



Compassionate Visitation Practices During Pandemic

Holy Trinity follows CMS and CDC guidance for preventing the transmission of COVID-19, and we follow state and local direction. Because we recognize our residents are especially vulnerable, we are not reopening the center to visitors (except for compassionate care situations) until phase three when:

- There have been no new, center onset COVID-19 cases for 28 days (through phases one and two)
- The center is not experiencing staff shortages
- The center has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents
- The center has adequate access to testing for COVID-19
- Referral hospital(s) have bed capacity on wards and intensive care units

The reopening recommendations we follow maintain visitation is allowed for “compassionate care situations.”

Compassionate care situations do not exclusively refer to end-of-life situations. For example, for a resident who was living with their family before recently being admitted to a center, the change in their environment and sudden lack of family can be a traumatic experience. Allowing a visit from a family member in this situation is consistent with the intent of the term “compassionate care situations.” Similarly, allowing someone to visit a resident whose friend or family member recently passed away, would also be consistent with the intent of these situations.

HTNR cannot define each situation that may constitute a compassionate care situation. When considering compassionate visitation we may consult with state leadership, families, and ombudsman, to help determine if a visit should be conducted for compassionate care.

Also, while we acknowledge compassionate care situations may extend past end-of-life situations, we still believe these visits should not be routine, and allowed on a limited basis as an exception to restricting visitation.

Compassionate care situations are considered by the interdisciplinary team and approved by the director of nursing and or the CEO/administrator before taking place.

All actions to prevent the transmission of COVID-19 are taken when these visits are allowed. These actions include screening all visitors for symptoms of COVID-19, practicing social



distancing, performing hand hygiene (e.g., use alcohol-based hand rub upon entry), and both residents and visitors wearing a cloth face covering or facemask for the duration of their visit.

To help with these visits, we may decide to create safe spaces within the center, such as see-through separation walls or other such areas so that residents may physically see their family members (if outside visitation is not conducted). We may also consider setting up appointment times to ensure control of the number of visitors at any given time.

Additionally, when facilitating visits, we continue to limit the number of visitors allowed in the building at the same time, and limit the number of individuals visiting with any one resident (e.g., two visitors for one resident visit).

We use creative means, such as outside visits, to begin to allow for visitation within the CMS and CDC guidelines; even before reaching phase three. The reopening guidance allows for some flexibility for controlled visitation prior to phase three. CMS recognizes the toll of separation from family and other loved ones while at the same time recognizing the need to balance the safety of residents and staff. HTNR will employ creative means of connecting residents and family members.

We created spaces for residents without COVID-19, including those who have fully recovered, to participate in outdoor visitation sessions with their loved ones, such as in the courtyard, the gazebo, on patios, and even in our parking lot.

We continue to ensure all actions for preventing COVID-19 transmission are followed. These actions include:

- screening all visitors for symptoms and fever
- asking both residents and visitors to wear a cloth face covering or face mask
- performing hand hygiene (e.g., use alcohol-based hand rub)
- maintaining social distancing at all times
- ensuring the items, if any, in visitation spaces are cleaned and disinfected routinely.

If outdoor visitation is conducted, we have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). We also limit the number of individuals visiting with any one resident (e.g., two visitors for one resident visit).

As more information becomes available at the national, state and local levels, we are working with state officials to determine the appropriate level of visitation restrictions within available guidelines from the CDC.



Residents can participate in communal activities before reaching phase 3 of the center reopening plan.

The current CMS guidance is not intended to completely restrict communal activities, except in the case of a resident with symptoms consistent with COVID-19 or a confirmed case. The May 18, 2020 [reopening recommendations](#) notes residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet) which we have been practicing on the individual units/floors. Our main dining room remains closed.

Group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask. We conduct group activities limited to a small number of residents on the individual units/floors.

We strive to offer a variety of activities while also taking the necessary precautions. For example, book clubs, crafts, movies, and Bingo are all activities facilitated with alterations to adhere to the guidelines for preventing transmission.

Factors to consider when making decisions about visitation.

Decisions to relax requirements or conduct creative alternatives within the center are made in coordination with state and local officials after a careful review of center-level, community, and state factors/orders. Additionally, state and local officials should consider the following as a part of a comprehensive reopening plan:

- Case status in surrounding community
- Case status in the center(s)
- Staffing levels
- Access to adequate testing for residents and staff
- Personal protective equipment supplies
- Local hospital capacity

These factors help guide reopening decisions, and decisions related to creative ways to facilitate visitation. For example, when we have multiple COVID-19 cases we will use caution when deciding to facilitate outdoor visitation. As we explore these options, we are still responsible for preventing the transmission of COVID-19. At this time, we are not conducting in person visits for COVID-19 positive residents.



Residents or visitors who have tested positive for COVID-19 do not participate in visits.

Residents who are in isolation for observation, for having symptoms consistent with COVID-19, or having been confirmed with COVID-19, do not have in-person visits. Similarly, any visitor who has tested positive or has symptoms consistent with COVID-19, does not come to the center. We [refer to CDC guidance for when they can be around others](#). If a visitor has tested negative for COVID-19, that reduces some of the risks for allowing creative visitation. However, since the time between a negative test and a visit can vary, all actions to prevent the transmission of COVID-19 are followed for visitors who have tested negative (e.g., social distancing, face coverings, hand hygiene, etc.).

For residents who are unable to participate in outdoor visits, including residents with symptoms consistent with COVID-19, or who have tested positive for COVID-19, we:

- use adaptive communicative technologies to conduct virtual visits
- our staff assist residents with sending or reading texts or emails with family.
- Schedule window and face time visits

We encourage families to leverage the Long Term Care Ombudsman Program to help stay connected with their loved ones. More information on these items can be found in a Frequently Asked Questions (FAQ) document published on April 24, 2020 (see questions 2 and 3 of the FAQ attached to [CMS memorandum QSO-20-28-NH](#)). The CDC also has recommendations for how individuals can [support their loved ones in a center](#).

We allow visits from the ombudsman when requested by a resident.

Under sections 1819(c)(3)(A) and 1919(c)(3)(A) of the Social Security Act (the Act), and implementing regulations at 42 CFR 483.10(f)(4)(i)(C), a center is required by law to provide the state ombudsman immediate access to any resident. In [CMS memorandum QSO-20-14-NH](#), residents still have the right to access the Ombudsman program. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (e.g., by phone or other format) with the Ombudsman program or any other individual listed in 42 CFR 483.10(f)(4)(i). Since ombudsmen are critical resources for residents and their families, centers should facilitate their in-person access as soon as is practicable.

Centers 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.



Also, while CMS waived certain requirements related to discharging a resident, such as notifying the Office of the State Long-Term Care Ombudsman prior to discharge, those waivers are only to be used for the purposes of cohorting residents to prevent transmission of COVID-19.

For all non-cohorting discharges, facilities must comply with all discharge requirements. For example, per 42 CFR 483.15(c)(3), before a center transfers or discharges a resident, the center must notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.

The center must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. Facilities that do not comply with these and all other requirements that have not been waived under section 1135 of the Act are subject to deficiency citation and enforcement action.

For more information about CMS' reopening recommendations go to:

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfopolicy-and-memos-states-and/nursing-home-reopening-recommendations-state-and-local-officials>