STATE OF FLORIDA
DEPARTMENT OF VETERANS' AFFAIRS

SECTION State Veterans Homes Program	NUMBER 4322	EFFECTIVE DATE: 09/04/2020 revised 9/14/2020, 10/26/2020, 4/2/2021, 11/18/2021, 6/13/2022, 9/20/22
SUBJECT: Facility Visitation Guidelines during the COVID-19 Pandemic. All of the FDVA State Veterans' Homes are subject to this policy including Alwyn C. Cashe and Ardie R. Copas.		
APPROVED BY: Connie Tolley, NHA, Director, Homes Division Tolley, Connie Digitally signed by Tolley, Connie Date: 2022.10.30 09:14:11 -04'00'		

I. STANDARD

Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with 42 CFR 483.10(f)(4)(v). A nursing home must facilitate in-person visitation consistent with applicable State and Federal guidelines.

II. VISITATION GUIDELINES

Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission. Each FDVA home has an infection preventionist to ensure the following measures are in place, and that staff adheres to this policy.

Core Principles of COVID-19 Infection Precaution

A. Screening of all staff, providers, and authorized vendors who provide direct care to our residents who enter the facility for signs and symptoms of COVID-19 and denial of entry for those with signs or symptoms of COVID-19 infection (regardless of the visitor's vaccination status).

B. Hand hygiene (use of alcohol-based hand rub is preferred).

C. Face covering or mask (covering mouth and nose) worn by individuals providing direct care for our residents who are on transmission-based precautions.

D. Social distancing of at least six (6) feet between persons on transmission-based precautions (residents may allow their visitors to come closer to them and to touch them).

E. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices. A handout with educational information is available for visitors.

F. Cleaning and disinfecting of high-frequency touched surfaces in the facility often.

G. Appropriate staff use of Personal Protective Equipment (PPE) (e.g., for those on transmission-based precautions).

H. Effective cohorting of residents (e.g., those requiring transmission-based precautions).

I. Resident and staff testing conducted as required at 42 CFR §483.80(h).

J. The risk of transmission can be further reduced through the use of social distancing.

K. PPE is available, and education on its use is provided by the infection preventionist or designee at any time.

L. The FDVA does not place any restriction on the length of time of the visit or the number of guests visiting.
M. The FDVA allows for in-person visitation in all circumstances including the following, unless the resident objects.

1. End-of-Life situations.
2. A resident who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support.
3. The resident is making one or more major medical decision.
4. A resident is experiencing emotional distress or grieving the loss of a friend or family who recently died.
5. A resident needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
6. A resident who used to talk and interact with others is seldom speaking.

Outdoor Visitation
While taking a person-centered approach and adhering to the core principles of COVID-19 infection control, outdoor visitation is preferred. Facilities should consider the resident's condition, inclement weather, family preference, and/or other environmental concerns which may require indoor visitation.

Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

Indoor Visitation
Facilities should allow indoor visitation at all times and for all residents, but visitors should physically distance when it's appropriate from other residents and staff in the facility.
Visits for residents who share a room should not be conducted in the resident's room, if possible.

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).
When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and ensure signage and education for the visitors explains the outbreak.

NOTE: In all cases, visitors should be notified about 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 social distancing.
Facilities should continue to consult with their state or local health departments when an outbreak is identified to ensure adherence to infection control prevention and for recommendations to reduce the risk of COVID-19 transmission.

Visitor Testing and Vaccination
While not required, we encourage facilities in medium or high positivity counties to offer testing to visitors, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. While visitor testing and vaccination can help

prevent spread of COVID-19, visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.

Access to the Long-Term Care Ombudsman
CMS regulation 42 CFR §483.10(f)(4)(i)(C) requires that a Medicare and Medicaid certified nursing home provide representative of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. During the COVID-19 pandemic, in-person access may be restricted due to infection control concerns and or transmission of COVID-19 (as outlined above in scenario for limiting indoor visitors); however in-person access will only be restricted based on reasonable cause. If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), facilities must, at a minimum, facilitate alternative resident communication with the Ombudsman, such as by phone or through use of other technology.

Federal Disability Rights Laws and Protection and Advocacy (P&A) Programs
CMS regulation 42 CFR §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 the designated agency or entity responsible for the protection and advocacy (P&A)system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000). Under its federal authorities, representatives of P&A 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. This includes qualified interpreters that are necessary for communication with the resident. All individuals would be required to adhere to the core principles of COVID-19 infection prevention.

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 showing signs or symptoms of COVID-19 after being screened.

EMS are not required to be screened, so they can attend to any emergency without delay.
All facility staff, including individuals providing services under contract or arrangement, as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Communal Activities and Dining
Communal activities and dining may occur while adhering to the core principles of COVID-19 infection prevention. Residents on transmission-based precautions may eat in the same room as other residents with social distancing among residents (e.g., limited number of people at each table and with at least six feet between each person). Group activities may be facilitated for residents on transmission-based precautions for COVID-19 with social distancing among residents, and appropriate hand hygiene.

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.

REFERENCES:

AHCA Operational Updates: Hospitals, and Long Term Care Facilities dated 9/20/2022.
CDC Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes @ https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
Florida Statute 408.823