

Nursing Home Visitation

[QSO-20-39-NH Revised 04/27/2021](#)

A nursing home must facilitate in-person visitations consistent with applicable CMS regulations

CMS County Positivity Rate (refers to the CMS color-coded positivity classification). Click the link below and scroll down to the section titled **COVID-19 Testing - Please see the Test Positivity Rates Resources** and click the blue hyperlink - Test Positivity Rates. The report will download automatically.

<https://data.cms.gov/covid-19/covid-19-nursing-home-data>

Topic	Red (County Positivity Rate in the past 14 days > 10%)	Yellow (County Positivity Rate in the past 14 days 5% - 10%)	Green (County Positivity Rate in the past 14 days < 5%)
Core Principles of COVID-19 Infection Prevention for all Visitors (p. 2)	<ul style="list-style-type: none"> • Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status) <ul style="list-style-type: none"> • Hand hygiene (use of alcohol-based hand rub is preferred because it is has been found to be more effective and less drying than using soap and water) <ul style="list-style-type: none"> • Face covering or mask (covering mouth and nose) • Social distancing at least six feet between persons • Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene) <ul style="list-style-type: none"> • Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit <ul style="list-style-type: none"> • Appropriate staff use of Personal Protective Equipment (PPE) • Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care) • Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH Revised 04/27/2021) <ul style="list-style-type: none"> • Additionally, visitation should be person-centered. 		
	<p>Hand Hygiene: CDC recommends using ABHR with 60-95% alcohol in healthcare settings. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink. See CDCs site: https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html</p>		

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Outdoors	When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to	<p>Preferred, when practical regardless of vaccination status against COVID-19</p> <ul style="list-style-type: none"> o Poses a lower risk of transmission o Increased space and airflow o Accessible & safe spaces o Adherence to Infection Prevention and Control o Number of visitors within reason of space o Person Centered Approach <p>REMINDER: Tents must comply with life safety code requirements at 42 CFR 483.90 unless waived</p>		
Indoors	Use a person centered approach for indoor visit in all situations	<p>***Visitation should be allowed at all times (*in cases of outbreak see pg. 4)***</p> <ul style="list-style-type: none"> o Regardless of vaccination status o Visitors should be able to adhere to core principles o Number of visitors and limitation of movement based on size and space of the building o Avoid visits to shared rooms (see QSO-20-39-NH Revised 04/27/2021) <p>o If fully vaccinated, a resident may choose close contact (including touch) with their visitor and wear or remove their mask. Everyone should perform hand-hygiene before and after close contact</p> <hr/> <p>Visitation should be limited due to a high risk of COVID-19 transmission in the following situations:</p> <ul style="list-style-type: none"> o If the nursing home's COVID-19 county positivity rate is >10% (Red) and <70% of residents in the facility are fully vaccinated (County Positivity link, see pg. 1) for unvaccinated residents o Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or o Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine 		

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Visitor Testing and Vaccination	<p>Visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation</p> <ul style="list-style-type: none"> o May be encouraged in medium- or high-positivity counties to offer testing to visitors 		
Compassionate Care Visits	<p style="text-align: center;">*** Allowed at all times ***</p> <p style="text-align: center;">Situations include residents:</p> <ul style="list-style-type: none"> o Struggling with change in environment; living with family before recently being admitted to the nursing home <ul style="list-style-type: none"> o Grieving loss of family member or friend o Needing cueing and/or encouragement with eating and/or drinking o Experiencing emotional distress who used to talk and interact with others <p style="text-align: center;">Can be conducted by anyone who can meet the resident’s needs (e.g. clergy, religious support)</p> <p>These visits are conducted using social distancing, however, if a visitor and facility identify a way to allow personal contact, it should be done following all appropriate infection prevention guidelines, and for a limited amount of time</p> <ul style="list-style-type: none"> o Use a person-centered approach in collaboration with residents, families, caregivers, resident representatives, and Ombudsman to identify resident need for compassionate care visits 		
Essential Caregivers	<p style="text-align: center;">Nursing Home Visitation CMS QSO-20-39-NH (Revised 04/27/2021)</p> <p style="text-align: center;">CMS does not distinguish between Essential Caregivers and other types of visitors</p>		
Long-Term Care Ombudsman	<p style="text-align: center;">*** Allowed at all times with immediate access to any resident (See 42 CFR 483.10(f)(4)(i)(C)) ***</p> <ul style="list-style-type: none"> o Limitations may be due to infection control concerns with the Ombudsman and/or transmission of COVID-19 (must have reasonable cause, and facilitate alternative resident communication) o Allow LTC Ombudsman to review resident medical, social, and administrative records 		

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Protection and Advocacy (P&A) Program Representatives	<p>*** Allowed at all times with immediate access to any resident (See 42 CFR 483.10(f)(4)(i)(C)) ***</p> <ul style="list-style-type: none"> o Includes the opportunity to meet and communicate privately –regularly o Must comply with disability rights laws relating to assistance in communications 		
External Health Care & Other Workers (not LTC staff)	<p>*** Include Hospice and Emergency Medical Service (EMS) personnel, dialysis technician, laboratory technician, radiology technician, social worker, clergy, barbers and beauticians, etc. ***</p> <ul style="list-style-type: none"> o Permitted entry as long as they are not subject to a work exclusion due to COVID-19 exposure or signs and symptoms of COVID-19 o Must comply with the COVID-19 testing requirements o EMS personnel do not need to be screened when attending to an emergency 		
Communal Activities and Dining	<p>***Fully Vaccinated Residents (with no known exposure)***</p> <ul style="list-style-type: none"> o May dine and participate in activities without face coverings or social distancing if ALL participating residents are fully vaccinated o If unvaccinated resident(s) are present during communal dining or activities, then ALL residents should use a face covering AND unvaccinated residents should physically distance from others 		
	<p>***Not Fully Vaccinated/Non-Vaccinated Residents (with no known exposure)***</p> <p>Communal activities and dining may occur</p> <ul style="list-style-type: none"> o Adhere to core principles (see page 1) <ul style="list-style-type: none"> o Should be person-centered o Residents may eat in the same room with social distancing o Group activities may be facilitated for those NOT in isolation for observation [aka quarantine], or with suspected or confirmed COVID-19 <ul style="list-style-type: none"> o Appropriate hand hygiene o Use of face coverings o Activities may be facilitated with alterations and person-center approach: book clubs, crafts, movies, exercise, and bingo 		
Outbreak	<p>Indoor Visits Suspended</p> <ul style="list-style-type: none"> o If first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, visitation can resume for residents in areas/units with no COVID-19 cases o 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 facility should suspend visitation for residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing <ul style="list-style-type: none"> o See the Testing Grid o Outdoor Visitation may continue o Compassionate Care visits should continue at all times 		