

HORIZON CARE CENTER

EFFECTIVE 03/25/2021

POLICY: Guidelines for Visitation as Per NYS Department of Health

As per a recent health advisory regarding visitation for nursing homes from the New York State Department of Health, the following guidance must be adhered to during the COVID-19 State Public Health Emergency.

At this time, visitation will only be permitted by appointment, during specified visitation hours and will be permitted in an outside area weather permitted and specified indoor location of the facility. Visitors are limited to two per resident in order to adhere to core principles of COVID-19 infection prevention.

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation will be the preferred visitation option (weather permitted) even when the resident and visitor are fully vaccinated* against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. However, weather considerations or an individual resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits. For outdoor visits, facility will have 3 accessible and safe outdoor spaces for visitation out on the patio. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

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Indoor Visitation

Facility will allow scheduled indoor visitations in the 1st floor main dining room 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 (exception-compassionate care visits should be permitted at all times).

These scenarios include limiting indoor visitation for:

- Unvaccinated residents if the nursing home's COVID-19 county positivity rate is >10%
- AND

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.

Note: For county positivity rates go to:<https://data.cms.gov/stories/s/COVID-19-NursingHome-Data/bkwz-xpvg> Facilities should consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time may affect the ability to maintain the core principles of infection prevention.

For situations where there is a roommate and the health status of the resident prevents leaving the room, facility will attempt to enable in- room visitation while adhering to the core principles of COVID-19 infection prevention.

- 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-

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hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.

Indoor Visitation During an Outbreak

An outbreak exists when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff). With the appropriate safeguards, visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility. To swiftly detect cases, facility will adhere to CMS regulations and guidance for COVID-19 testing including routine staff testing, testing of individuals with symptoms, and outbreak testing, including but not limited to 42 CFR 483.80(h) and QSO-20-38-NH. Nursing homes must also comply with NYS executive orders, regulations, and applicable Department guidance governing testing. When a new case of COVID-19 among residents or staff is identified, nursing homes should immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed.

Visitation can resume based on 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 will 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 two 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.

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- 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 will 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, facility will 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. If subsequent rounds of outbreak testing identify one or more additional COVID-19 cases in other areas/units of the facility, then facility will suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing. NOTE: In all cases, please be aware during your visit of the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

Visitor Testing and Vaccination

As per DOH recommendation facility will offer rapid testing to all visitors. CMS encourages facilities in medium- or high-positivity counties to offer testing if feasible. Visitors may also be tested on their own prior to coming to the facility (e.g., within 2–3 days). In addition, DOH encourages visitors to become vaccinated when eligible. While visitor testing and vaccination can help prevent the spread of COVID-19, visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems.

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Potential Visit Related Exposures

In addition, and consistent with DOH policy, if a visitor to a nursing home tests positive for SARS-CoV-2 by a diagnostic test and the visit to the NH occurred from two days before the visitor's symptom onset (or in the 2 days before the date of collection of the positive sample for visitors who remained asymptomatic) to the end of the visitor's isolation period, there is a potential for exposure. Exposures among visitors and residents should be evaluated using community contact tracing guidelines, meaning exposure is defined by the proximity of the individuals and duration of the visit (contact within 6 feet and duration 10 minutes or more) regardless of personal protective equipment (PPE) or face covering used by the visitor or the resident. 5 The following should be evaluated to determine the appropriate follow-up when there is identification of a visitor who tests positive for COVID-19.

If the following are confirmed by the facility:

- a. the visit was supervised by an appropriate facility staff member; and
- b. the visit was conducted in a common area or outdoor area that does not require the visitor to enter a resident unit; and
- c. the visitor complied with all COVID-19 precautions including hand hygiene and appropriate use of a face mask or face covering, and
- d. the visitor and the resident maintained at least 6 feet of distance from each other for the entire duration of the visit; and
- e. the visitor maintained at least 6 feet of distance from all other visitors, residents, and staff for the entire duration of the visit. Then, the appropriate action should be taken with respect to residents only, if all of the above are confirmed, the resident who received the visit should be placed on a 14- day quarantine in a single room in the designated observation area using Contact

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plus Droplet precautions and eye protection. The resident should be monitored for symptoms and have temperature checks every shift. Testing for SARS-CoV-2 could be considered for greater assurance of the resident's COVID-19 status, every 3 to 7 days for at least 14 days. If all of the above cannot be confirmed by the facility, nursing home will proceed as they would after identification of a COVID-19 positive staff member, including conducting contact tracing to determine the extent of the exposure within the facility. On affected units (or entire facility, depending on the amount of contact), facility will initiate testing every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result, use of transmission based precautions and testing for influenza (as per 10 NYCRR 415.33). Facility staff who are exposed according to CDC HCP exposure guidance should be furloughed. See:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. If contacts include other visitors, those visitors should be considered exposed if contact was within 6 feet for more than 10 minutes to the COVID -19 positive visitor, regardless of PPE or face covering worn. Facility staff or visitors who identified as exposed at the facility should be reported by the facility to the local health department where the individual resides.

Compassionate Care Visits

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations.

Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak. Using a person-centered approach, facility will work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify

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the need for compassionate care visits. 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 physical 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).
- Visits by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support. Required Visitation Consistent with 42 CFR § 483.10(f) (4) (v) a nursing home shall not restrict visitation without a reasonable clinical or safety cause. A nursing home must facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated above. Residents who are on transmission-based precautions for COVID-19 will only receive visits that are virtual, through door, or in-person for compassionate care situations, with adherence to transmission-based precautions as referenced throughout this guidance document. This restriction should be lifted once transmission- based precautions are no longer required per CDC guidelines and other visits may be conducted as described above.

Ombudsman Visitation

During this Pandemic Health Emergency, in person access may be limited due to infection control concerns and/or transmission of COVID19, such as the scenarios stated above for limiting indoor visitation; however, in-person access may not be limited without reasonable

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cause. CMS requires representatives of the Office of the Ombudsman to adhere to the core principles of COVID-19 infection prevention as described above. If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), facility will, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology. 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. Federal Disability Rights Laws and Protection & Advocacy (P&A) Programs Section 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).

Protection and Advocacy programs

Protection and Advocacy 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 Protection and Advocacy 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 § 1326.27.7 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

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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. This would not preclude nursing homes from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

Survey Considerations Federal and state surveyors

Survey Considerations 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.

Entry of Healthcare Workers and Emergency personnel

Entry of 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 exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened. EMS personnel do not need to be screened, so they can attend to an emergency without delay. Nursing homes are reminded 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. Using a person-centered approach when applying this guidance should cover all types of visitors, including those who may have been previously categorized as "essential caregivers."

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Communal Dining and Activities

Communal dining and activities may occur while adhering to the core principles of COVID-19 infection prevention. Residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Facility will consider additional limitations based on status of COVID-19 infections in the facility and the size of the room being used and the ability to socially distance residents (e.g. limit to 10 residents and staff in smaller spaces). Additionally, group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering (except while eating). Nursing homes may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.

Scheduling Visitation

- To arrange for a visit, please have the designated representative for the resident call the Recreation Department. 718-945-0700 (Ext. 136) during working hours from 9am to 4pm, Monday- Friday. **On weekends**, please request front desk to Paige recreation to assist.
 - Location and Visitation Hours:
 - Outside Patio (weather permitted), First floor residents Main Dining Room and Door Visits
 - 10:00am-Noon (Sunday-Saturday) for 30-minute increments
 - 2:00pm-4:00pm (Sunday-Saturday) for 30-minute increments
 - Visitors are limited to two per resident in order to adhere to core principles of COVID-19 infection prevention.

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- All visitors must wear an appropriate face mask or facial covering at all times when on facility premises. Visitors should arrive with their own face masks. If visitors does not have a face mask one will be provided by facility. A face mask will also be worn by the resident during the visit. The face mask must entirely cover the nose and mouth.
- Social distancing must be maintained at all times (6 feet). 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. Regardless, visitors should physically distance from other residents and staff in the facility.
- Please disinfect your hands with facility-provided hand sanitizer before your visit begins and upon conclusion of your visit.
- Visitors under the age of 16 must be accompanied by an adult 18 years of age or older.
- The NYS Department of Health requires we obtain specific information for tracing and contact purposes and perform a COVID-19 screen prior to your visit. If you do not pass the screening questionnaire, you will not be permitted to visit. Information required:
 - First and last name of each visitor
 - Physical (street) address of the visitor
 - Day and evening telephone number
 - Date and time of visit
 - Email address, if available
 - Screening process (questionnaire and temperature)
 - Staff will be monitoring the visitation area during your visit to ensure compliance with guidelines. **Any person who fails to adhere to the protocol will be asked to leave and will be prohibited from visiting for**

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the duration of the COVID-19 State Declared Public Health Emergency

- No food or beverages will be permitted at this time. Exchange of personal items will not be permitted during your visit. If you have items to be delivered to your loved one, please bring items to the security desk and the items will be delivered for you as per current protocol.
- Upon conclusion of your visit, the visitation area will be cleaned and disinfected with an EPA-approved disinfectant.

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VISITATION FACT SHEET

Location and Visitation Hours:

- Outside Patio (weather permitted), First floor residents Main Dining Room and Door visits
- 10:00am-Noon (Sunday-Saturday) for 30-minute increments
- 2:00pm-4:00pm (Sunday-Saturday) for 30-minute increments

All visitors must wear an appropriate face mask or facial covering at all times when on facility premises (facility will provide a face if not available)

A face mask will also be worn by the resident during the visit.

Rapid test will be made available to all visitors

Social distancing must be maintained at all times (6 feet). 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.

Please disinfect your hands with facility-provided hand sanitizer before your visit begins and upon conclusion of your visit.

Visitors under the age of 16 must be accompanied by an adult 18 years of age or older.

No food or beverages will be permitted at this time. Exchange of personal items will not be permitted during your visit. If you have items to be delivered to your loved one, please bring items to the security desk and the items will be delivered for you as per current protocol.

Any person who fails to adhere to the protocol will be asked to leave and will be prohibited from visiting for the duration of the COVID-19 State Declared Public Health Emergency