

Previously titled:

- Addendum to Communicable Disease Outbreak Management Protocol and COVID-19 Management Protocol – Resident Care for Coronavirus Disease 2019 (COVID-19)
- Coronavirus Disease 2019 (COVID-19) Prevention: Visitor Restrictions to the Community Protocol

Title: Coronavirus Disease 2019 (COVID-19) Prevention: Community Visitation Guidelines during Phased Reopening

BACKGROUND AND PURPOSE

- 1. *Vi continues to monitor closely the rapidly changing situation related to the spread of the SARS-CoV-2 virus and associated novel Coronavirus Disease 2019 (“COVID-19”).***
 - 1.1.** Relying on guidance and directives from the Centers for Disease Control (the “CDC”), the Centers for Medicaid and Medicare Services (“CMS”) and various other federal, state and local jurisdictions with public health interests or authority (“Governmental Authorities”) over the various venues of living and care contained on or within Vi’s continuing care retirement communities (each, a “Community” and collectively, the “Communities”), Vi continues to revisit, modify, and implement additional measures as part of Vi’s infection control and prevention practices to help ensure its licensed skilled nursing and assisted living facilities (each, separately, a “LTCF”), as well as each Community’s independent living residences, are prepared to respond continuously and effectively to the threat of the COVID-19 as appropriate for each venue of living.
 - 1.2.** The COVID-19 mitigation and protection measures undertaken at Vi Communities include: (i) community-specific measures to permit safe visitation at our communities (except for specific circumstances); (ii) enhanced visitor and worker screening criteria at our entrances; (iii) implementation of infection control measures, continuation of enhanced disinfecting and sanitizing of common areas, surveillance and outbreak testing, and adjustments to communal gatherings and group activity programming; and (iv) other transmission-based precautions, including widescale efforts to encourage resident and staff populations at each Vi Community and LTCF to participate in public health efforts to receive the COVID-19 vaccine as soon as it is available to them during the initial allocation period of the COVID-19 pandemic.
 - 1.3.** Since COVID-19 vaccines have received Emergency Use Authorization and full approval by the Federal Drug Administration (FDA) and the CDC, millions of vaccines have been made available and administered to nursing home residents and staff which have been shown to prevent symptomatic COVID-19 infection. Furthermore, CMS has required that nursing homes provide education for residents and staff about the benefits of the COVID-19 vaccination, offer to administer vaccinations to residents and staff, report COVID-19 data to CDC’s National Healthcare Safety Network, require COVID-19 vaccination for all staff, and adhere to the core principles of infection control and prevention.
 - 1.4.** *Vi’s “Community Visitation Guidelines during Phased Reopening” were developed to operate in four phases, in accordance with CMS, CDC and other Governmental Authority guidelines.*
 - 1.5.** This protocol replaces Vi’s prior guidelines regarding visitor prohibition and visitation at each Community and the LTCFs contained on and within each Community. The guidelines in this protocol demonstrate Vi’s good faith efforts to operationalize and meet public health directives

and guidelines issued by CMS, CDC, and other Governmental Authorities with jurisdiction over each Vi Community and/or one or more of the separate LTCF components of each Community.

- 1.6.** To support the health and safety of residents and staff, these updated visitation guidelines provide additional flexibility to Community leadership to allow for, adjust, and recalibrate its visitation practices in response to COVID-19 vaccination uptake among residents and staff, as well as current levels of COVID-19 community transmission.
- 1.7.** Vi continues to review guidance from global and local health authorities including the CDC, WHO, and CMS regarding recommendations for the community at large and for senior living environments. If guidance and recommendations from local Governmental Authorities are more onerous than CDC or CMS guidelines, the Community shall follow the more restrictive or prohibitive guidance regarding visitation in order to protect the health and safety of residents and staff while allowing visitation at a particular Community (or each component LTCF contained on or at each Community).
- 1.8.** Each Community/LTCF shall post signage summarizing the current visitation policy currently in effect. The signage shall be posted at entrances to the Community property, as designated by the Executive Director of the Community (or, if appropriate, the Care Center Administrator for each component LTCF contained on or at each Community), considering the particular layout of the Community and the buildings contained on the Community property.

POLICY GOALS & OUTCOMES OF VISITATION PROGRAM GUIDELINES:

- 2. *Regardless of phase of reopening, indoor and outdoor in-person visitation with residents in the Community is permitted to occur***, provided that the physical distancing and transmission-based precautions are followed as reasonably appropriate for the circumstances and context.
 - 2.1. *In the LTCF setting, indoor and outdoor social and general visitation is permitted to occur for all residents except in limited circumstances.*** Visitation is permissible without limitations unless: (a) visitation is limited to the resident's room due to isolation-based precautions, suspicion or confirmed COVID-19 infection, or other necessary transmission-based precautions; or (b) a resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status) in which case visits should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, the community should attempt to enable in-room visitation while requiring adherence to the core principles of infection prevention; or (c) the rare event that visitation is limited to compassionate care in the event that would limit visitation for a resident (e.g., a resident is severely immunocompromised and the number of visitors the resident is exposed to needs to be kept to a minimum).
 - 2.2. *While it is safer that visitors do not enter the facility during a COVID-19 outbreak investigation or when a resident is on transmission-based precautions or quarantine, visitors will still be allowed to enter the facility and,***
 - a) be made aware of the risks of visiting during a COVID-19 outbreak investigation.
 - b) wear a facemask regardless of vaccination status.
 - c) visit with the resident in the resident's room unless contraindicated and/or poses a risk for COVID-19 transmission for other residents; and, be required to always adhere to core principles of infection control.

2.3. During an outbreak in the Community or LTCF,

- a) The community will adhere to CMS regulations and guidance for COVID-19 outbreak **testing** because of one positive COVID-19 case being identified among residents or staff within any venue of living, area, unit, or cohort at the Community during randomized surveillance testing or as confirmed or determined by a healthcare professional.
- b) The community may contact local public health authorities for guidance or direction on how to structure visitation to reduce the risk of COVID-19 transmission during an outbreak investigation based on county COVID-19 transmission levels and scope of COVID-19 outbreak.
- c) If a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk (e.g., in the resident's room), the resident will be allowed to receive visitors as he/she chooses.
- d) The Community will continue outbreak testing pursuant to Vi's COVID-19 Mass Testing Protocol.

2.4. Compassionate care visitation can always occur.

- a) Compassionate care visitation includes visitors who provide essential support (i.e., Essential Caregiver and Essential Support visitor status), or who are healthcare personnel (HCP), as contemplated by CDC and CMS guidelines.
- b) During a compassionate care visit, physical contact can be allowed if both resident and visitor wear a well-fitting face mask and perform hand-hygiene before and after contact.

2.5. In Community counties with low to moderate transmission, the safest practice is for residents and visitors to wear face masks and physically distance; however, if the resident and all of their visitors are fully vaccinated, and the resident is not moderately or severely immunocompromised, the resident can choose to have close contact (including touch) and not wear a mask with their visitor(s) during social and compassionate visits as long as neither the resident or their visitors are at increased risk for severe disease.

2.6. Before visiting residents, who are on transmission-based precautions, in quarantine, or unvaccinated, visitors should be made aware of the potential risk of visiting and precautions necessary to visit the resident. See <https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html> for details) and perform hand-hygiene before and after contact.

- a) LTCFs may continue to use alternative electronic methods for virtual communication between residents and visitors, such as Skype, FaceTime, WhatsApp, or Google Duo to augment in-person visitation.
- b) Compassionate care visits, outdoor visits, window visits, and virtual visits do not relieve facilities of the obligation to always allow indoor visitation and for all residents in accordance with these guidelines.

VISITATION PROGRAM GUIDANCE AND REQUIREMENTS:

3. Minimum Visitation Program Requirements: Communities must establish and maintain provisions for visitation.

3.1. For LTCF components, this means, specifically identify, designate and provide locations for visitation (both indoor and outdoor) that adhere to core principles of infection control and prevention which must be designated beforehand.

- 3.2.** Community (and/or LTCF component) may not limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.
- 3.3.** The Community should ensure that physical distancing can be always maintained during peak times of visitation (e.g., lunch time, after business hours) and avoid large gatherings where a large number of visitors are in one space.
- 3.4.** Such information shall be included in the Community/LTCF-specific visitation plan in accordance with this policy/protocol.
- 3.5.** Practice General COVID-19 Prevention: each Community shall implement the following for all visitors regardless of community COVID-19 transmission status.
- 3.6. Screening**
- a) Maintain a screening process for all visitors for COVID-19 symptoms and risk factors for exposure prior to entering the Community (see details in screening section below).
 - b) Visitors with symptoms or exposure to someone with COVID-19 infection in the prior 14 days should be denied entry regardless of vaccination.
 - c) Maintain a visitor log for contact tracing purposes.
- 3.7. Resource Coordination**
- a) Designate one or more staff person(s) as coordinator of the visitation program.
 - b) Implement a process to ensure Resident consent to visitation.
 - c) Distribute visitor identification forms for the purpose of allowing Residents to identify and designate individuals who may utilize the Community/LTCF's visitation program.
- 3.8. Infection Control Training**
- a) Communities must implement and maintain transmission-based precautions in connection with indoor and outdoor visitation, consistent with CMS's "Core Principles of COVID-19 Infection Prevention" (found at Attachment A)
 - b) Provide basic, accessible, and understandable Infection Control Training for all visitors on transmission-based precautions.
 - c) Maintain documentation of such training in the Community's/LTCF's Infection Control Prevention Program documentation.
 - d) Ensure that within each LTCF venue of living at the Care Center, staff, residents, and visitors adhere to the "Core Principles of COVID-19 Infection Prevention" (found at Attachment A) at all times.
 - e) Communities must make available the "Core Principles of COVID-19 Infection Protection" to all visitors before visitation begins.
- 3.9. Safe Transport**
- a) Communities must have adequate staff present to allow for safe transit of residents to the designated visitation location and environmental cleaning and disinfection after visitation.
 - b) "Safe transport" means that the resident should wear a surgical facemask to prevent viral shedding and cannot be transported through any space where residents with suspected or confirmed COVID-19 are present.
- 3.10. Visitation Monitoring**
- a) A staff member trained in patient safety and infection control measures should monitor the resident during the visit, to the extent possible, to ensure residents and visitors are

maintaining at least 6 feet of distance from each other, appropriately wearing masks, practicing hand hygiene, and not wandering throughout areas of the Community and/or LTCF that are not designated for visitors.

- b) Staff should be close enough to monitor compliance with visitation policy but also allow for privacy between the resident and the visitors.
- c) As LTCFs transition into fully reopening with visitation, it may not be possible to monitor all visits; accordingly, each Community (and/or one or more of the separate LTCF components of the applicable Vi Community) should develop and implement continuous and effective methods to inform and educate residents and visitors about the necessary precautions and periodically monitor the visit for compliance.

3.11. Transmission-based Precautions

- a) Require mask-wearing by residents (when safe), visitors, and staff.
- b) Bandanas and neck gaiters do not qualify as face masks.
- c) Staff and residents must wear a surgical face mask, and visitors must wear at a minimum a cloth face covering for the duration of the visit.
- d) Masks must always cover the nose and mouth (e.g., no eating allowed).
- e) The Community/LTCF must maintain adequate personal protective equipment (PPE) to provide residents, staff, and visitors (who do not arrive with a cloth face covering) with a surgical facemask during the visit and during transit to/from the visitation site.
- f) All designated visitation locations (including resident rooms) must allow for social distancing (i.e., at least 6 feet of space consistently between all visitors, staff, and resident) and practice other transmission-based precautions at all times. At a minimum, as articulated further in these guidelines, each Community/LTCF should:
 - Consider demarcating spaces for people to sit in the visitation area (both indoors and outdoors) and remind both visitors and residents about the core principles of infection control.
 - Provide alcohol-based hand sanitizer in designated visitation spaces.
 - Remind staff, resident, and visitor(s) must sanitize their hands before and after visitation, and after any touching of face or face covering/mask.
 - Advise residents and visitors that they may go on walk together in designated areas during visitation, provided, however, that visitors should not wander throughout other areas of the Community alone; and
 - Institute enhanced cleaning and sanitation where visits occur; clean and disinfect all touched surfaces prior to and after each visit.
 - Communities may restrict visitors to those who can't comply with masking, physical distancing or other transmission-based precautions.
 - Communities should maintain a visitor log with contact information for all visitors (indoor or outdoor visitors) to enable accurate public health contact tracing should there be a need.
 - Communities must implement cohorting of residents to allow for COVID-19 care for positive residents.

3.12. Resident Requirements for Visitation:

- a) While it is not recommended, a resident who is suspected or confirmed to be infected with COVID-19 can still have visitors which includes compassionate care situations. Likewise, unvaccinated residents can still have visitors. Consistent with CDC recommendations, the Community shall encourage unvaccinated residents to delay indoor visitation until they have been fully vaccinated.
- b) Residents must wear a surgical [face mask that covers their nose and mouth](#) at all times when transiting to/from the visitation site, and during the visitation unless criteria is met to choose not to wear a mask during visitation in the resident's room.
- c) The Community (and/or each LTCF component) may not restrict the number of visitors the Resident may receive during each visitation session, or the duration of the visitation session.
- d) Residents may deny or withdraw consent for a visit at any time.
 - Visitors must be able to follow the guidelines for visitation contained in this protocol (or pursuant to the most recent CDC or CMS guidelines) for the entire duration of the visit.
 - During indoor visitation, Communities/LTCF should limit visitor movement in the facility.
 - If 6 feet of separation is unable to be maintained, a large Plexiglas or other protective barrier can be utilized.
 - Fully vaccinated residents can choose to have close contact (including touch) and not wear a mask with their visitor during social and compassionate visits as long as both resident and visitor are not at risk of severe disease (as defined by the CDC. See <https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html> for details) and perform hand-hygiene before and after contact.
 - Residents remain responsible for the conduct of their invited or received visitors to the Community and/or the LTCF component.
 - Exceptions to the Resident requirements for visitation may be made on a case-by-case basis at the discretion of the Community's Executive Director (or specific LTCF Administrator).

3.13. Screening Prior to Visitation: The Community shall triage and screen all Visitors prior to entry into the building, consistent with CDC or CMS screening criteria (or if more restrictive and/or prohibitive, screening criteria issued by local Governmental Authorities). All screenings must be documented via a form approved by Vi, and all such screening shall be logged by the Community.

- a) Each Community shall maintain a log of all Visitors interacting with Community residents, which shall include, at a minimum, name of the Visitor, date of screening, and time of screening. In addition, each Community (and/or one or more of the separate LTCF components of the applicable Vi Community) may maintain in the log testing documentation and contact information for all visitors (indoor or outdoor visitors) to enable accurate public health contact tracing should there be a need.
- b) All screening documentation must be maintained until further notice and made available upon request of federal, state, or local authorities.
- c) Screening in LTCF care venues:

- At the time a visitor arrives the LTCF must ask about symptoms of COVID-19 or risk factors for exposure, as outlined below.
 - Before visitation, take the resident's temperature.
- d) Ask both residents and visitors about presence of any of the following [symptoms](#) before visitation:
- Fever (feeling feverish or a document temperature of 100.0 degrees Fahrenheit or higher).
 - Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath.
 - General body symptoms such as muscle aches, chills, and severe fatigue.
 - Gastrointestinal symptoms such as nausea, vomiting, or diarrhea.
 - Changes in a person's sense of taste or smell.
- e) The Community may also ask visitors the following [screening questions](#):
- Are you 14 days beyond the second dose of their mRNA COVID-19 vaccine or 14 days beyond single dose of Johnson & Johnson/Janssen vaccine?
 - A visitor's vaccine status does not impact if a visitor can enter but should be recorded in case of answers yes to below travel question or if there is an inadvertent breach of infection control during the visit.
 - Have you been in close contact with someone who is confirmed to have COVID-19 in the past 14 days?
 - Per [CMS guidance](#), someone who answers yes to this question should not visit, regardless of vaccination status.
 - NOTE: Healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer "no" because they are not considered to have exposure.
 - Separate from Essential or Critical Travel, have you traveled in the prior 10 days outside of your local community or on a cruise ship? *Essential or Critical Travel includes for work, school, personal safety, medical care, care of others, or parental shared custody.
 - Essential travel also includes travel for students and their parents or guardians who are visiting institutions of higher learning or preparatory high schools as potential future students, including allowing the students to remain at the schools for overnight stays
 - NOTE: See **STATE SPECIFIC** exceptions to travel quarantine for vaccinated persons and persons who are within 90 days of a prior COVID-19 infection.
 - If resident or visitors screen positive for any questions about risk factors or signs/symptoms of COVID-19, then the visitation may not occur.

4. Visitor Requirements/Visitor Rules and Conditions after Successful Screening

- 4.1.** All visitors must submit to screening for symptoms or risk factors of COVID-19 prior to entry into the Community, as outlined in this policy/protocol.

4.2. All Visitors must attend basic Infection Control Training, adhere to the “Core Principles of COVID-19 Infection Prevention” (found at Attachment A), and observe the following transmission-based precautions:

- a) Visitors must wear a surgical mask and other PPE as appropriate, at a minimum, always covering over their nose and mouth during the visitation unless criteria are met to choose not to wear a facemask. PPE for essential caregivers and compassionate care visitors must be consistent with the most recent CDC guidance for health care workers. The Community may provide a face mask to visitors if the visitor(s) arrive without a face covering, subject to available supply of such PPE. If a visitor refuses to wear PPE as advised, such visitor shall be denied continued presence or re-entry to the Community.
- b) Visitors must be instructed not to touch their eyes, nose, mouth, or face, or adjust their face mask without first sanitizing hands. After touching face or adjusting mask, the visitor must perform hand hygiene.
- c) Visitors must perform hand hygiene with an alcohol-based hand rub immediately before and after visitation.
- d) Visitors must practice physical distancing unless criteria are met to engage in physical touch, which includes remaining 6 feet apart from other persons and minimizing time in common areas of the Community and provide care or visit in the resident’s room or in designated areas within the Community only.
- e) While it is encouraged that visitors comply with Community-provided COVID-19 testing, if offered, visitors are not required to be tested or vaccinated (or show proof of such) as a condition for visitation. The LTCF may require visitors to submit to LTCF-provided COVID-19 testing so long as use of testing is based on the most recent CDC and CMS guidance.
- f) Fully vaccinated residents can choose to have close contact (including touch) with their visitor during social and compassionate visits as long as both resident and visitor wear a [well-fitting face mask](https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html) (as defined by the CDC. See <https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html>)

5. Visitor Requirements After the Visitation

- 5.1.** Instruct visitors to monitor for symptoms of COVID-19 after their visit.
- 5.2.** Any individual who enters the LTCF and develops signs and symptoms of COVID-19 (as outlined above) within 2 days after visiting must immediately notify the LTCF.
- 5.3.** The visitor should inform the LTCF of the date of their visit, the individuals (both residents and staff) they were in contact with, and the locations within the LTCF they visited.
- 5.4.** Communities should immediately screen the individuals who had contact with the visitor for the level of exposure and follow up with Vi’s COVID-19 Pandemic Panel and Corporate Resident Care. LTCFs should follow CDC guidance for [actions to take in response to residential institutional outbreaks of COVID-19](#), or state-specific guidance if more restrictive.

6. Miscellaneous Visitation Specific Requirements:

6.1. Additional Requirements for Indoor Visitation: If visitation will occur indoors at the Community for any reason ([compassionate care](#), general/social, or essential support visits), visitors adhere to the following additional requirements:

- (a) Indoor visitors should have their temperature taken or reported intermittently during the visitation session in addition to the [above screening process](#).
- (b) Visitation should be restricted to the resident's apartment, room, or designated location in the Community or LTCF (depending on visitation type).
- (c) If visitation cannot be safely conducted within the resident's apartment or room (for example, due to an outbreak), a single consistent room for indoor visitation close to a building entrance should be established so that visitors do not transit extensively through residential living areas. The room must also be large enough to allow all visitors, resident, and staff to maintain 6 feet of space consistently always between each other.
- (d) Visitation should ideally occur in a well-ventilated room. If the building does not have an HVAC system, then look to open windows if/when possible, to allow in outdoor air.
- (e) Facilities shall enforce all required mitigation measures including face masks, hand sanitizing, screening of visitors, and physical distancing. Visitors who refuse to comply with mitigation measures may be removed from or denied access to the premises.
- (f) For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the infection prevention requirements for COVID-19.

6.2. Resident Room Visitation Space (LTCF requirements):

- (a) In addition to the in-person visitation and indoor visitation space conditions described above, the LTCF should allow:
 - Residents who are fully vaccinated may visit with loved ones who are fully vaccinated in their rooms if they reside in a private room or if their roommate is also fully vaccinated. The resident and visitor, and if appropriate, roommate should wear facemasks, as able, during the visit.
 - Facilities must develop visitation policies for residents that may be bed restricted and unable to attend visitation outdoors or in an identified location.
 - Residents who are fully vaccinated may visit with loved ones who are fully vaccinated without maintaining physical distancing, if both are wearing facemasks, as able.
 - In the LTCF setting, if visitation occurs in the resident's room but the resident has a roommate, the roommate or the roommate's guardian must consent to the visit.
 - While the visit is ongoing, the roommate must wear a facemask and whenever possible, physical distancing and physical barriers (e.g., curtain, Plexiglas) be used.
 - Facilities should enable visits to be conducted with an adequate degree of privacy by requiring staff to maintain a reasonable distance during visitation.
 - When there is a confirmed or suspected COVID-19 case in a resident or staff member, the LTCF must notify resident families and/or the resident's legal representative.
 - The notification must include the reason for suspending indoor visitation and the conditions necessary for resuming indoor visitation when the rare occasion for suspending visitation occurs.

- Additionally, LTCFs must designate a specific point of contact at the facility for resident families and/or legal representatives to contact with questions.

6.3. Outdoor Visitation Space (LTCF Requirements):

- (a) Outdoor visitation is preferred as lower risk of transmitting COVID-19. In addition to the in-person indoor visitation conditions described above, the LTCF should continue to offer outdoor visitation and adhere to the following:
 - Ensure visits with a resident occur in a designated outdoor space; outdoor visits will be dependent on permissible weather conditions, availability of outdoor space, and the health and well-being of the resident.
 - A LTCF staff member trained in such patient safety and infection control measures must remain immediately available to the resident at all times during the visit.
- (b) Outdoor visitation should be allowed during any level of community spread and should be the preferred visitation method even if both visitor and resident are fully vaccinated. Certain weather conditions and resident needs and health status should be considered when scheduling outdoor visits
- (c) Outdoor visits and window visits also remain permitted in all scenarios, though the outdoor visits may be hindered by weather considerations or an individual resident's health status (e.g., medical condition(s), COVID-19 status).
- (d) Mask-wearing by residents (when safe), visitors, and staff. Bandanas and neck gaiters do not qualify as face masks.
- (e) If the resident is fully vaccinated, the resident 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.
- (f) When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

6.4. Documentation of Visitation Space Specifications (LTCF Requirements).

- (a) The Community/LTCF's indoor and outdoor visitation procedures and space specifications shall be documented in the specific LTCF's emergency operation plan materials. Sample guidelines for outside and indoor visitation are attached as Attachment C.

6.5. Compassionate Care Visitation (LTCF Requirements):

- (a) Communities will continue to accommodate compassionate care visits for LTCF residents, and visits required under federal disability rights law, regardless of resident vaccination status, the local COVID-19 positivity rate, and LTCF's outbreak status.
- (b) Compassionate care visits include end-of-life care as well as certain other situations.
- (c) Compassionate care visits continue to be always made available for residents, and include residents suffering mental, physical, and emotional decline due to prolonged separation from loved ones.
- (d) Compassionate care visits also include visits by necessary healthcare professionals (including medical, dental, and behavioral healthcare), clergy, and professionals assisting individuals with disabilities, including the use of licensed sign language interpreters and other communication service providers.

- (e) 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.)
- (f) Decisions about compassionate care visits should be made on a case-by-case basis, based on resident care needs. LTCFs should work with residents, families, caregivers, resident representatives, and health care personnel to identify the need for compassionate care visits.
- (g) For compassionate care situations LTCFs must limit visitors in the facility to a specific room: either the resident's room, if the resident has a private room or the resident's roommate has been fully vaccinated, or another location designated by the facility.
- (h) Decisions about visitation during a compassionate care situation should be made on a case-by-case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for any symptoms of COVID-19 and temperature checks.
- (i) Individuals with symptoms of a respiratory infection (fever, cough, shortness of breath, sore throat, myalgia, chills or new onset of loss of taste or smell) should not be permitted to enter the LTCF at any time.

6.6. Out-of-State Visitors (LTCF Requirements):

- (a) LTCFs cannot implement policies for out-of-state visitors traveling to the state within which the Community is located to visit LTCF residents that are more restrictive than those put in place by the local jurisdiction's travel orders, if any exist.
- (b) Out-of-state visitors are exempt from the requirements to fill out a travel form, self-quarantine or obtain a negative COVID-19 test result if their travel is limited to brief trips for purposes that have been designated by CMS or CDC as "Critical Life Activities". This allowance is limited to short, same-day trips across the state border and back for visiting persons residing in congregate care settings.

6.7. Visitor Testing and Vaccination

- (a) LTCFs are encouraged to perform rapid point of care testing of visitors using BinaxNOW tests if feasible and should prioritize visitors that visit regularly (e.g., weekly), although any visitor may be tested. However, LTCFs shall not condition a visitation on testing or a negative test result.
- (b) LTCFs can also encourage visitors to become vaccinated when they have the opportunity, as part of the LTCF's vaccination program education efforts. While visitor vaccination can help prevent the spread of COVID-19, visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.

7. VISITATION PLAN DOCUMENTATION, EVALUATION AND CONTINUOUS REVIEW

7.1. Re-evaluation of Community-specific Visitor Guidelines:

- (a) During the COVID-19 disease outbreak, visitation will be permitted for residents and based on CDC, CMS, and local health department guidance/recommendations for protection of residents and staff.
- (b) Each Community (and/or LTCF component) will continue to evaluate and if necessary revise its established COVID-19 pandemic visitation plan, which is part of the Community's overall Business Continuity and Reopening Plan, and should consider, at a minimum, the following factors: (1) the epidemiology in their specific Community or LTCF component; (2) the layout of their specific Community or LTCF component; (3) staffing levels at their specific Community or LTCF component; (4) personal protective equipment (PPE) supplies; (5) access to PCR or antigen testing supplies with turnaround time no more than 48 hours; (6) local hospital capacity when deciding to move through the phases of reopening; (7) vaccination rates of residents and staff; and (7) state and federal laws and regulations, including but not limited to infection control, care planning, and resident rights.
- (c) Vi reserves the right to deny visitation by all individuals without exception in the following circumstances: (i) the resident population will be jeopardized without complete restriction of access to visitors and other persons who are not medically necessary healthcare workers, based on how the local geographic region is experiencing spread of COVID-19; (ii) There is large scale community transmission of COVID-19, as determined by CMS, CDC or local authorities; (iii) healthcare staffing at the Community significantly impacted by the COVID-19 disease crisis; or (iv) there are multiple cases of COVID-19 disease outbreak within communal settings in the local geographic area, such as healthcare facilities, nursing facilities or referring hospitals.

7.2. Visitation Program: Quality Assurance and Performance Improvement. The Community (and/or LTCF component) shall:

- (a) Review and revise policies and procedures for designation and utilizations of essential caregivers and compassionate care visitors as the COVID-19 Public Health Emergency progresses.
- (b) Re-evaluate the total number of visitors allowed pursuant to this policy/protocol based on the ability of staff to safely screen and monitor visitation.
- (c) Review and evaluate the visitation process as it relates to resident and visitors, with the goal of allowing visitations for all residents at all times pursuant to CMS, CDC, and local public health guidance.
- (d) Continuously review and update infection prevention and control training, including training on proper use of personal protective equipment (PPE), hand hygiene, and social distancing, as CDC and CMS guidance develops related to COVID-19.
- (e) Review visitor logs and documentation for sufficiency.
- (f) Evaluate opportunities for the use of virtual communication when the resident is quarantined or if the resident is positive for or shows symptoms of COVID-19 should the resident or visitors decline in person visitation.
- (g) Monitor visitor adherence to appropriate use of face masks, PPE, physical distancing, and core principles of infection control.

- (h) After attempts to mitigate concerns, restrict, or revoke visitation on a case-by-case basis if the visitor fails to follow infection prevention and control requirements or other COVID-19-related rules of the LTCF.

Revision History:

March 2020; April 2020; May 2020; June 2020; September 2020, March 2021, December 2021, April 2022

Attachment "A"
Vi at Bentley Village
Limited Visitation by Phase of Reopening Policy/Protocol Overview
Last Updated: September 2020

Phase 0: Community (or separate LTCF component) in current outbreak status*	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation**	Necessary healthcare Compassionate care (End of Life only)
Non-essential personnel	No non-essential healthcare personnel (excludes <u>most</u> Private Duty Aides)
Trips outside the facility	Only medically necessary trips outside the facility
Communal dining	No communal dining
Group activities	No group activities
<i>*outbreak status is determined by Vi's Corporate COVID-19 Review Panel</i>	
<i>**all visitation in this phase must be approved by Vi's Legal Department</i>	

Phase I: Communities in counties with a prevalence of active COVID-19 cases of 50 cases per 100,000 population or fewer and are NOT in current outbreak status	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Necessary healthcare Compassionate care Essential Caregiver (Family Members or <u>Limited</u> Private Duty assistance) General Visitor - Limited Outdoor visitation*
Non-essential personnel	No non-essential personnel (excludes <u>most</u> Private Duty Aides) Allow limited number of maintenance/construction contractors with additional precautions as determined necessary by the Community/LTCF
Trips outside the facility	Only medically necessary trips outside the facility

Communal dining	Limited communal dining with physical distancing (at LTCF discretion)
Group activities	Group activities limited** to no more than 10 people with masking and physical distancing, cohorting encouraged
<p><i>* only if environmental and infrastructure circumstances warrant and/or Community/LTCF elects. Must be approved by Vi Legal Department and Risk Management.</i></p> <p><i>**the number of individuals involved in group activities depends on facility layout and ability for masking and 6ft of space between residents</i></p>	

Phase II: Communities that have met criteria for Phase I and have been operating successfully in Phase I for at least 14 days	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Necessary healthcare Compassionate care Essential Caregiver General Visitor - Outdoor visitation* General Visitor - Limited indoor visitation*
Non-essential personnel	Allow limited number of non-essential healthcare personnel and contractors with additional precautions as determined necessary by the Community/LTCF*
Trips outside the facility	Only medically necessary trips outside the facility
Communal dining	Limited communal dining with physical distancing (at LTCF discretion)
Group activities	Group activities limited** to no more than 10 people with masking and physical distancing, cohorting encouraged
<i>* only if environmental and infrastructure circumstances warrant and/or Community/LTCF elects. Must be approved by Vi Legal Department and Risk Management.</i> <i>**the number of individuals involved in group activities depends on facility layout and ability for masking and 6ft of space between residents</i>	

Phase III: Communities in counties with a prevalence of active COVID-19 cases of 10 cases per 100,000 population or fewer and have been operating successfully in Phase II for at least 14 days	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Limited visitors allowed with social distancing and masks*
Non-essential personnel	Allow non-essential healthcare personnel and contractors with additional precautions as determined necessary by the Community/LTCF
Trips outside the facility	Some non-medically necessary trips permitted, based on risk of activity
Communal dining	Communal dining permitted with physical distancing (at LTCF discretion)
Group activities	Group activities permitted, including outings, with physical distancing, cohorting encouraged
<i>* only if environmental and infrastructure circumstances warrant and/or Community/LTCF elects. Must be approved by Vi Legal Department and Risk Management.</i> <i>**the number of individuals involved in group activities depends on facility layout and ability for masking and 6ft of space between residents</i>	

**Attachment “B”
Vi at Bentley Village
Limited Visitation by Phase of Reopening Policy/Protocol Frequently Asked Questions
Last Updated: September 2020**

What kind of visitation is currently being allowed?

The guidance regarding visitation is defined by what phase of reopening a facility is in. A copy of the “Limited Visitation by Phase of Reopening Policy/Protocol Overview” is provided to you with these FAQs. Indoor visitation in compassionate care or end of life situations is allowed at this Community in all phases of reopening, as are visitation for certain types of “Necessary healthcare” being provided to residents by family members. If environmental and infrastructure circumstances warrant, the Community in Phase I may allow outdoor visitation. Similarly, in Phase II, the Community may allow indoor visitation in addition to outdoor visitation.

Will there be scheduled hours for outdoor visitation?

No, there is no need for scheduled outdoor visitation times.

Please note, if the Community determines that weather is unsuitable, a resident cannot be safely moved outdoors, or if the Community cannot adequately or safely comply with the requirements of Vi’s Limited Visitation by Phase of Reopening Policy/Protocol, the Community reserves the right to cancel visitation. In addition, depending on the circumstances, the Community may establish more restrictive guidelines as needed to ensure the safety of visitations and the Community’s operations.

Do I need to wear a mask for visits even if staying at least 6 feet apart?

Yes, a face covering, or mask must be worn during the entire visitation. In addition, each visitor must either submit to COVID-19 testing and screening, or if the circumstances dictate, provide documentation of recent COVID-19 testing. The Community will contact you with specific instructions in advance of your scheduled visitation appointment.

Is the visitation open for all ages?

Visitation is generally restricted to adults 18 years of age or older. At this time, children under the age of 18 are prohibited from visitation at the Community, without exception.

Can I bring food?

No, you cannot bring food, because masks should always remain on, and as such, neither you nor the resident cannot eat together.

What if the resident’s roommate (or the roommate’s guardian) does not allow visitation?

If a resident’s roommate (or the roommate’s guardian) does not consent to visitation, then the visitation may not occur in the room. Instead, you should consider visitation outdoors or in a designated indoor area, if available.

What if I am wrongly denied visitation with my loved one?

If you believe you have been wrongly denied visitation, or you have questions that aren’t answered by these FAQs or the Community, you may contact the Office of the Long-Term Ombudsman at 1-888-831-0404.

Attachment C

COVID-19 Outdoor Visitation Policy

These guidelines are the outdoor visitation guidelines for Vi at Bentley Village.

This policy for outdoor visitation incorporate by reference the most recent CMS guidance for reopening nursing homes, CDC guidance for COVID-19 in nursing homes, CMS long-term care facility testing requirements, and the Facility's written visitation plan documentation created to meet the individual and unique circumstances of the Facility during the COVID-19 Public Health Emergency.

The Facility is committed to communicating its visitation policy with residents' loved ones and keep them informed of any changes to this visitation policy.

1. Criteria for Facility to Offer Limited Outdoor Visitation

The facility shall ensure that every item below is met before while offering visitation for residents.

- a. Screening of residents for any symptoms consistent with COVID-19 infection with documentation is occurring at least daily and for staff at the start of each shift.
- b. Facility has adequate staffing and personal protective equipment (PPE).
- c. Facility has an approved written plan for outdoor visitation. The Facility shall attach the approved written plan for outdoor visitation documentation to this policy and insert it into the Facility's Infection Control Management Program and Emergency Operation Plan materials related to the COVID-19 Public Health Emergency.
- d. The facility complies with CMS requirements as described in the CMS requirements for nursing homes.

2. Triggers for Outbreak Testing Impacting Visitations at a Facility

- a. If **one or more** cases are identified in residents and/or staff members, visitors will be educated about the core principles of infection control before visitation. Although visitation is not recommended due an outbreak, visitation is still permitted while CMS testing protocols are completed.
- b. Note: A resident that previously tested positive and now retests positive within three months of original positive test, is not considered a new case. It is unknown at this time whether an individual can be re-infected. CMS testing guidance may be updated as more information is learned on viral persistence and risk for reinfection.

3. Facility Criteria

- a. The facility shall establish a schedule for outdoor visitation hours and should work with

prospective visitors individually should the adherence to core principles of infection control not be feasible.

- b. The facility shall communicate their visitation policy with residents' family members and keep them informed of any changes to their policy, including whether they allow outdoor visitations.
- c. The facility shall include in its written outdoor visitation plan documentation the following:
 - i) Steps that address the mechanics of visitation, such as entry, screening, site preparation, and infection control education.
- d. The facility shall ensure the outdoor spaces provide adequate protection from the weather. However, the facility shall only permit the visits at times when the weather would not put residents and visitors at risk.
- e. The facility shall consider prioritizing visitation for eligible residents with emotional distress or other conditions that have been exacerbated by continued isolation.
- f. The facility shall have enough staff on duty to help the residents transition outdoors, supervise visits, and wipe down visitation areas before and after each visit.
- g. The facility shall ensure staff sanitize the designated outdoor visitation spaces with EPA-registered disinfectant at least before and after each visit.
- h. The facility shall ensure that staff supervising the residents during visits are trained in patient safety and infection control measures and enforce social distancing and masks requirements for the duration of the visit. The facility shall ensure that staff maintain visual observation while also providing distance necessary for the privacy of the visit and conversation. The facility shall ensure the residents remain in their designated outdoor visitation location for the duration of the visit.
- i. The facility shall ensure that staff provide appropriate personal care and supervision to residents taking into consideration their individual needs and conditions, including need for sunscreen, hydration, appropriate clothing for the weather, heat sensitivity, and wandering and other behaviors.
- j. The facility shall ensure the designated outdoor visitation spaces allow for appropriate physical distancing for the resident and visitor during the visit.
- k. The facility shall conduct pre-visit orientation to include ensuring visitors properly wear a surgical face mask covering their mouth and nose and understand the core principles of infection control.
- l. The facility shall screen visitors for COVID-19 signs and symptoms, including checking temperatures to assess for fever (100.4°F or greater), for visitors at a screening location designated outdoors when the visitor checks in for the visit.
- m. The facility shall document each visitor at the designated outdoor location before and after their visit, to include, at a minimum, the date of visit, check-in and check-out times, visitor's signature, visitor contact information (i.e., full name, address, telephone number,

and email address), results of their symptom screening, prior COVID-19 test results (if any), relationship to resident they are visiting, and staff that assisted with the visit.

- n. The facility shall provide alcohol-based hand rub to visitors and signage on proper use.
- o. The facility shall ensure the safety of the outdoor visits and must consider individual needs to residents. These key performance indicators shall be studied by the Facility's QAPI committee.
- p. The facility may set up Plexiglas visitation booths to the following standards:
 - i) Booths include the use of these three-sided protective and sealed booths
 - ii) Booths shall be sanitized before and after each visit.
 - iii) The visitation booths shall have anti-tipping protections and must have a height that extends at least two feet above all the participants' heads, and must have a width that extends at least two feet beyond the participants on the sides.
- q. The facility shall maintain an adequate supply of personal protective equipment (PPE), including masks, gloves, face shields, and gowns as indicated, for routine facility use and for use in family visits.
- r. The facility shall pay particular attention to the temperature outdoors and advance planning should be done to maximize protection from the sun and heat.
- s. The facility shall consider their recent and current number of staff and residents with confirmed cases of COVID-19 in determining visitation process.

4. Resident Criteria

- a. Residents that are currently in isolation due to recently testing positive for COVID-19, have signs and symptoms of COVID-19, or currently are in a quarantine or observation period are not eligible for outdoor visits.
- b. Residents that are not currently but have previously tested positive for COVID-19 are permitted only if they no longer require transmission-based precautions in accordance with CDC and DHEC guidelines.
- c. Residents must have the ability to safely transition, with or without staff assistance, from their room to the outdoor visit location and remain safe in the designated location.
- d. Residents must not be transported through any space designated as COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 or under quarantine are present.
- e. Residents must wear a surgical face mask, unless a contraindication is present, at all times during the visit, including the transition to and from the outdoor visitation location. Residents must be positioned at least six feet away from visitors unless otherwise indicated by resident or in an outdoor visitation location that encloses them in a Plexiglas visitation booth as set forth in "Facility Criteria."

5. Visitor Criteria

- a. Children must be always accompanied by their guardian. The child's guardian is responsible for ensuring the child follows safety measures, including social distancing and wearing a surgical face mask for the duration of the visit. Face masks should not be used by any children under the age of two that have been approved by the facility to visit under special family circumstances.
- b. Visitors must wear a surgical face mask over their mouth and nose for the duration of the visit, including to and from their vehicle or other mode of transportation. Face shields may not be used in lieu of surgical face masks for visitors, though they may be used in addition to the mask or covering if the visitor so chooses.
- c. Visitors must strictly maintain physical distancing for the duration of the visit, including remaining at least six feet away from residents otherwise indicated by the resident.
- d. Visitors must use alcohol-based hand rub upon entering and exiting the outdoor visitation location.
- e. Visitors are permitted in the designated outdoor visitor screening location and the designated outdoor visitation location.
- f. Visitors must only visit the resident they intended to visit at the designated outdoor visitation location.