

MMECCC Interim Visitation Policy Pursuant to 7/10/2020 and subsequent 9/15/2020
DOH Guidance and CMS Guidance

POLICY:

M.M. Ewing Continuing Care Center (MMECCC) will permit outside visitation and limited indoor visitation and activities provided that MMECCC meets specific benchmarks and develops a reopening plan via the NY Forward Safety Plan (attached) in accordance with New York State Department of Health Guidance on 9/15/2020 (“Department”) issued on July 10, 2020. The Guidance states: On July 10, 2020, the Department of Health (“Department”) issued guidance to nursing homes indicating resumption of limited visitation and activities in nursing homes. This directive detailed specific criteria NHs must follow for reducing such restrictions, while mitigating the risk of resurgence of COVID-19. Nothing in this directive absolved a NH’s responsibility to ensure that resident and family communication is ongoing and supported by virtual visits, whenever possible, nor did it change the guidance previously issued relative to visitation for medically necessary or end-of life services. Nursing homes may resume limited visitation and activities under this revised guidance beginning September 17, 2020 under the following conditions.

BENCHMARKS REQUIRED TO REOPEN:

While Finger Lakes Region remains at least **Phase 3 of reopening according to NYS DOH guidance dated 7/10/2020**, MMECCC may resume limited visitation and activities beginning September 17, 2020 after the release of the health advisory and only under the following conditions:

1. The region in which the NH is located is in at least Phase 3.
2. MMECCC is in full compliance with all state and federal requirements, state Executive Orders and guidance, state reporting requirements including COVID-19 focus surveys, HERDS and staff testing surveys, and federally required submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
3. MMECCC has protocols to separate residents into cohorts of positive, negative, and unknown as well as separate staffing teams to deal with COVID-positive residents and non-positive residents. In order to effectuate this policy, nursing home facilities should transfer residents within a facility, to another long-term care facility, or to another noncertified location if they are unable to successfully separate out patients in individual facilities.
4. MMECCC has completed the NY Forward Safety Plan and submitted a copy of the completed plan to covidnursinghomeinfo@health.ny.gov. MMECCC retains a copy of the plan at the facility where it is easily accessible and immediately available upon request of the Department or local health department. Any

changes to the plan must be immediately communicated to the Department. The plan must clearly articulate the space(s) to be used for visitation (outdoors and indoors) including the number of visitors and residents which could be safely socially distanced within the space(s). Such plan shall include attestation of compliance with all State and federal guidelines as described in number 2.

5. MMECCC must have no staffing shortages as evidenced by the NH's individual staffing plan and as reported by the NH through submissions to the National Health Safety Network (NHSN).
6. MMECCC has not had any new onset of COVID-19 among staff or residents as reported to the Department on the HERDS and staff testing surveys and as reported to the NHSN for a period of no less than fourteen (14) days, consistent with CMS established thresholds.
7. MMECCC has access to adequate testing. MMECCC has a testing plan in place that, at a minimum, ensures all consenting nursing home residents have received a single baseline COVID-19 test. In addition, MMECCC has the capability to test or can arrange for testing of all residents upon identification of any individual with symptoms consistent with COVID-19. If a staff member tests positive for the SARS-CoV-2 virus, MMECCC has the capacity to continue re-testing all nursing home staff and residents, until all residents test negative.
8. MMECCC maintains an executed and operationalized arrangement with laboratories to process SARS-CoV-2 virus tests. As recommended by CMS, the test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95 percent sensitivity, greater than 90 percent specificity, with results obtained and rapidly reported to the NH.
9. MMECCC adheres to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds of such nursing home, including visitors. Resident monitoring must include daily symptom checks, vital signs, and pulse oximetry.
10. Visitors under the age of 18 years old are prohibited from visiting residents at this time.
11. MMECCC's formal visitation plan is posted to their public website and broadcasted via email or social media to provide visitors with clear guidelines for visiting and to announce if and when visitation is paused due to an increase in the number of residents and/or staff with a confirmed positive COVID-19 diagnosis.

When a NH meets all of the above criteria, the nursing home may resume visitation following the guidelines outlined below which must also be included in the NH's NY Forward Safety Plan.

- 1.) Visitation should be limited to outdoor areas, weather permitting. Under certain limited circumstances, as defined by the facility, visitation can be inside, in a well-ventilated space with no more than 10 individuals who are appropriately socially distanced and wearing a facemask or face covering while in the presence of others. This may include residents visiting each other.
- 2.) At this time, visitation is strictly prohibited in resident rooms or care areas with the exception of parents and immediate family members visiting a pediatric resident (up to age 21) on a dedicated pediatric unit/wing when such room is only occupied by the child receiving a visit. In those instances, all other requirements listed in this directive apply.
- 3.) Specialty practitioner, podiatric, and dental services may continue. Strict adherence to infection control guidelines is required.
- 4.) Limited visitation, including, but not limited to, family members, loved ones, representatives from the long-term care ombudsman program (LTCOP), and resident advocacy organizations, will be permitted under the following conditions:
 - a. Adequate staff are present to allow for personnel to help with the transition of residents, monitoring of visitation, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.
 - b. The nursing home maintains signage regarding facemask utilization and hand hygiene and uses applicable floor markings to cue social distancing delineations.
 - c. Visitors are screened for signs and symptoms of COVID-19 prior to resident access and visitation will be refused if the individual(s) fail to present negative test result within seven (7) days, exhibits any COVID-19 symptoms, or does not pass the screening questions. Screening shall consist of both temperature checks and asking screening questions to assess potential exposure to COVID-19 which shall include questions regarding international travel or travel to other states designated under the Commissioner's travel advisory. Verification of date of negative Covid-19 swab will be completed upon screening. The facility must maintain screening questions asked onsite and make it available upon the Department's request.
 - d. Documentation of screening must be maintained onsite in an electronic format and available upon the Department's request for purposes of inspection and potential contact tracing. Documentation must include the following for each visitor to the nursing home:
 - i. First and last name of the visitor;
 - ii. Physical (street) address of the visitor;

- iii. Daytime and evening telephone number;
 - iv. Date and time of visit;
 - v. Email address, if available; and
 - vi. A notation indicating the individual cleared the screening (both temperature and questions) that does not include any individual temperatures or other individual specific information.
- e. There is adequate PPE made available by the nursing home to ensure residents wear a facemask or face covering which covers both the nose and mouth during visitation, if medically tolerated.
 - f. Visitors must wear a face mask or face covering which covers both the nose and mouth at all times when on the premises of the NH. Visitors must maintain social distancing, except when assisting with wheelchair mobility. The nursing home must have adequate supply of masks on hand for visitors and must make them available to visitors who lack an acceptable face covering.
 - g. Facilities provide alcohol-based hand rub, consisting of at least 60 percent (60%) alcohol, to residents, visitors, and representatives of the long-term care ombudsman visiting residents and those individuals are able demonstrate to appropriate use.
 - h. No more than 10 percent (10%) of the residents shall have visitors at any one time and only two visitors will be allowed per resident at any one time. The nursing home should design and communicate visitation policies in order to comply with this requirement and schedule such visits.
 - i. Visitors must be 18 years of age or older.
 - j. Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits.
 - k. The nursing home should develop a short, easy-to-read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet must be provided upon initial screening to all visitors
- 5.) Residents may also be assisted to go outdoors with staff supervision. The appropriate infection control and safety and social distancing requirements must be maintained.
- 6.) An interdisciplinary team must be created by the facility to review visitation program compliance with this Health Advisory.
- 7.) Residents may also be assisted to go outdoors with staff supervision and the appropriate infection control, safety and social distancing requirements maintained.
- 8.) For residents who are bed bound continue to use alternative methods of visitation such as through videoconferencing through skype or facetime as much as possible. Limited visitation may be permitted but should adhere to the same

requirements for other visitors as much as possible. Visitors should go to the patient room and not any other areas in the facility.

- 9.) All non-essential personnel as outlined below are subject to the same infection control requirements as staff, including but not limited to testing for COVID-19 with the same frequency as for staff; screening, wearing a mask, performing hand hygiene, maintaining social distancing.
 - Allow for students enrolled in programs to become licensed, registered or certified health care professional provided the nursing home environment is appropriate to the student's education, training and experience.
 - Resumption of existing construction projects, and specifically, those projects directly impacting the lives of nursing home residents that were previously approved by the Department with submission of and approval by the Department of a revised mitigation/prevention plan outlining at a minimum, testing, screening, PPE use, distance from residents, etc. Note: Under no circumstance, will the Department allow for such resumption of a renovation or construction project(s) in or adjacent to a functioning and occupied dedicated COVID unit.
- 10.) If any visitor fails to adhere to the protocol, he/she/they will be prohibited from visiting for the duration of the COVID-19 state declared public health emergency.

MMECCC has established additional guidelines as needed to ensure resident and staff safety and continuity of facility operations. Hours of visitation are clearly delineated in policy/procedure and within the visitation fact sheet. MMECCC continues to refrain from sending residents to non-medically necessary trips outside the nursing home until further notice. Communal dining and hairdresser services remain suspended at this time (9/16/2020).

If the MMECCC falls out of compliance with requirements listed in this advisory, the NH will immediately halt visitation and inform the Department. In addition, the Department can halt visitation at the nursing home at any time due to community or facility spread of infection, or when the Department identifies that the NH has failed to comply with requirements of this advisory.

In summary, while these guidelines are intended to allow limited visitation, the Department reserves the right to restrict visitation at any point. Failure to follow these guidelines may result in restriction or revocation of visitation.

Information for healthcare providers on topics related to COVID-19 is available on the Department of Health public website at <https://coronavirus.health.ny.gov/information-healthcare-providers>.

MMECCC VISITATION PROCEDURE:

ATTESTATION: MMECCC is in full compliance with all state and federal requirements, state Executive Orders and guidance, state reporting requirements including COVID-19 focus surveys, HERDS and staff testing surveys, and federally required submission of COVID-19 data to the National Healthcare Safety Network (NHSN).

VISIT SITE(S): MMECCC will use the outdoor patio located adjacent to the MMECCC Lobby to accommodate visitation weather permitting. The alternate site (due to inclement weather) will be the Lobby inside MMECCC. The patio outdoors will accommodate 1 resident and 2 visitors and 1 staff person at a time (maintaining social distance of 6 ft.). The indoor Lobby space will accommodate 2 Residents with 2 visitors each and 1 staff person per visitation time period (maintaining 6 ft. social distance). The visitation site is stocked with hand sanitizer, consisting of at least 60 percent (60%) alcohol, and EPA approved disinfectant, face masks, and is clearly marked to maintain 6 ft. social distancing.

VISITATION HOURS and SCHEDULING: Visitation will occur between the hours of 9 a.m. – 2 p.m. Monday through Friday. Visits are scheduled in increments of 30 minutes which allows for 5 minutes of visitor screening time prior to Resident arrival at visit site, visit time of 20 min., (which will be monitored by a staff member to ensure social distancing at all times, proper use of PPE, and proper hand hygiene) and 5 minutes for disinfection after visit.

Visitors will be scheduled for a designated day and time by MMECCC staff in an organized manner so as to ensure that all residents will have an opportunity to receive visitors. At the time of scheduling, visitors are instructed to wait in their car and to call the reception desk to notify us of their arrival. Receptionist will instruct them when we are ready for them to leave their car and sign in.

Facility maintains an electronic tracking sheet to record visitors on which will be recorded:

- i. First and last name of the visitor;
- ii. Physical (street) address of the visitor;
- iii. Daytime and evening telephone number;
- iv. Date and time of visit;
- v. Email address, if available; and
- vi. A notation indicating the individual cleared the screening (both temperature and questions) that does not include any individual temperatures or other individual specific information.

VISITATION PROTOCOLS:

All visitors must present a verified negative test result within the last week (7 days) at the time of visit.

No more than 10% of residents shall have visitors at any one time and only 2 visitors are allowed per resident at any one time. All visitor must be at or over the age of 18.

Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits.

Residents are screened daily for COVID symptoms including temperature, vital signs, and pulse-oximetry.

Before Visit:

Visitors complete a screening sheet which includes temperature, questions regarding international and national travel (including restricted states- travel advisory, COVID related symptoms, negative test result, and temperature \geq to 100.00 (f)). Screen sheet is reviewed by the staff member monitoring the visitation site **before** the resident arrives at the site. If there are questions that need further investigation, the site monitor will contact the nursing supervisor or administrator on call. Visitation will be refused if the individual(s) exhibits any COVID-19 symptoms or do not pass the screening questions.

Prior to Resident's arrival at visitation site, visitor receives education from site monitor on proper use of PPE, dons facemask, demonstrates proper hand hygiene technique, using hand sanitizer consisting of at least 60 percent (60%) alcohol.

Each visitor receives a fact sheet at the time of screening and signage is posted at visiting site indicating safety protocols outlined on fact sheet, in addition both are posted on facility website www.thompsonhealth.com, along with this policy.

DURING VISIT: Social distancing (6ft.) is maintained throughout the entire visit. Visitors are required to wear a facemask covering their nose and mouth at all times while on premises of NH, they need to bring their own (NH can provide if they forget their mask).

Residents are required to wear a facemask covering their nose and mouth throughout the entire visit as medically tolerated and perform hand hygiene, using hand sanitizer consisting of at least 60 percent (60%) alcohol.

POST VISIT: A staff member will assist Resident back to their Avenue, site monitor disinfects the visitation area with an EPA approved disinfectant and allows for proper dry time per manufacturers recommendations before the next visit.

If any visitor fails to adhere to the protocol, he/she/they will be prohibited from visiting for the duration of the COVID-19 state declared public health emergency.

If the facility falls out of compliance with requirements listed in this advisory, the NH should immediately halt visitation and inform the Department. In addition, the Department can halt visitation at the nursing home at any time due to community or facility spread of infection, or when the Department identifies that the NH has failed to comply with requirements of this advisory.

This plan is subject to change. When changes occur MMECCC will notify Residents, families and NYSDOH accordingly.