

CMS Long-Term Care Facility Guidance on Visitation During COVID-19

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Introduction to CMS Recommendations for Nursing Home Visitation

This guidance document describes the **Centers for Medicare & Medicaid Services (CMS) Nursing Home Visitation guidance**. Maricopa County Department of Public Health (MCDPH) recommends that CMS-licensed facilities follow this guidance document.

For the purposes of this guidance, a person is considered fully vaccinated if they are ≥ 2 weeks following receipt of the second dose in a 2- dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the [CDC's Public Health Recommendations for Fully Vaccinated People](#). While vaccination and testing can prevent the spread of COVID-19 within long-term care facilities, **facilities should not require visitors of any type to be vaccinated or tested to gain entry.**

- See CMS guidance:
 - <https://www.cms.gov/files/document/gso-20-39-nh-revised.pdf>

CMS-licensed facilities must allow visitation as outlined in [CMS guidance](#) (or this MCDPH version)

- “Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with [42 CFR § 483.10\(f\) \(4\) \(v\)](#). A nursing home must facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated above. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of [42 CFR § 483.10\(f\) \(4\)](#), and the facility would be subject to citation and enforcement actions.”

Person-Centered Considerations

Visitation should be person-centered, meaning taking into consideration the residents’ physical, mental, and psychosocial well-being, and supporting their quality of life. Some considerations for facilities include:

- Enabling visits to be conducted with an adequate degree of privacy.
- Working with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

Per CMS, “we understand that some states or facilities have designated categories of visitors, such as ‘essential caregivers,’ based on their visit history or resident designation. CMS does not distinguish between these types of visitors and other visitors. Using a person-centered approach when applying this guidance should cover all types of visitors, including those who have been categorized as ‘essential caregivers.’”

Core Principles of COVID-19 Infection Prevention

Visitation can be conducted through different means based on a facility's structure and residents' needs, such as resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. **Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission that should always be followed:**

- Screening of all who enter the facility for signs/symptoms of COVID-19 and recent exposure to a person with COVID-19 infection
 - Persons with signs/symptoms or with close contact to a person with COVID-19 infection in the last 14 days should be denied entry **regardless of the visitor's vaccination status.**
- Performing hand hygiene with soap and water or alcohol-based hand rub
- Wearing a face covering or mask while in the facility
- Practicing physical distancing of at least 6 feet between people
- Cleaning and disinfecting of high touch surfaces
- Cleaning and disinfecting of designated visitation areas after each visit
- Requiring appropriate staff use of personal protective equipment (PPE)
- Conducting effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- Posting instructional signage throughout the facility and visitor education on COVID-19 signs/symptoms, proper facility procedures, and infection control precautions
- Testing residents and staff for COVID-19 infection as described in [CMS testing guidance](#) (also see [MCDPH version](#))

There are some scenarios (e.g., a resident on transmission-based precautions, visitation of a resident with a roommate in the resident's room) where additional infection control measures should be used to further reduce the risk of COVID-19 transmission. Additional measures could include:

- Use of physical barriers (e.g., windows, clear Plexiglass dividers, curtains)

Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave.

Visitation Summary

Type In-Person Visitation Permitted Based on Resident Transmission Based Precaution (TBP) Status for COVID-19 and Facility Outbreak Status <i>Core principles of COVID-19 infection prevention should be followed during <u>all</u> visits.</i>			
Visitation Type	RESIDENT <u>NOT</u> ON TBP for COVID-19 & <u>NO</u> FACILITY OUTBREAK	RESIDENT <u>NOT</u> ON TBP for COVID-19 & FACILITY in OUTBREAK	RESIDENT <u>ON</u> TBP for COVID-19
(1) Outdoor	YES	YES	NO <i>Visits can occur virtually or through windows</i>
(2) Indoor	YES <i>Unless county's positivity rate is >10%, resident is <u>not</u> fully vaccinated, & <70% of <u>all</u> residents are fully vaccinated</i>	DEPENDS <i>See Indoor Visitation During an Outbreak section</i>	NO <i>Visits can occur virtually or through windows</i>
(3) Compassionate Care	YES	YES	YES
(4) Other Universally Required Visitation	YES	YES	YES <i>If visit can be achieved virtually or through windows, this is preferred</i>

Outdoor Visitation

Outdoor visitation should always be allowed for all residents regardless of vaccination status, **except** in the following circumstances when visitation should be limited due to high risk of COVID-19 transmission.

*(Note: this does not include compassionate care visits and visits under federal disability rights law, which should always be permitted. Please see the **Compassionate Care** and **Other Universally Required Visitation** sections for more information.)*

Outdoor visitation should be limited for:

- **Residents with confirmed COVID-19 infection**, regardless of vaccination status, until they have met the criteria to discontinue [COVID-19 isolation](#);
- **Residents in quarantine**, regardless of vaccination status, until they have met criteria for [release from quarantine](#).

Outdoor visitation is preferred even when the resident and/or visitor are fully vaccinated against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased air flow and ability to more easily socially distance greater than 6 feet. Therefore, outdoor visits should be prioritized wherever practical.

Considerations about whether an outdoor visit is practical for a resident include:

- Weather (e.g., inclement weather, excessively hot/cold temperatures, poor air quality)
- The individual resident's health status (e.g., medical conditions, COVID-19 status)

When conducting outdoor visits, facilities should:

- Create accessible and safe outdoor spaces for visits (e.g., courtyards, patios, parking lots, including the use of tents, if available).
- Continue to follow the core principles of COVID-19 infection prevention, with the following **caveat for physical contact** between a resident and their visitor(s):
 - Residents who are fully vaccinated can choose to have close contact (including touch) with their visitor(s) while wearing a well-fitting face mask and performing hand-hygiene before and after.
 - Regardless, visitors should always physically distance from other residents and staff in the facility.

Note: residents who are on transmission-based precautions for COVID-19 (regardless of vaccination status) should only receive visits that are virtual or through windows unless a compassionate care situation is identified. This restriction on visitation should be lifted once [transmission-based/isolation precautions](#) are no longer required, and routine visits may be conducted.

Indoor Visitation

Indoor visitation should always be allowed for all residents regardless of vaccination status, **except** in the following circumstances when visitation should be limited due to high risk of COVID-19 transmission.

*(Note: this does not include compassionate care visits and visits under federal disability rights law, which should always be permitted. Please see the **Compassionate Care and Other Universally Required Visitation** sections for more information.)*

Indoor visitation should be limited for:

- **Unvaccinated residents**, if the nursing home's COVID-19 [county positivity rate](#) is >10% **and** <70% of the residents in the facility are fully vaccinated;
- **Residents with confirmed COVID-19 infection**, regardless of vaccination status, until they have met the criteria to discontinue [COVID-19 isolation](#);
- **Residents in quarantine**, regardless of vaccination status, until they have met criteria for [release from quarantine](#);
- **Facilities during an outbreak** (*please see the **Indoor Visitation during an Outbreak** section for more information*).

When conducting indoor visits, facilities should:

- Continue to follow the core principles of COVID-19 infection prevention, with the following **caveat for physical contact** between a resident and their visitor(s):
 - Residents who are fully vaccinated can choose to have close contact (including touch) with their visitor(s) while wearing a well-fitting face mask and performing hand-hygiene before and after.
 - Regardless, visitors should always physically distance from other residents and staff in the facility.
- Consider how the number of visitors per resident and total number of visitors in the facility at one time might affect the facility's ability to maintain the core principles of COVID-19 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.
- Limit movement in the facility (e.g., visitors should not walk around different halls of the facility).

- Conduct visits for a resident with a roommate in an area outside 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.

Note: residents who are on transmission-based precautions for COVID-19 (regardless of vaccination status) should only receive visits that are virtual or through windows unless a compassionate care situation is identified. This restriction on visitation should be lifted once [transmission-based/isolation precautions](#) are no longer required, and routine visits may be conducted.

Indoor Visitation during an Outbreak

Per CMS, an outbreak exists when a new [nursing home onset](#) COVID-19 case occurs. This means a new COVID-19 case is identified among residents or staff. Depending on the extent of the outbreak (i.e., whether COVID-19 transmission is contained to a single area of the facility), visitation may still be allowed. To swiftly detect new cases and understand the extent of potential transmission in a facility, CMS facilities should continue to follow [CMS COVID-19 testing guidance](#) (also see [MCDPH version](#)), including routine staff testing, testing of individuals with symptoms, and outbreak testing.

*(Note: this does not include compassionate care visits and visits under federal disability rights law, which should always be permitted. Please see the **Compassionate Care** and **Other Universally Required Visitation** sections for more information.)*

When a new case of COVID-19 is identified among residents or staff, a facility should immediately:

- Begin outbreak testing.
- Suspend all visitation (*except that required in the **Compassionate Care** and **Other Universally Required Visitation** sections*) until at least the first round of facility-wide testing has been completed.

Visitation can then resume based on the results of the first round of facility-wide outbreak testing:

- **If no additional COVID-19 cases are detected in other areas (e.g., units) of the facility:**
 - For residents in areas/units *without* COVID-19 cases (regardless of vaccination status)
 - Routine visitation can resume.
 - For residents in areas/units *with* ≥ 1 COVID-19 outbreak case(s) identified (regardless of vaccination status)
 - Routine visitation should be suspended until the facility meets criteria to [discontinue outbreak testing](#) (i.e., when testing identifies no new cases of COVID-19 infection in staff or residents for at least 14 days from the most recent positive result).
 - Example scenario:
 - After an outbreak case (i.e., a new case in a staff member or resident) is identified, the first round of outbreak testing revealed two more COVID-19 cases in the same unit as the original case, but not in other units. Visitation can resume immediately for residents in areas/units with no COVID-19 cases identified.
- **If one or more additional COVID-19 case(s) is identified in other areas/units of the facility (e.g., one or more area/unit outside the area/unit where the original outbreak case was identified):**
 - Routine visitation should be suspended for all residents (regardless of vaccination status) in all areas/units of the facility until the facility meets criteria to [discontinue outbreak testing](#) (i.e., when testing identifies no new cases of COVID-19 infection in staff or residents for at least 14 days from the most recent positive result).

When visitation occurs while a facility is in outbreak status:

- Visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreak).

- Facilities should continue to adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face coverings.

Note: residents who are on transmission-based precautions for COVID-19 (regardless of vaccination status) should only receive visits that are virtual or through windows unless a compassionate care situation is identified. This restriction on visitation should be lifted once [transmission-based/isolation precautions](#) are no longer required, and routine visits may be conducted.

Outbreak Testing Reminder:

Regardless of whether visitation is allowed while a facility is in outbreak status, facilities should continue all necessary rounds of outbreak testing. In other words, this guidance provides information on how visitation can occur during an outbreak but does not change any expectations for testing and adherence to infection prevention and control practices.

We remind facilities that all staff, including individuals providing services under arrangement, as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Compassionate Care Visitation

“Compassionate care” 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 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).

Compassionate care visits:

- **Should always be allowed for all residents**, regardless of a resident’s vaccination status, the county’s COVID-19 positivity rate, or a facility’s outbreak status.
- Can be conducted by family members, as well as by any individual that can meet the resident’s needs (e.g., clergy or lay persons offering religious and spiritual support).
- **Should be conducted using the core principles of COVID-19 infection prevention**, with the following caveats for physical contact between a resident and their visitor(s):
 - Residents who are fully vaccinated can choose to have close contact (including touch) with their visitor(s) while wearing a well-fitting face mask and performing hand hygiene before and after.
 - For residents who are not fully vaccinated, if a facility and a visitor can identify a way to allow for personal contact, it should be done following appropriate infection prevention guidelines, and for a limited amount of time.
 - Regardless, visitors should always physically distance from other residents and staff in the facility.

Other Universally Required Visitation

Healthcare Workers and Other Providers of Services

- Health care workers who are not employees of the facility but provide direct care to the facility’s residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, etc., **must be permitted to come into the facility** as long as they

are not subject to a work-specific exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened.

- **Caveat: EMS personnel do not need to be screened, so they can attend to an emergency without delay.**
- **Health care workers are not required be tested or vaccinated as a condition of visitation and must follow the core principles of COVID-19 infection prevention while in the facility.**

State Long-Term Care Ombudsman

- Regulations at [42 CFR § 483.10\(f\)\(4\)\(i\)\(C\)](#) require that a Medicare and Medicaid- certified nursing home provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident.
- Nursing homes are also required under [42 CFR § 483.10\(h\)\(3\)\(ii\)](#) to allow the Ombudsman to examine the resident’s medical, social, and administrative records as otherwise authorized by State law.
- During this Public Health Emergency, in-person access may be limited due to infection control concerns and/or transmission of COVID-19, such as the scenarios outlined in the *Outdoor, Indoor and Indoor Visitation During an Outbreak* sections; however, in-person access may not be limited without reasonable cause.
 - If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), facilities must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology.
- **Representatives of the Office of the Ombudsman Health are not required be tested or vaccinated as a condition of visitation and must follow the core principles of COVID-19 infection prevention while in the facility.**

Federal Disability Rights Laws and Protection & Advocacy (P&A) Programs

- [483.10\(f\)\(4\)\(i\)\(E\) and \(F\)](#) requires the facility to allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the [Developmental Disabilities Assistance and Bill of Rights Act of 2000 \(DD Act\)](#), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the [Protection and Advocacy for Mentally Ill Individuals Act of 2000](#)).
 - P&A programs authorized under the DD Act protect the rights of individuals with developmental and other disabilities and are authorized to “investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported to the system or if there is probable cause to believe the incidents occurred.” [42 U.S.C. § 15043\(a\)\(2\)\(B\)](#).
 - Under its federal authorities, representatives of P&A programs are permitted access to all facility residents, which includes “the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person.” [42 CFR § 51.42\(c\)](#); [45 CFR § 1326.27](#).
- Additionally, each facility must comply with federal disability rights laws such as [Section 504 of the Rehabilitation Act and the Americans with Disabilities Act \(ADA\)](#).
 - For example, if a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions.
- Any questions about or issues related to enforcement or oversight of the non-CMS requirements and citations referenced above under this section subject heading should be referred to the HHS Office for Civil Rights, the Administration for Community Living, or other appropriate oversight agency.
- **Such individuals are not required be tested or vaccinated as a condition of visitation and must follow the core principles of COVID-19 infection prevention while in the facility.**

Federal and State Surveyors

- 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.
 - For concerns related to resident communication with and access to persons and services inside and outside the facility, surveyors should investigate for non-compliance at [42 CFR § 483.10\(b\), F550](#).
 - For concerns related to a facility limiting visitors without a reasonable clinical and safety cause, surveyors should investigate for non-compliance at [42 CFR § 483.10\(f\)\(4\), F563](#).
 - For concerns related to ombudsman access to the resident and the resident's medical record, surveyors should investigate for non-compliance at [42 CFR §§ 483.10\(f\)\(4\)\(i\)\(C\), F562](#) and [483.10\(h\)\(3\)\(ii\), F583](#).
 - For concerns related to lack of adherence to infection control practices, surveyors should investigate for non-compliance at [42 CFR § 483.80\(a\), F880](#).
- **Surveyors are not required to be tested or vaccinated as a condition of visitation and must follow the core principles of COVID-19 infection prevention while in the facility.**

Communal Activities and Dining

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur for residents who are not on transmission-based precautions due to COVID-19 infection, suspected COVID-19 infection, or quarantine after COVID-19 exposure. Facilities should consider additional limitations based on status of COVID-19 infections in the facility.

Communal activities and dining may be facilitated with physical distancing among residents, appropriate hand hygiene, and use of a face covering (except while eating). For example:

- Residents may eat in the same room with physical distancing (e.g., limited number of people at each table and with at least six feet between each person).
- Book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.

Visitor Testing and Vaccination Status

While not required, CMS encourages facilities in [medium- or high-positivity counties](#) to offer testing to visitors, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days). Similarly, we encourage visitors to become vaccinated when they have the opportunity.

While visitor testing and vaccination can help prevent the spread of COVID-19, visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.