



Department of Health

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DATE: June 3, 2021
TO: Adult Care Facility Operators and Administrators
FROM: New York State Department of Health

Health Advisory: Updated Adult Care Facility Visitation and Clarified Quarantine Requirements

Please distribute immediately to: Adult Care Facility Operators, Administrators, Case Managers

Summary

While New York State guidance has focused on protecting adult care facility (ACF) residents from COVID-19, the Department of Health (“Department”) recognizes that physical separation from family and other loved ones may take a physical and emotional toll on residents and their loved ones. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and other expressions of distress. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to COVID-19 confusing or upsetting; and the Department understands that ACF residents value the physical, emotional, and spiritual support they receive through visitation with family and friends.

Millions of vaccinations have been administered to ACF residents and staff. These vaccines have shown pronounced efficacy in helping to prevent symptomatic spread of SARS-CoV-2 infection (i.e., COVID-19). ACFs in New York State should be committed to ensuring that all eligible and consenting residents and staff have the opportunity to be vaccinated.

In alignment with the [Centers for Medicare and Medicaid Services](#), the Department is revising the guidance regarding visitation in ACFs during the COVID-19 Public Health Emergency. The information contained in this guidance supersedes and replaces any previously issued ACF visitation guidance and recommendations.

Purpose

The information contained in this directive supersedes and replaces previously issued guidance and recommendations regarding general ACF visitation. Accordingly, each ACF is required to have appropriate policies and procedures in place that respect residents’ rights and address infection control and prevention when residents leave the facility for outings. The Department continues to emphasize the importance of maintaining infection prevention practices given the continued risk of COVID-19 transmission.

Please be advised that nothing in this directive absolves the ACF of responsibility to perform regulatorily required supervision services and to ensure that resident and family communication is ongoing. Based on residents’ needs and consistent with the ACF staffing and physical plant,

visitation can be conducted through a variety of means including in resident rooms, dedicated visitation spaces, and outdoors (weather permitting); and should always be person-centered with consideration of the individual residents' physical, mental, and psychosocial well-being, and support their individual quality of life.

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.

Core Principles

ACFs must develop their own policies and procedures relating to visitation with consideration of how to safely permit visitation in accordance with the core principles outlined below consistent with federal guidelines and best practices, coupled with the ACFs' regulatory requirements under 18 NYCRR §487.7(d) and §488.7(b), including, but not limited to:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days regardless of the visitor's vaccination status.
- Encourage, but not require, unvaccinated visitors to become vaccinated when they have the opportunity, as vaccination can help prevent the spread of COVID-19.
- Hand hygiene (use of alcohol-based hand rub is preferred).
- The use of face coverings or masks (covering mouth and nose) and social distancing in accordance with New York State and/or guidance consistent with vaccination status-applicable guidance per the [Centers for Disease Control and Prevention](#).
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene).
- Cleaning and disinfecting high frequency touched surfaces and designated visitation areas in the facility often, and after each visit.
- Appropriate staff use of personal protective equipment.
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care).
- Residents in isolation or observation, and residents with suspected or confirmed COVID-19 status, irrespective of vaccination status, should not have visitors outside of compassionate care or end-of-life situations.

Please note, this guidance does not require testing of visitors prior to entry to an ACF. Consistent with the referenced [Centers for Medicare and Medicaid Services](#) guidance, ACFs in higher positivity regions are encouraged to offer testing and vaccination may also be encouraged, but visitors, including representatives of the Office of the State Long-Term Care Ombudsman and Settlement Providers (as defined below) should neither be required to be tested nor vaccinated (or show proof of such) as a condition of visitation.

Required Visitation

Please be reminded that the Department has the authority to investigate any reports of a violation of supervision, resident rights, or other regulatory requirements under Title 18 of the NYCRR and may cite facilities accordingly. Consistent with 18 NYCRR §485.14 an ACF shall not restrict visitation absent reasonable cause such would directly endanger the safety of residents.

Accordingly, an ACF must facilitate in-person visitation consistent with the applicable regulations and within the parameters of this guidance. Failure to facilitate visitation without adequate cause will result in an investigation and possible enforcement action.

Compassionate care visits and visits required under applicable disability rights law, should always be allowed irrespective of a resident's vaccination status, the region's COVID-19 positivity rate, or a facility outbreak. Likewise, facilities must ensure peer bridgers, housing contractors, care managers, and other similar providers (collectively, "Settlement Providers") are able to access residents absent reasonable cause such visitation would directly endanger the safety of residents.

Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations with adherence to transmission-based precautions as referenced throughout this document. This restriction should be lifted once transmission-based precautions are no longer required per applicable guidelines and other visits may be conducted as described above.

Limitations

Visitors from outside New York State must adhere to current [travel guidelines](#).

Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. The ACF must document this occurrence in accordance with Title 18 of New York Codes, Rules and Regulations, §485.14(h).

ACFs should consider how the number of visitors per resident at any one time and the total number of visitors in the facility at any one time (based on the size of the building and physical space) may affect the ability to maintain the core principles of infection prevention and perform regulatorily required supervision services. To help ensure all residents are able to receive visitors, if necessary, ACFs should consider scheduling visits for a specified and widely broadcast time period or capping the number of visitors at any one time; provided however scheduling is not required for the long term care ombudsman and Settlement Providers and shall not restrict required visitation.

Principles of cohorting and physical distance should be central components of plans to restart communal activities for residents who have fully recovered from COVID-19 and for those not in isolation or observation, or with suspected or confirmed COVID-19 status. The ACF should consider creating small cohorts (10 or less) of residents to be tablemates or "activities buddies."

When a confirmed positive case of COVID-19 in an ACF, the ACF must:

1. Notify the local health department (LHD) if not already involved and follow all recommendations from the LHD.
2. At least once per shift, actively monitor residents in affected units¹ for COVID-19 symptoms.
3. Ensure that residents in affected units wear a facemask as medically tolerated whenever staff enter their rooms.

¹ Please understand that an affected unit may be a floor, room, wing, or the entire ACF, as determined by the LHD dependent on the results of contact tracing coupled with the residents' acuity level and vaccination status. Accordingly, the ACF should outreach the LHD as soon as possible to conduct contact tracing efforts to identify the affected unit(s).

4. Refrain from floating staff between units; aim to minimize the number of staff entering rooms where COVID-19 positive residents are located; and cohort positive residents with dedicated staff whenever possible.
5. For residents that initially test negative, follow up with the LHD regarding re-testing if such residents become COVID-19 symptomatic.

Compassionate Care Visits

Compassionate Care Visits include visits in the following situations:

- Newly admitted residents with difficulty adjusting to the ACF environment and lack of in-person family support.
- 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, individualized basis.

Construction Projects

ACFs may resume interior and exterior construction projects based on approval of a Resident Safety Plan (RSP) by the applicable regional office of the Department. ACFs considering submission of an RSP must outreach the applicable regional office of the Department. ACFs are responsible for ensuring compliance with existing regulations, guidance, and requirements, and must therefore determine whether any construction staff associated with an approved RSP would be subject to staff testing and/or vaccination requirements.

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.