

**ACF Visitation Health Advisory – Issued March 2, 2021**  
**Association Questions & Answers**

1. For regular visitation, can the ACF require visitors to produce a negative test?  
A test has not been required of visitors. If the ACF intends to impose a stricter requirement, the ACF may want to consider exploring the proposed requirement with its own counsel.
2. For compassionate care visitation, can the ACF require visitors to produce a negative test?  
In addition to the response above, please understand that end-of-life and hospice visits are always to have occurred absent a test, and the March 2, 2021 Health Advisory expands this to compassionate care visits.
3. Can the ACF require visitors to produce proof of vaccination?  
Proof of vaccination is not required by the Health Advisory. Depending on intent, such requirement could place additional restrictions on those otherwise eligible for visitation and could be construed as a violation to Residents' Rights.
4. Yes or no, do the following constitute confirmation of substantial compliance in infection control? Please refer to the March 2 Health Advisory.
  - a. No violations issued after a visit?
  - b. Violation(s) issued but Plan(s) of Correction have been accepted/approved by the Department?
5. Same question as for question #4 above regarding confirmation of substantial regulatory compliance with most recent unannounced regulatory survey. Please refer to the March 2 Health Advisory.
  - a. No violations issued after a visit?
  - b. Violation(s) issued but Plan(s) of Correction have been accepted/approved by the Department?
6. Can an ACF continue to limit its visitation program to the outdoors?  
As stated in the Health Advisory, outdoor visitation is preferred but when impractical, the ACF should accommodate and support indoor visitation in the context of the March 2 Health Advisory.
7. Does the 14-days count begin from the date of the taking of the swab?  
Previously asked and answered.
8. #4 and #13 seem contradictory. Excepting those visits that qualify under compassionate caregiving (as per the bottom of page 4), does the entire visitation program for all residents need to shut down, or is it just the positive resident that is unable to receive visitors for 14 days?  
#4 refers to new onset cases, #13 refers to positive cases.
9. Could a prospective resident/family member come as a visitor and be treated accordingly in a common area meeting space and/or to an unoccupied and unleased living space so that they can view the layout and conditions of a resident room/apartment?  
Whether to provide tours is a facility decision and must be done in accordance with existing Health Advisories.

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10. Does the on-file and available visitation plan referenced in point #3 replace the need to revise the NY Forward Safety Plan?  
Yes, the ACF's NY Forward Safety Plan, irrespective of whether previously submitted to the Department for review, does not need to be revised unless the ACF sees it necessary and appropriate to do so.
11. Item #6 – Is posting the visitation policies on the ACF's website acceptable to meet the 'widely communicated' standard?  
Situational. Some residents and families are unable to utilize the internet.
12. If the visit is in a resident's private living space, what is the Department's expectation to satisfy staff supervision/monitoring? Does it mean a staff person would have to remain present throughout the visit?  
Please refer to the Health Advisory and applicable supervisory regulations.
13. Some ACFs have very large activity areas/rooms. If a room can accommodate more than 10 residents safely with social distancing is that allowed for activities?  
Please refer to Page 4 of the Health Advisory.
14. Can a visitor be an entertainer/ contractor so long as the same visitation rules are followed?  
The Department will not define an appropriate visitor by his or her career or hobby. There has been no change to the existing testing requirements for ACF staff and contractors.
15. For a resident that was previously positive, recovered, is persistently positive and doesn't want to keep taking tests, would they continue to remain ineligible for in-person visits?  
Refer to the Health Advisory, #13, in addition to the section related to Compassionate Care visits.
16. Can an ACF's policy exclude resident room visitation?  
Refer to the Health Advisory, #8.
17. Does the state's March 2<sup>nd</sup> guidance supersede any county Commissioner orders?  
Please refer to the guidance issued October 23, 2020, located online at the following link:  
[https://forward.ny.gov/system/files/documents/2020/10/congregate\\_facility\\_visitation\\_in\\_zones\\_10\\_23\\_2020.pdf](https://forward.ny.gov/system/files/documents/2020/10/congregate_facility_visitation_in_zones_10_23_2020.pdf).
18. Can we use the new visitation protocols to conduct in-person UAS evaluations in the facility for prospective residents and their representative?  
This is a regulatory inquiry. Please review the March 2 Health Advisory.
19. Could the common living area be used for visitation in a shared apartment that has two separate resident living areas and two separate bathrooms?  
Refer to the Health Advisory, #8.
20. Could the resident's private living space be used for visitation in a shared apartment that has two separate resident living areas and two separate bathrooms?  
Same as #19.

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21. Does a vaccinated resident visiting family or going elsewhere outside of the ACF still require a negative test before return?  
**The Holiday Health Advisory, issued November 20, 2020, is no longer in effect.**
22. Does a vaccinated resident returning from an outside social gathering still need to quarantine upon return?  
**The Holiday Health Advisory, issued November 20, 2020, is no longer in effect.**
23. Can the ACF conduct small resident group activities outside of the ACF, i.e. restaurants, stores, so long as safety protocols are followed?  
**Please refer to the Health Directory, Page 4.**
24. What is the definition of “non-essential personnel” as referenced on Page 4 of the guidance?  
**Those that do not provide direct patient care, for example, office and administrative staff.**
25. Regarding construction restart, does the ACF have to re-submit their safety plan even if it had been previously approved? Or can the ACF just restart following the approved plan?  
**The ACF should check with the regional office of the department, especially if any plans have changed due to the pause.**
26. Item #10 says the number of visitors must not exceed an ACFs ability to monitor visitor compliance and then it gives "baseline" examples. Are those examples expected to be followed exactly as stated or is it left to the discretion of the ACF depending on staffing, building layout, etc.?  
**A facility should not exceed the maximum number of visitors identified by the table provided in the Health Advisory, but may apply a reduced maximum based on the individual facility situation, i.e., staffing, building layout, etc.**
27. What if the county positivity rate is 10% or above but the ACF has no cases? Can visitation continue under the stated rules?  
**Please refer to the Health Advisory, #14.**
28. The Department defines "outbreak" as "any new onset ACF resident or staff infection". Does this include visiting vendors/providers?  
**Please refer to the Health Advisory, #4a.**
29. Are the visitors that are allowed in for compassionate visits included in the maximum number of visitors allowed in the facility at one time?  
**Yes.**
30. How many consecutive days of a more than 10% positivity rate triggers the indoor visitation shutdown?  
**Please refer to the Health Advisory, #14, and the section regarding Compassionate Care visits.**
31. What is the Department’s definition of “core principles of infection control and prevention” referenced on page 1?  
**Please refer to the Health Advisory, #15.**

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32. For in-room visitation, for the purposes of staff monitoring and for better air flow, can the ACF require that the room/apartment door remain partially open?  
**Please refer to the Health Advisory, #8. This is the facility's decision.**
33. Why is it necessary for the facility to be in substantial compliance with their most recent regulatory survey? There are many regulatory compliance issues that a facility could be cited for that would not interfere with residents receiving visitors. Can you clarify why the Department issued this mandate?  
**Regulatory compliance is necessary to preserve resident and staff safety.**
34. In the guidance the Department indicates that visits can be in resident rooms. However, you also indicate that visitors must adhere to infection prevention and control and that ACF staff are expected to provide supervision and monitoring. How would the facility monitor adherence to infection prevention and control when the resident is visiting with their family in their room. This is in direct conflict with 487.5(iii) and 488.5(iii) stating "A resident shall have the right to have private, written and verbal communications with anyone of his/her choice".  
**Thank you for your feedback. Please refer to the Health Advisory, #8.**
35. You indicate on Page 3, #10, as a baseline facilities should be the table. What do you mean "baseline"? **A facility should not exceed the maximum number of visitors identified by the table provided in the Health Advisory, but may apply a reduced maximum based on the individual facility situation, i.e., staffing, building layout, etc.**
36. Page 4, Compassionate Care Visits – please clarify whether compassionate care visitors are to be counted when facilities are determining the number of visitors so they do not exceed the number they are safely able to accommodate.  
**Yes.**
37. Does this apply to communal dining?  
**Please refer to the Health Advisory, Page 4.**