

## **BACKGROUND**

Since the outset of the COVID-19 pandemic, the Office of Health Facility Licensure and Certification (OHFLAC) has sought to establish guidelines and recommendations to aide facilities to safely provide care and assistance to individuals in nursing home and assisted living facilities in West Virginia. Our guidance has evolved over the past year as more information is learned about the virus, and as federal guidance, rules and regulations have been amended.

Several weeks ago, West Virginia reached an encouraging milestone in this pandemic. West Virginia was the first State in the nation to complete the administration of both the 1<sup>st</sup> and 2<sup>nd</sup> doses of the COVID vaccine in our nursing homes and assisted living facilities. West Virginia has implemented a vaccination maintenance plan to ensure new residents and staff have the opportunity to be vaccinated.

While the vaccine brings tremendous hope and encouragement that we may finally turn the tide against this virus, we must also recognize that we are still early in the post-vaccination phase and the virus still poses a threat to our communities. That being said, the residents in our long-term care facilities have been challenged with limited and restricted visitation since March 12, 2020.

As the State moves into this post-vaccine phase, the continued safety precautions must be weighed by the emotional and physical toll created by the nearly year-long restricted visitation.

On March 10, 2021, the Centers for Medicare and Medicaid Services (CMS) issued revised visitation guidance. This plan includes those revisions. Both nursing homes and assisted living residences are required to follow the CMS visitation guidance.

## **TRANSITION VISITATION PLAN**

The transition visitation plan for nursing homes and assisted livings will be the infection control principles and visitation guidance contained in Centers for Medicare and Medicaid Services (CMS) memo QSO 20-39. This memo can be found at: <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfo/policy-and-memos-states-and/nursing-home-visitation-covid-19-revised>. This is a transition plan because CMS is expected to continue to issue further guidance on visitation. When CMS issues further guidance on visitation, this will supercede State guidance, as CMS guidance must be implemented upon its effective date.

Nursing homes and assisted living residences will follow the CMS QSO-20-39-NH memo revised on March 10, 2021 to guide visitation. We recognize assisted living residences are not regulated by CMS, however; the guidance provided in this memo applies to these facilities too. This will also provide for a consistent process across both facility types.

While the CMS memo is the controlling document and language, the key summaries of the components are summarized in this plan. The nine core principles of COVID-19 infection control and safe visitation are:

1. Screening all who enter the facility for signs and symptoms of COVID-19, and denial of entry to those with signs and symptoms or those who have had close contact with someone testing positive for COVID-19 in the prior 14 days (regardless of vaccination status);
2. Hand hygiene;
3. Use of face coverings or masks for visitors and residents;
4. Social distancing of at least six feet between persons;
5. Instructional signage throughout the facility with proper visitation education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices;
6. Cleaning and disinfecting high frequency touched surfaces and designated visitation areas after each visit;
7. Appropriate use of personal protective equipment (PPE) by staff;
8. Effective cohorting of residents in separate areas dedicated for COVID-19 care; and
9. Resident and staff testing conducted as required by state and federal orders or regulations.

A fully vaccinated person is someone who is >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 Vaccinated Persons. This CDC information is located at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>.

As with all CMS regulations, documentation remains a core component of the guidance. Facilities need to document their visitation policies and procedures with respect to the admittance and allowance of individuals in the facility.

**VISITATION SUMMARY**

The chart below provides a summary of the CMS memo and what visitation is permitted. It is not a substitute for the revised CMS memo. It is critical to read and understand the CMS memo to understand the CMS expectations for visitation.

<b>At A Glance: Visitation, Services and Activities</b>	
<b>Infection control</b>	<ul style="list-style-type: none"> <li>Follow the nine core principles of infection control.</li> </ul>
<b>Compassionate care visitation</b>	<ul style="list-style-type: none"> <li>Compassionate care visits are required regardless of community prevalence, facility COVID-19 status, resident COVID-19 status, and/or vaccination status. Compassionate care visits include more than visits related to end of life. The CMS letter describes a variety of situations that are considered compassionate care visitation.</li> </ul>
<b>Virtual visitation</b>	<ul style="list-style-type: none"> <li>Facilities must use and develop alternative methods to in-person visitation for residents who are COVID-19 positive, and residents who are on isolation or quarantine precautions.</li> <li>Some alternative methods are phone calls, video phone calls, or window visits.</li> <li>Facilities need to make accommodations to increase the availability of phones, and other electronic devices needed for facilitating virtual visitation.</li> </ul>
<b>Outdoor visitation</b>	<ul style="list-style-type: none"> <li>Outdoor visitation is the safest of all in-person visitation methods even when a resident and visitor are fully vaccinated against COVID-19.</li> <li>Outdoor visits generally pose a lower risk of transmission due to increased space and airflow.</li> <li>Outdoor visits should be held outdoors whenever practicable and in a person-centered manner.</li> </ul>
<b>Indoor visitation</b>	<ul style="list-style-type: none"> <li>Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:               <ul style="list-style-type: none"> <li>Unvaccinated residents, if the nursing home’s COVID-19 county positivity rate is &gt;10% and &lt;70% of residents in the facility are fully vaccinated;</li> <li>Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or</li> <li>Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine. Facilities may also monitor other factors to understand the level of COVID-19 risk, such as rates of COVID-19-Like Illness visits to the emergency department or the positivity rate of a county adjacent to the county where the nursing home is located.</li> </ul> </li> </ul>
<b>Close contact</b>	<ul style="list-style-type: none"> <li>CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people).</li> <li>CMS recognizes the toll that separation and isolation has taken, and that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one.</li> <li>Therefore, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after.</li> <li>Regardless, visitors should physically distance from other residents and staff in the facility.</li> </ul>
<b>Indoor visitation during an outbreak</b>	<ul style="list-style-type: none"> <li>Visitation can still occur when there is an outbreak when there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility.</li> </ul>

	<ul style="list-style-type: none"> <li>• When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation (except those that are required under federal disability rights law), until at least one round of facility-wide testing is completed.</li> <li>• Visitation can resume based on the following criteria: <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.</li> </ul> </li> </ul>
<p style="text-align: center;"><b>Visitor testing and vaccination</b></p>	<ul style="list-style-type: none"> <li>• While not required, we encourage facilities in medium or high positivity counties to offer testing to visitors, if feasible.</li> <li>• If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested.</li> <li>• Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days).</li> <li>• Similarly, we encourage visitors to become vaccinated when they have the opportunity.</li> <li>• 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.</li> <li>• This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems, as described below.</li> </ul>
<p style="text-align: center;"><b>Non-essential services and personnel (including salon services)</b></p>	<ul style="list-style-type: none"> <li>• Allowance/admittance of non-essential services should be guided by the nine core principles of infection control, and the person-centered needs of the resident, as well as the other state and federal guidance. <i>See e.g.</i> CMS QSO memo 20-38 (relating to testing of employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents).</li> </ul>
<p style="text-align: center;"><b>Group activities and dining</b></p>	<ul style="list-style-type: none"> <li>• There are no restrictions for providing group activities and dining, as long as the nine CMS COVID-19 core principles for infection control prevention are followed.</li> <li>• Group activities and communal dining should be actively taking place in facilities without outbreaks and in facilities with outbreaks for COVID-19 negative residents.</li> </ul>