



Tarrytown Hall Care Center

ADMINISTRATIVE MANUAL OF POLICIES AND PROCEDURES
DEPARTMENT: INTERDISCIPLINARY

EFFECTIVE DATE: 7/8/2021

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NEW: REVISED: X
POLICY: X PROCEDURE: X

SUBJECT: VISITATION

PURPOSE and APPLICATION: On July 8, 2021, the Department of Health (“Department”) issued revised guidance and recommendations regarding skilled nursing home (NH) visitation. The information contained in the directive supersedes and replaces previously issued guidance and recommendations regarding general nursing home visitation and is consistent with the U.S. Centers for Medicare & Medicaid Services (CMS) memorandum QSO-20-39-NH and Centers for Disease Control and Prevention (CDC) guidelines on such topics. Nothing in the directive should be construed as limiting or eliminating a nursing home’s (NH’s) responsibility to ensure that resident and family communication is ongoing and supported by virtual visits.

POLICY: It is the policy of Tarrytown Hall Care Center, pursuant to the most recent New York State Department of Health directives issued on July 8, 2021, to permit person centered visitation which takes into account the residents’ physical, mental and psychosocial well-being and supports their quality of life.

PROCEDURE: Visitation can be conducted through different means based on a facility’s structure and residents’ needs, such as in resident rooms, dedicated visitation spaces, outdoors. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission 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);
- Hand hygiene (use of alcohol-based hand rub is preferred);
- The use of face coverings or masks (covering mouth and nose);
- Social distancing at least six feet between persons;
- 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 in the facility often, and designated visitation areas after each visit;
- Appropriate staff use of Personal Protective Equipment (PPE);
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care);
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see [QSO-20- 38-NH](#)).

These core principles are consistent with CDC guidelines for nursing homes and should be **adhered to at all times.**

- Visitation should be person-centered and should consider the residents’ physical, mental,

- and psychosocial well-being, and support their quality of life.
- 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.

Outdoor Visitation: While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, **outdoor visitation is preferred even when the resident and visitor are fully vaccinated* against COVID-19.** Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Please be reminded that visits should be held outdoors whenever practicable.

Weather considerations or an individual resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits. For outdoor visits, Tarrytown Hall Care Center will create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices must be adhered to.

*Note: Fully vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.

Indoor Visitation:

In accordance with CDC and CMS guidance, Tarrytown Hall Care Center will allow indoor visitation at all times and for all residents (regardless of vaccination status), **except** for a few circumstances when visitation should be limited to compassionate care situations due to a high risk of COVID-19 transmission. These scenarios include limiting indoor visitation for:

- Unvaccinated residents if the nursing home's COVID-19 county positivity rate is $>10\%$ **AND** $<70\%$ of residents in the facility are fully vaccinated;
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; **OR**
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

Note: For daily county positivity rates go to: [CDC COVID Data Tracker](https://data.cdc.gov/daily-county-usa)

OR <https://data.cms.gov/stories/s/COVID-19-%20Nursing-Home-Data/bkwz-xpvg>

County Positivity Rate will be logged for validation and reference (**Attachment 1**)

Scheduling Visits and Other Facility Visitation Considerations:

Tarrytown Hall Care Center will consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time may affect the ability to maintain the core principles of infection prevention. In addition, facility will:

- Consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors. provided scheduling shall not limit access to required visitors detailed below. Any visitation schedule should allow residents to receive visitors for their desired length of time, to the extent possible in consideration of the Core Principles of infection control and as necessary to respect the privacy of other residents in the event a resident shares a room.
- Limit visitor movement in the facility; provided the Long-Term Care Ombudsman shall be permitted to move within the facility and is not subject to scheduling visits.
- If possible, for residents who share a room, visits should not be conducted in the resident's room.
- 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 core principles of COVID-19 infection prevention.

- If the resident is fully vaccinated, they can choose to have close contact (including touch) with an unvaccinated visitor while both are wearing a well-fitting face mask and performing hand-hygiene before and after.
- If both the resident and their visitor(s) are fully vaccinated, and the resident and visitor(s) are alone in the resident room or designated visitation room, the resident and visitor(s) may choose to have close contact (including touch) without a mask or face covering.
- Regardless, visitors should physically distance from other residents and staff in the facility.

Indoor Visitation During an Outbreak:

An outbreak exists when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff). With the appropriate safeguards, visitation can still occur when there is an outbreak, **but** there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility.

- To swiftly detect cases, Tarrytown Hall Care Center will adhere to CMS regulations and guidance for COVID-19 testing including routine staff testing, testing of individuals with symptoms, and outbreak testing, including but not limited to 42 CFR 483.80(h) and QSO-20-38-NH.
- Tarrytown Hall Care Center will also comply with NYS executive orders, regulations, and applicable Department guidance governing testing.

New Case of COVID-19 among Resident and/or Staff:

When a new case of COVID-19 among residents or staff is identified, nursing homes should immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:

- If the first round of outbreak testing reveals **no additional COVID-19 cases in other areas (e.g., units) of the facility**, then indoor visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility **should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.**
 - For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.
- If the first round of outbreak testing **reveals one or more additional COVID-19 cases in other areas/units of the facility** (e.g., new cases in two or more units), **then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.**

Special Considerations: While the above scenarios describe how visitation can continue after one round of outbreak testing, facilities should continue all necessary rounds of outbreak testing. In other words, this guidance provides information on how visitation can occur during an outbreak but does not change any expectations for testing and adherence to infection prevention and control practices. If subsequent rounds of outbreak testing identify **one or more additional COVID-19 cases in other areas/units of the facility**, then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

Compassionate care visits and visits required under federal disability rights law should be allowed at all times, for any resident (vaccinated or unvaccinated) regardless of the above scenarios.

NOTE: In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

Visitor Testing and Vaccination:

DOH strongly recommends that all facilities offer testing to visitors. CMS encourages facilities in medium- or high-positivity counties to offer testing if feasible. Nursing homes should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days). In addition, the DOH encourages visitors to become vaccinated when eligible. While visitor testing and 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.**

This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems, as described below.

Required Visitation:**1. Limited Restrictions Permitted for General Visitation**

Consistent with 42 CFR 483.10(f)(4)(v), Tarrytown Hall Care Center shall not restrict visitation without a reasonable clinical or safety cause. Tarrytown Hall Care Center will facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated above.

Residents who are on transmission-based precautions for confirmed or suspected COVID-19 or an exposure to COVID-19 as defined by the CDC should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. This restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines.

2. Access to the Long-Term Care Ombudsman

Nursing homes are reminded that regulations at 42 CFR 483.10(f)(4)(i)(C) require that a Medicare- and Medicaid-certified nursing home provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. In-person access may be limited to virtual visitation due to infection control concerns and/or concerns relating to the transmission of COVID-19, such as the scenarios stated above for limiting indoor visitation or where the representative of the Long-Term Care Ombudsman Program screens positive for signs or symptoms of COVID-19; however, in-person access may not be limited without reasonable cause. CMS requires representatives of the Office of the Ombudsman to adhere to the core principles of COVID-19 infection prevention as described above. If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), facilities must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology.

Nursing homes are also required under 42 CFR 483.10(h)(3)(ii) to allow the Ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by State law.

3. Federal Disability Rights Laws and Protection & Advocacy (P&A) Programs

42 CFR 483.10(f)(4)(i)(E) and (F) require the facility to allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the State, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000).

Protection and Advocacy programs authorized under the DD Act protect the rights of individuals with developmental and other disabilities and are authorized to “investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported to the system or if there is probable cause to believe the incidents occurred.” 42 USC § 15043(a)(2)(B). Under its federal authorities, representatives of Protection and Advocacy 6 programs are permitted access to all facility residents, which includes “the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person.” 42 CFR 51.42(c); 45 CFR 1326.27.

Additionally, each facility must comply with federal disability rights laws, such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). For example, if a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions. This would not preclude nursing homes from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

Any questions about or issues related to enforcement or oversight of the non-CMS requirements and citations referenced above under this section subject heading should be referred to the HHS Office for Civil Rights, the Administration for Community Living, or other appropriate oversight agencies.

4. Personal Caregiving Visitors

The personal caregiving visitation regulations for NHs, which implement the Essential Caregiver Act, remain law, and therefore facilities must have policies and procedures in place regarding personal caregiving visitors, including those who provide compassionate caregiving. However, facilities need only implement these policies and procedures when there is a declared State or local public health emergency. At this time, there is no Statewide public health emergency. Please refer to 10 NYCRR 415.3(d) for the specific details for those regulations and any exceptions thereof.

5. Compassionate Caregiving Visitors

Consistent with existing State and federal requirements, and contained at 10 NYCRR 415.3(d)(4), nursing homes must permit compassionate care visits at all times, regardless of any general visitation restrictions or personal caregiving restrictions and must include the following safeguards:

- Screening for signs and symptoms of COVID-19 and exposure to COVID-19 prior to entering the facility;
- Considerations for appropriate infection control and prevention measures if physical contact is necessary (i.e., contact would be beneficial for the resident’s mental or psychosocial wellbeing), including appropriate use of personal protective equipment and adherence to hand hygiene protocols; and
- Method(s) to determine the compassionate caregiver’s appropriate donning of PPE and compliance with acceptable infection control and prevention measures.

Examples of compassionate care visits include but are not limited to:

- end of life;
- the resident, who was living with their family before recently being admitted, is struggling with the change in environment and lack of physical family support;
- the resident is grieving after a friend or family member recently passed away;

- the resident needs cueing and encouragement with eating or drinking, and such cueing was previously provided by family and/or caregiver(s), and the resident is now experiencing weight loss or dehydration; and
- the 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).

Additional compassionate care situations may be considered by the NH on a resident-specific, individualized basis.

Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.

6. Healthcare Workers and Other Providers of Services

Health care workers who are not employees of the facility but provide direct care to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened.

EMS personnel do not need to be screened, so they can attend to an emergency without delay. Nursing homes are reminded that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements

7. State and Federal Surveyors

Federal and State surveyors are not required to be vaccinated and must be permitted entry into facilities unless they exhibit signs or symptoms of COVID-19 upon screening. Surveyors should also adhere to the core principles of COVID-19 infection prevention and adhere to any COVID-19 infection prevention requirements set by State law.

Potential Visit Related Exposures:

- Consistent with DOH policy, if a visitor to a nursing home tests positive for SARS-CoV-2 by a diagnostic test and the visit to the NH occurred from two days before the visitor's symptom onset (or in the 2 days before the date of collection of the positive sample for visitors who remained asymptomatic) to the end of the visitor's isolation period, there is a potential for exposure.
- Exposures among visitors and residents should be evaluated using community contact tracing guidelines, meaning exposure is defined by the proximity of the individuals and duration of the visit (contact within 6 feet and duration 10 minutes or more) regardless of personal protective equipment (PPE) or face covering used by the visitor or the resident.

The following should be evaluated to determine the appropriate follow-up when there is identification of a visitor who tests positive for COVID-19. If the following are confirmed by the facility:

- a. the visit was supervised by an appropriate facility staff member; and
- b. the visit was conducted in a common area or outdoor area that does not require the visitor to enter a resident unit; and
- c. the visitor complied with all COVID-19 precautions including hand hygiene and appropriate use of a face mask or face covering, and
- d. the visitor and the resident maintained at least 6 feet of distance from each other for the

- entire duration of the visit; and
- e. the visitor maintained at least 6 feet of distance from all other visitors, residents, and staff for the entire duration of the visit.

Then, the appropriate action should be taken with respect to residents only.

If all of the above are confirmed

- The resident who received the visit should be placed on a 14- day quarantine in a single room in the designated observation area using Contact plus Droplet precautions and eye protection.
- The resident should be monitored for symptoms and have temperature checks every shift.
- Testing for SARS-CoV-2 could be considered for greater assurance of the resident's COVID-19 status, every 3 to 7 days for at least 14 days.

If all of the above cannot be confirmed by the facility, Tarrytown Hall Care Center should proceed as they would after identification of a COVID-19 positive staff member, including:

- Conducting contact tracing to determine the extent of the exposure within the facility;
- On affected units (or entire facility, depending on the amount of contact), Tarrytown Hall Care Center should initiate testing every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result;
- Use transmission-based precautions and testing for influenza (as per 10 NYCRR 415.33);

Facility staff who are exposed according to CDC HCP exposure guidance should be furloughed. See: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. If contacts include other visitors, those visitors should be considered exposed if contact was within 6 feet for more than 10 minutes to the COVID -19 positive visitor, regardless of PPE or face covering worn.

- Facility staff or visitors who identified as exposed at the facility should be reported by the facility to the local health department where the individual resides.

Required Visitation:

Consistent with 42 CFR § 483.10(f) (4) (v) Tarrytown Hall Care Center shall not restrict visitation without a reasonable clinical or safety cause. Tarrytown Hall Care Center **must** facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated above. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR § 483.10(f) (4), and the facility would be subject to citation and enforcement actions.

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 guidance document. This restriction should be lifted once transmission- based precautions are no longer required per CDC guidelines and other visits may be conducted as described above.

Entry of Healthcare Workers and Other Providers of Services:

- Health care workers who are not employees of the facility **but provide direct care** to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened.
- EMS personnel do not need to be screened, so they can attend to an emergency without delay. Nursing homes are reminded that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.
- Using a person-centered approach when applying this guidance should cover all types of

visitors, including those who may have been previously categorized as “essential caregivers.”

In addition, Tarrytown Hall Care Center will follow the additional guidelines outlined below which include ensuring each of the following:

- Adequate staff present to allow for personnel to help with the transition of residents, monitoring of visitation, and cleaning and disinfecting of areas used for visitation after each visit using an EPA-approved disinfectant.

It is the assigned supervisor’s responsibility to ensure safe distance and appropriate masking is in place throughout the visit. With that said, the supervisor should do so in the least intrusive way possible so as to ensure maximum privacy in a safe fashion. Supervision should be explained beforehand – to all parties – by the Activities Director so that all understand the goal of the supervision is to help avoid possible accidental COVID-19 transmission.

- Appropriate signage regarding facemask or face covering 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’s request for purposes of inspection and potential contact tracing. Documentation **must** include the following for each visitor:
 - First and last name of the visitor;
 - Physical (street) address of the visitor;
 - Daytime and Evening telephone number;
 - Date and time of visit; and
 - Email address if available
- Adequate PPE must be made available by the nursing home to ensure residents wear a face mask, if medically able to utilize a face covering during visitation. Visitors must wear a facemask or face covering at all times when on the premises of the nursing home and maintain social distancing. The nursing home must have adequate supply of masks on hand for visitors and make available to visitors who lack an acceptable face covering.
- **Tarrytown Hall Care Center** to 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.
- **Tarrytown Hall Care Center** will develop a quick, easy to read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The factsheet must be provided upon initial screening to all visitors.
- Small group activities will be permissible when the facility is not experiencing an outbreak and when space allows for appropriate social distancing, however, **no more than 10** residents and staff will be permitted to engage in such activities at any one time.
- Weather permitting, residents may also be assisted to go outdoors with staff supervision and the appropriate infection control, safety and social distancing requirements maintained.
- 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.
- **Tarrytown Hall Care Center** will allow students and trainees enrolled in programs to become licensed, registered, certified, board eligible or otherwise to complete a program for health care professionals to receive training and otherwise participate in duties relevant to their program of training provided the nursing home environment is appropriate to the student’s education, training and experience. Students should follow the guidelines established in their agreement between the nursing home and academic institution.

- The operator or designee must retain a copy of the revised facility's visitation plan at the facility where it is easily accessible and immediately available upon request of the Department or local health department. The plan must clearly articulate the space(s) to be used for visitation (outdoors and indoors) including the number of visitors and residents which could be safely socially distanced within the space(s). The plan must reference relevant infection control policies for visitors.
- Applicable floor markings to cue social distancing delineations **must be in place at all times** in areas where visitation is being conducted
- Tarrytown Hall Care Center will communicate to resident families/resident representative of the procedure for scheduling indoor visitations with residents. Tarrytown Hall Care Center requires ALL visits be prescheduled through the Recreation department.
- Visitation days and times are subject to change based on current health conditions, community threat level, staffing and weather conditions.
- Tarrytown Hall Care Center will schedule visits for a specified length of time to help ensure all residents are able to receive visitors.
- Residents will be permitted one visit per day, unless there is an available time slot for an additional visit. Visits will not exceed 2 in a 24-hour period.
- Tarrytown Hall Care Center will limit movement in the facility, including limiting visitors from walking around different halls of the facility. Instead, visitors will be assigned a visitation area to utilize and will be escorted directly to the assigned designated visitation area. All visitors are required to stay in the designated area throughout his/her visit. Visits for residents who share a room will not be conducted in the resident's room unless the roommates are spouses.
- Visitors under the age of 16 must be accompanied by an adult 18 years of age or older.
- Current COVID-19 positive residents, 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 will be made to accommodate visits using electronic devices and alternative visitation techniques.

Compassionate Care Visits: Permitted at all times

While end-of-life situations have been used as examples of compassionate care situations, The term "compassionate care situations" does not exclusively refer to end-of-life situations.

Compassionate care visits, and visits required under federal disability rights law, **should be allowed at all times**, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak. Using a person-centered approach, nursing homes should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

Compassionate care visits should include, but not be limited to the following:

- Newly admitted residents with difficulty adjusting to the facility environment and lack of in-person family support;
- 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,
- Residents who are exhibiting signs and symptoms of emotional distress including, but not limited to, seldom 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.
- Visits by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support.

The situations above are not intended to be an exhaustive list. Additional compassionate care situations may be considered by the facility on a resident-specific basis. Testing should be encouraged, or facilitated wherever possible, using rapid antigen testing provided for such purpose.

Window Visits

1. Window visits will take place in the resident's room that has access to outside .
2. Windows must remain closed for the duration of the visit.
3. Visits will be limited to 15-20 minutes.
4. To allow for proper cleaning techniques in between window visits, we are limited on how many visits we can allow per day. Please be patient with us – we understand your excitement to see your loved one, but we must be extremely careful and cautious during the pandemic.
5. Please always remain outside and do not attempt to enter the building at any time during scheduled window visits. Your loved one will be just inside the window and we understand the desire to hug and kiss them, but it simply is not safe at this time.
6. Please do not leave your home and come visit if you are experiencing ANY symptoms of illness.
7. Please do not bring any items to give to your loved one. We are still being cautious of outside items and deliveries due to reports that COVID-19 may last on certain surfaces for long periods of time.

VISITS:

1. Staff will make every effort to accommodate weekly visits, as well as special visits from out of town visitors, special occasions, etc.
2. All visits are by appointment only to ensure appropriate staff availability and taking into account the resident's routine and weather conditions.
3. Visits are scheduled on the half hour and are limited to 20 minutes. This gives staff 10 minutes to sanitize the area before the next visit.
4. Visits are scheduled through the Life Engagement (Activities) Department ONLY.

Communal Dining and Activities:

Communal dining and activities may occur while adhering to the core principles of COVID-19 infection prevention. Residents may eat in the same room with social distancing (**e.g., limited number of people at each table and with at least six feet between each person**). Tarrytown Hall Care Center will consider additional limitations based on status of COVID-19 infections in the facility and the size of the room being used and the ability to socially distance residents (e.g. limit to 10 residents and staff in smaller spaces).

Group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID- 19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering (except while eating). Tarrytown Hall Care Center may be able to offer a variety of activities while also taking necessary precautions. i.e. book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.

Attachment 2

Dear Friends and Families:

Once again we have received updated guidance on visitation this has some good news and some challenges for us just as we have gotten used to our routine. We will continue status quo until I have updated the facility policy that adhere to the attached guidance.

Key points:

- The core principles of infection control have not changed, however, we must stress the social distancing and mask wearing, and we must limit movement in the facility. The guidance stresses **“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.”**
- If the resident is fully vaccinated, they can choose to have close contact (including touch) with an unvaccinated visitor while both are wearing a well-fitting face mask and performing hand-hygiene before and after.
- If both the resident and their visitor(s) are fully vaccinated, and the resident and visitor(s) **are alone in designated visitation room**, the resident and visitor may choose to have close contact (including touch) without a mask or face covering.
- Regardless, visitors should physically distance from other residents and staff in the facility.
- The Personal Caregiver guidance that we worked so hard to establish has expired along with the emergency order. On a good note this means **NO MORE COVID TESTING**. On a bad note the facility will have to review our policies if the resident has a room mate as it is discouraged

For now we will continue with the 2 designated visitors. We will no longer COVID test but we ask that you still wear the name badge that was given to you for access. We ask that if your loved one has a room mate please pull the curtain between you, if this is not possible please use the designated visitation area or outside if the weather permits. We understand that each individual resident has different circumstances and we are here to work with you to customize the best visitation plan possible.

For general visitation this is by appointment as we have to limit the number of visitors in the designated space. We are reviewing policies to see how we can possibly expand the hours for general visitation with the assistance of rebuilding our volunteer force. As always, I am so grateful for your patience and understanding, I am frustrated with so many changes, but you have been very accommodating. Any questions please feel free to reach out to me. More information to come as soon as I receive it.

Respectfully,

Neil Eisikowitz, LNHA