

Memo

TO: Evan Shuman, CMS

FROM: National Consumer Voice for Quality Long-Term Care, Center for Medicare Advocacy,
Long Term Care Community Coalition, California Advocates for Nursing Home Reform

DATE: Sept. 1, 2021

RE: Recommendations for visitation in light of the recent increase in cases and Delta variant

Recent increases in COVID cases in nursing homes are cause for concern. Not only due to the vulnerability of many residents to COVID, but also because they are triggering increased restrictions on visitation and quarantining, thus forcing residents to once again become isolated from their families, friends, and communities. Over the last 4-6 weeks, the Consumer Voice and our partner advocates have increasingly heard from residents, families, and ombudsmen about outbreaks occurring in facilities and resulting lockdowns that, to a large degree, are being imposed on all residents of facilities. During these lockdowns, visitation is not permitted, congregate meals and activities are suspended, and residents are being told to stay in their rooms. Each outbreak results in a 14-day facility lockdown. Even compassionate care is being suspended or limited in many cases. As outbreaks continue to occur in facilities, we find ourselves in basically the same place we were 18 months ago at the start of the pandemic. We have to apply the lessons learned from the past year to ensure that residents do not once again become isolated and experience the desolation, decline, neglect, anxiety, and other consequences of isolation that have been so prevalent – and devastating – during this pandemic.

The evidence is irrefutable that vaccination rates have made the biggest difference in stemming the spread of the virus and protecting residents from becoming sick and dying. Vaccinations have also resulted in more facilities expanding visits, restarting congregate meals and activities, and supporting residents who wish to leave the facility for an outing. The result has been a decrease in isolation for many residents, and more residents are again receiving the supports and assistance that many family members provide.

We appreciate the opportunity to share our recommendations for visitation in light of increases in COVID cases due to the Delta Variant. We encourage CMS to do the following:

- **Start from the premise that visitation is allowed for all residents at all times.** Facilities must ensure that evening and weekend hours are widely available, and that visiting times are reasonable in length (i.e., offer an hour at minimum). For regular visitation, appointments and visiting hours might need to be used on a limited, temporary basis if that is needed to maintain necessary precautions, such as social distancing, particularly in facilities where an outbreak has occurred.

Common reports from ombudsmen and families are that visiting times are being offered on a limited basis during daytime working hours. By not offering visiting hours during the evening and on weekends, facilities are excluding many families, or putting them in a position of having to take time

off work. This burden is unreasonable and unnecessary and does not reflect the needs of the residents and their loved ones.

- **Outdoor visits must also be permitted, even during outbreaks, weather permitting.** Even now, some facilities are stopping all visits during outbreaks, including outdoor visits.
- **Reiterate and enforce that compassionate care or end of life visits are permitted at all times and are not subject to visiting hours or restrictions due to COVID outbreaks.** We would recommend clarifying that every resident is eligible for compassionate care visits based on that person's needs. While there have been improvements in the implementation of compassionate care and end of life visits, there continues to be a lack of understanding about what compassionate care is, and how it should be implemented (i.e., based on the needs of the resident). In too many instances, compassionate care is seemingly treated as regular visitation – with specific hours and time limits. Instead, compassionate care visits should be tailored for each resident's specific needs. For example, one resident may need daily visits from a family member or support person as a means of managing their anxiety or ensuring enough time is provided to help them eat. Yet for another resident, one or two visits (separate from regular visiting hours) from a loved one might be sufficient to help them through a troubling time. Continuing to provide and refine examples would be extremely useful.
- **Require all persons entering the facility to show proof of vaccination or a negative COVID test (within 72 hours).** Require facilities to provide rapid COVID tests onsite as necessary. Federal COVID relief funds should be made available to fund testing.
- **Visitors and anyone entering the facility should follow the same infection control and prevention protocols as staff,** including screening – temperature check, affirmation that they are not sick with COVID or been around someone who has tested positive, hand washing or using a hand sanitizer upon entry, and wearing of masks and/or other appropriate PPE as necessary.
- **Permit visits in resident's rooms and in other designated areas of the facility.** Roommates should be consulted and give consent prior to a visit in their room. Social distancing should be maintained between different visiting groups. Masks should be worn at all times while moving through the facility and in all common areas. Recognize that communication with face masks is extremely difficult for some residents. If residents and visitors are vaccinated, masks could be optional (based on the resident's wishes) when the visit takes place in a resident's room. Touching should be permitted, with resident consent.
- **Ensure that surveys and complaint investigations continue, with meaningful enforcement for deficiencies that are cited, even as outbreaks occur or cases rise.** Require surveyors to ask about visitation while onsite, even if that is not the subject of a complaint.
- **Reiterate in the guidance that nursing homes are expected to have sufficient staffing at all times to meet the needs of residents, including assistance with visitation.** Make clear that there is no expectation that staff escort visitors to the resident's location, or stay in the room during a visit. Residents and visitors are entitled to privacy.

We have learned during this pandemic that visitation is not a luxury, but an essential part of the provision of care. Connection with families and others, as well as the supports they provide to residents, significantly impact residents' well-being and quality of life. We cannot allow residents to be isolated in such a way again.

Don't hesitate to reach out with questions or if you need additional information.

Thank you for your work on these important issues.