COVID-19 Guidance: Long-term Care Indoor Visitation for Nursing Facilities and Assisted Living Settings

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This guidance replaces previous Minnesota Department of Health (MDH) visitation guidance for Minnesota’s long-term care settings, such as nursing facilities, skilled nursing facilities, and assisted living facilities.

- Nursing homes must continue to put into practice the measures described in the Centers for Medicare & Medicaid Services (CMS) memo QSO-20-38-NH revised (www.cms.gov/files/document/qso-20-38-nh.pdf), April 27, 2021. Staff who are fully vaccinated do not need to be tested routinely. Staff must provide evidence of vaccination in order to forgo routine testing. Residents and staff must test regardless of vaccination status if the facility is in outbreak status.

**Definition of fully vaccinated:** People are considered fully vaccinated for COVID-19 two weeks after their second dose of a vaccine that requires two doses (like Pfizer or Moderna), or two weeks after they get a single dose of a vaccine that requires one dose (like Johnson & Johnson).

Visitation may be conducted through different means based on a facility’s structure and residents’ needs, such as in resident rooms, dedicated visitation spaces, and outdoors. Facilities must allow indoor visitation at all times and for all residents, when permitted by applicable law. Refer to QSO 20-39 NH.
Regardless of how visits are conducted, certain core principles and best practices reduce the risk of COVID-19 transmission.

The following core principles of COVID-19 infection prevention are consistent with Centers for Disease Control and Prevention (CDC) guidance and should be adhered to at all times. Refer to #1 on the CMS FAQ. Per CMS QSO 20-39, core principles include:

- Visitors who have a positive viral test for COVID-19; symptoms of COVID-19; or currently meet the criteria for quarantine, should not enter the facility. Facilities should screen all who enter for these visitation exclusions.
- Hand hygiene. An alcohol-based hand rub is best, unless hands are visibly soiled and then soap and water is recommended.
- Keeping people 6 feet apart (physical distancing) as appropriate, in accordance with current CDC guidance (refer to link above).
- Educating visitors about basic steps to prevent COVID-19 infection and posting signs throughout the building to help them remember.
- Cleaning and disinfecting frequently touched surfaces in the facility often and in designated visitation areas after each visit.
- Effectively placing residents in cohorts, with separate areas dedicated to COVID-19 care.

Key components of visitation, as identified in QSO-20-39-NH Revised

- Visits should be allowed at all times, regardless of a resident’s vaccination status, the county’s COVID-19 positivity rate, or an outbreak.
- Screening visitors: Screening questions must now include whether the visitor has had close contact in the prior 14 days with someone who is infected with COVID-19, regardless of whether the visitor is vaccinated. If the visitor answers yes, the visitor should not be allowed to enter.
While taking a person-centered approach, outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19, because outdoor visits generally pose a lower risk of spreading the disease. Visits should be held outdoors whenever feasible.

- **Facilities must allow indoor visitation at all times and for all residents.**
- Facilities may no longer limit the frequency and length of visits for residents or the number of visitors, or require advance scheduling of visits.
- There is no limit on the number of visitors that a resident may have at one time, but visits must be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and must not increase risk to other residents.
- Facilities should ensure that physical distancing can still be maintained during peak times of visitation.
- Facilities should avoid large gatherings (parties, events) where large numbers of visitors are in the same space at the same time and social distancing cannot be maintained.

During indoor visitation, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area.

If a resident’s roommate is unvaccinated or immunocompromised, regardless of vaccination status, visits should not be conducted in the resident’s room, if possible. For situations where the resident or resident’s roommate cannot leave the room due to health status, facilities should make in-room visitation possible while following the core principles of COVID-19 infection prevention.

If the nursing home’s county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance at all times.

In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and to physically distance, particularly if either is at risk for severe disease or is unvaccinated. If a resident and all their visitors are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have close contact (including touch). In accordance with the CDC’s guidance, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html), visitors should wear face coverings when around other residents or staff, regardless of vaccination status. Visitors should also perform hand hygiene before and after a visit and stay 6 feet away from all other residents and staff in the building. Refer to #3 on the CMS FAQ.

Unvaccinated residents may also choose to have physical touch, according to their preferences and needs. In these situations, unvaccinated residents or their representatives should be advised of the risks of physical contact prior to the visit. Visitors should also physically distance from other residents and staff in the facility. Refer to #3 on the CMS FAQ.
While not recommended, residents who are on transmission-based precautions (TBP) or in quarantine may still receive visitors. In these cases, visits should occur in the resident’s room and the resident should wear a well-fitting face mask, if tolerated. Before visiting, the visitors should be made aware of the potential risks of visiting and precautions necessary to visit the resident. Visitors should adhere to the core principles of infection prevention.

During an outbreak:

While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak and should adhere to the core principles of infection prevention. Residents and their visitors should wear face coverings during visits, regardless of vaccination status, and visits should ideally occur in residents’ rooms. Facilities may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation. Refer to #6 on the CMS FAQ.

While not required, facilities in counties with substantial or high levels of community transmission are encouraged to offer testing to visitors, as feasible. Visitors should also be encouraged to get vaccinated when they have the opportunity. While visitor testing and vaccination can help prevent the spread of COVID-19, neither testing nor vaccination should be required of visitors as a condition of visitation, nor should proof of testing or vaccination be requested. If a visitor declines to disclose their vaccination status, the visitor should wear a face mask at all times. This testing recommendation also applies to visits by representatives of the Office of Ombudsman for Long-Term Care; representatives from MDH, including life safety code inspectors; and protection and advocacy systems.

Compassionate care visits, including essential caregiver visits, should continue to be allowed at all times.

Access to the long-term care ombudsman

The Older Americans Act (OAA), Title VII, chapter 2, sections 711/712, authorizes the Office of Ombudsman for Long-Term Care program. The OAA and federal regulations require the program to provide services to residents of long-term care facilities with access to effective advocacy in order to ensure the quality of care and quality of life they deserve and are entitled to by resident rights law.

MDH-licensed long-term care facilities are required to allow in-person visits from the Office of the Ombudsman for Long-Term Care when they are deemed important by the state ombudsman office to assist residents in protecting their health and safety, welfare, and rights, as requested by a resident or by a resident representative when substitute decision-making authority is activated because a resident is unable to comprehend due to complications of disease or advanced dementia. Under CMS guidance and state law, long-term care facilities are required to provide the state ombudsman immediate access to licensed long-term care facilities.
If an ombudsman is planning to visit a resident who is in transmission-based precautions or quarantine, or an unvaccinated resident in a nursing home in a county where the level of community transmission has been substantial or high in the past seven days, the resident and ombudsman should be made aware of the potential risk of visiting and the visit should take place in the resident’s room.

The ombudsman program has authority to access resident records and has access to the name and contact information of the resident and the resident representative, if any, where needed to perform the functions and duties: 45 CFR, section 1324.11(e)(2) (iv, v, vi); 45 CFR, section 1324.11(e)(2)(iii); and Minnesota Statutes, section 256.9742, subdivision 4 (www.revisor.mn.gov/statutes/cite/256.9742). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule (45 CFR part 160 and 45 CFR part 164, subparts a and E) does not preclude release by covered entities of resident private health information or other resident-identifying information to the ombudsman program, including but not limited to resident medical records; social security number; or other records; a list of resident names and room numbers; or information collected in the course of a state or federal survey inspection process, 45 CFR, section 1324.11(e)(2)(vii).

Ombudsman staff will comply with MDH-recommended symptom screening, masking, and other personal protective equipment requirements during any in-person visit. Visits between representatives of the ombudsman program and residents should not be supervised by facility staff, unless requested by the ombudsman representative.

Independent living buildings

Some long-term care settings also have unlicensed independent living buildings or separate resident apartments. Tenants of independent living buildings who do not receive services are not required to be screened and tested for COVID-19; however, core principles of COVID-19 infection prevention should be adhered to.

Revisions to communal dining and activities, and resident outings guidance for nursing homes and assisted living settings

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur.

The safest approach is for everyone, regardless of vaccination status, to wear a well-fitting face mask while in communal areas of the facility. For more information, refer to the Implement Source Control Measures section at CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html). Also refer to #7 in the CMS FAQ.
Facilities must permit residents to leave the facility, as they choose. Should a resident choose to leave, the facility should remind the resident and anyone accompanying the resident about following all recommended infection prevention practices, including wearing a well-fitting mask, physical distancing, and doing hand hygiene, and to encourage those around them to do the same.

Upon the resident’s return, nursing homes should take the following actions:

- Screen resident upon return for signs or symptoms of COVID-19.
  - If the resident or family member reports close contact with an individual with COVID-19 while outside of the nursing home, test the resident for COVID-19, regardless of vaccination status. Place the resident on quarantine if the resident has not been fully vaccinated.
  - If the resident develops signs or symptoms of COVID-19 after the outing, test the resident for COVID-19 and place the resident on transmission-based precautions, regardless of vaccination status.
  - A facility may also opt to test unvaccinated residents without signs and symptoms if they leave the nursing home frequently or for a prolonged length of time, such as longer than 24 hours.
  - Facilities might consider quarantining unvaccinated residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence, or the adherence of those around them, to infection prevention measures.
  - Monitor residents daily for signs and symptoms of COVID-19.
  - Residents who leave the facility for 24 hours or longer should generally be managed as a new admission or readmission, as recommended by CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).

Please note that there are exceptions to quarantine, including for fully vaccinated residents.

Facilities should ensure residents and their loved ones have access to the Office of Ombudsman for Long-Term Care, at 651-431-2555 or 800-657-3591, to request advocacy services.