



Department of Health

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DATE: March 2, 2021
TO: Adult Care Facility Operators and Administrators
FROM: New York State Department of Health

Health Advisory: Revised Adult Care Facility Visitation

**Please distribute immediately to:
Operators, Administrators, Case Managers**

The information contained in this directive supersedes and replaces previously issued guidance and recommendations regarding general adult care facility (ACF) visitation. Nothing in this directive absolves the ACF of responsibility to ensure that resident and family communication is ongoing and supported by virtual visits, whenever possible, nor does it change the guidance previously issued relative to visitation for medically necessary or end-of-life services.

Based on the needs of residents and consistent with adult care facility staffing and the physical plant, visitation can be conducted through a variety of means, such as in resident rooms, dedicated visitation spaces and outdoors (weather permitting). Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission and as such must be followed.

Beginning **March 3, 2021**, all adult care facilities (ACFs) may expand visitation and activities under this revised guidance if able to follow the core principles of infection control and prevention, under the following conditions:

1. Confirmation of substantial compliance in the area of infection control via the ACF's most recent unannounced infection control survey.
2. Confirmation of substantial regulatory compliance via the ACF's most recent unannounced regulatory survey.
3. The operator or designee must retain a copy of the ACF's adopted and effective visitation plan at the facility where it is easily accessible and immediately available upon request of residents, their families, the Department, local health department, Long Term Care Ombudsman, Justice Center for the Protection of People with Special Needs (as applicable), and/or representatives of the federal O'Toole settlement in impacted adult care facilities of New York City. Such plan must:
 - a. Clearly articulate the space(s) to be used for visitation (both outdoors and indoors), including the maximum number of visitors and residents which could be safely socially distanced within the identified space(s).

- b. Clearly identify the private space(s) to be used for visitation when privacy is requested including the maximum number of individuals which could be safely socially distanced within the identified space(s).
 - c. Clearly identify the maximum number of visitors the ACF is able to safely accommodate at any one time in compliance with this Health Advisory.
 - d. Reference relevant infection control policies for visitors.
 4. There has been no new onset of COVID-19 cases in the ACF's residents or staff the last **14 days** and the ACF is not currently conducting or having outbreak testing conducted by the local health department.
 - a. An outbreak is hereby defined as any new onset ACF resident or staff infection.
 - b. Please be advised that the New York State Department of Health reserves the right to verify such accuracy of reporting as part of its routine surveillance activities.
 5. Visitors must be able to adhere to the core principles of infection prevention and control and established ACF policies, and ACF staff are expected to provide regulatorily required supervision and monitoring for all visitors, particularly those who may have difficulty adhering to core principles, such as children.
 6. ACFs must have policies widely communicated to residents, staff and visitors that limit the number of visitors per resident at any one time and limit the total number of visitors inside the ACF at any one time (based on the size of the building and physical space).
 - a. ACFs should consider scheduling visits for a specified length of time to help ensure all eligible residents are able to receive visitors.
 7. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors whenever practicable. Aside from weather considerations (i.e., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status, or ACF's outbreak status, outdoor visitation should be facilitated routinely.
 - a. ACFs should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.
 - b. When conducting outdoor visitation, ACFs should have a process to limit the number and size of visits occurring simultaneously to support safe infection control preventative measures, such as social distancing.
 - c. The ACF should establish reasonable limits on the number of individuals visiting with any one resident at any one time in the established outside space.
 8. ACFs should limit movement within the ACF, with visitors going directly to the intended resident's room or designated visitation area.
 - a. Visits with residents who share a room should not be conducted in the resident's rooms.
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- b. For situations where there is a roommate and the health status of the resident prevents leaving the room, ACFs should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
9. Adherence to written screening protocols for all staff during each shift, each resident daily, and all persons entering or on the grounds of such ACF, including visitors, vendors, contractors, and volunteers.
10. At any one time, the number of visitors must not exceed the number of persons the ACF staff are safely able to accommodate and supervise to comply with this Health Advisory. This number may vary by ACF and time of day. As a baseline, please refer to the following table:

ACF In-House Census	Maximum Number of Visitors
4-20	5
21-50	10
51-100	20
101+	40

11. The ACF's policies and procedures should be revised to afford every opportunity for visits in a safe and thoughtful manner. Policies should also contemplate the need for adequate supervision and strict adherence to the core principles of infection prevention and control.
12. Visitors under the age of 16 must be accompanied by an adult aged 18 years or older.
13. Current COVID-19 positive residents (whether new onset or persistently positive), residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period remain ineligible for in-person visits. In these instances, every effort should be made to accommodate visits using electronic devices and alternative visitation techniques, including window visits.
14. Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, when the COVID-19 countywide positivity is less than 10%, based on the guidelines above.
- a. ACFs must use the CMS COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site (link available at: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvq>) as additional information to determine how to facilitate indoor visitation.
15. For resources and additional guidance regarding development of policies and procedures related to management of visitation, ACFs should reference the Centers for Disease Control and Prevention website at <https://www.cdc.gov/longtermcare/index.html>, and the New York State Department of Health website at <https://coronavirus.health.ny.gov/protecting-public-health-all-new-yorkers#long-term-care-facilities>.

In addition, the adult care facility must ensure:

- The presence of adequate adult care facility (ACF) staff to allow for personnel to help with the transition of residents, monitoring of visitation, compliance with existing regulatory

requirements, and cleaning and disinfecting visitation areas after each visit using an EPA-approved disinfectant.

- Appropriate signage regarding facemask utilization and hand hygiene, and applicable floor markings to cue social distancing delineations must be in place at all times.
 - Screening for signs and symptoms of COVID-19 prior to resident access.
 - Documentation of screening must be maintained onsite in an electronic format and available upon the Department of Health's request for purposes of inspection and potential contact tracing. Documentation **must** include the following for each visitor:
 - 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; and
 - v. Email address if available
 - a. Adequate PPE must be made available by the ACF to ensure residents wear a face mask, or if unable a face covering, during visitation. Visitors must wear a face mask or face covering at all times when on the premises of the ACF and maintain social distancing. The ACF must have adequate supply of masks on hand for visitors and make available to visitors who lack an acceptable face covering.
 - b. ACFs provide alcohol-based hand rub to visitors or representatives of the long-term care ombudsman visiting residents and those individuals are able demonstrate appropriate use.
 - c. The ACF should develop a quick, user-friendly fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet must be provided upon initial screening to all visitors.
- Small group activities will be permissible when the ACF is not experiencing an outbreak and when space allows for appropriate social distancing. However, no more than ten (10) residents and staff will be permitted to engage in such activities at any one time.
 - Weather permitting, residents may be assisted to go outside with appropriate staff supervision and preservation of infection control, safety and social distancing requirements.
 - All non-essential personnel 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.
 - ACFs must establish additional guidelines as needed to ensure resident and staff safety and continuity of facility operations.

Compassionate Care Visits

Compassionate Care Visits are permitted when visitation may not otherwise be permitted in accordance with the Department of Health's current visitation guidance. Compassionate care visits include:

- Newly admitted residents with difficulty adjusting to the adult care facility (ACF) environment and lack of in-person family support.
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- Residents recently grieving the loss of a friend or loved one.
- Residents who previously received in-person support and/or cueing from family for eating and drinking and are now experiencing dehydration and/or weight loss.
- Residents who are exhibiting signs and symptoms of emotional distress including, but not limited to, seldomly speaking or crying more frequently (when the resident had rarely cried in the past), refusing to participate in an activity or activities, staying in bed longer than usual, or exhibiting behavior considered abnormal for the individual.
- Residents who receive religious or spiritual support from clergy or another layperson.

The situations above are not intended to be an exhaustive list. Additional compassionate care situations may be considered by the ACF on a resident-specific basis.

Construction Projects

Adult care facilities (ACFs) may resume interior and exterior construction projects that were previously approved by the New York State Department of Health (“Department”) based on approval of a Resident Safety Plan by the Department.

The Department will continue to evaluate available data and science-based information to establish safe guidance for ACFs. Thank you for your ongoing support and cooperation in responding to the COVID-19 Public Health Emergency.

Questions may be directed to covidadultcareinfo@health.ny.gov.
