not restrict visitation without a reasonable or safety cause outlined in 42CFR 483.10(f)(4).