

Visitation

- 1. Visitation will be person-centered, consider the resident's physical, mental, and psychosocial well-being, and support their quality of life.
- 2. Visitation will be conducted with an adequate degree of privacy.
- 3. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention will not be permitted to visit and will be asked to leave.

Outdoor Visitation

- Outdoor visitation is preferred when the resident and/or visitor are not fully vaccinated against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow.
- 2. For outdoor visits, we will maintain accessible and safe outdoor spaces for visitation.
- 3. Weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status, quarantine status) may hinder outdoor visits.
- 4. When conducting outdoor visitation, all appropriate infection control and prevention practices should be followed.

Indoor Visitation

- 1. We allow indoor visitation at all times and for all residents as permitted under the regulations.
- 2. We do not limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.
- 3. Visits must be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and do not increase risk to other residents.
- 4. We must ensure that physical distancing can still be maintained during peak times of visitation (e.g., lunch time, after business hours, etc.).
- 5. We will avoid large gatherings (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.
- 6. Visitor movement inside the facility must be limited. Visitors must sign in and be screened at the main entrance and go directly to their loved one's room or designated visitation area.
- 7. If a resident has a roommate that is unvaccinated or immunocompromised (regardless of vaccination status), 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, we will attempt to enable in-room visitation while adhering to the core principles of infection prevention.
- 8. If the St. Landry Parish COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.
- 9. Face masks are strongly encouraged by all visitors and residents, at all times during visitation, to prevent the spread of COVID-19.

- 10. If the level of transmission is low to moderate, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are unvaccinated.
- 11. If the resident and all their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact.
- 12. Unvaccinated residents may choose to have physical contact based on their preferences and needs. The resident and visitor(s) will be advised of the risk of physical contact prior to the visit.
- 13. Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status.
- 14. While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated).
- 15. Before visiting residents, who are on TBP or quarantine, visitors will be made aware of the potential risk of visiting and precautions necessary in order to visit the resident.
- 16. Visitors must adhere to the core principles of infection prevention.

Indoor Visitation during Outbreak

When a new case of COVID-19 among residents or staff is identified, the facility will immediately begin outbreak testing in accordance with CMS QSO 20-38-NH REVISED and CDC guidelines.

- 1. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention.
- 2. If residents or their representative would like to have a visit during an outbreak investigation, they must wear face coverings or masks during visits, regardless of vaccination status, and visits will occur in the resident's room to the extent possible.

Compassionate Care Visits

1. Compassionate care visits are always allowed, in accordance with CMS regulations.

Access to the Long-Term Care Ombudsman

- 1. Our facility provides representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident.
- 2. If an ombudsman is planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident in a nursing home in a county where the level of community transmission is substantial or high in the past 7 days, the resident and ombudsman will be made aware of the potential risk of visiting, and the visit should take place in the resident's room.
- 3. Representatives of the Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention.
- 4. If the resident or the Ombudsman program requests alternative communication in lieu of an inperson visit, our facility will facilitate alternative resident communication with the Ombudsman program, such as by phone or through use of other technology.
- 5. The Ombudsman will be allowed to examine the resident's medical, social, and administrative records as otherwise authorized by State law.

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

- Our facility policy includes compliance with 42 CFR § 483.10(f)(4)(i)(E) and (F) which requires 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 III Individuals Act of 2000).
- 2. If the P&A is planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident in a county where the level of community transmission is substantial or high in the past 7 days, the resident and P&A representative should be made aware of the potential risk of visiting and the visit should take place in the resident's room.
- 3. Our facility will comply with federal disability rights laws such as Section 504 of the Rehabilitation Act *of 1973, 29 U.S.C. § 794 (Section 504)* and the Americans with Disabilities Act *of 1990, 42 U.S.C. §§ 12101 et seq.* (ADA).
- 4. For communication with individuals who are deaf or hard of hearing, we will provide a clear mask or mask with a clear panel.
- 5. Face coverings will not be placed on anyone who has trouble breathing or is unable to wear a mask due to a disability, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- 6. 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), our facility will allow the individual entry into the nursing home to interpret or facilitate, with some exceptions.

Clergy, Immediate Family Members and Other Designated Persons

Effective September 20, 2021, the facility's policies and procedures for visitation are amended to incorporate the following:

Department of Health, Bureau of Health Services Financing

Nursing Facilities – Licensing Standards

LAC 48: I.9769 and 9771

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Specifically, the facility policy and procedure on visitation is amended to include **9769**; Visitation by Members of the Clergy During Declared Public Health Emergency, and **9771**; Visitation by Immediate Family Members and Other Designated Persons during a Declared Public Health Emergency.

This amendment will be shared with all residents, staff and family members or other designated persons via email and facility website at <u>www.promptsuccor.com</u>.

Copies are available when requested.

Entry of Healthcare Workers and other Providers of Services

- 1. All healthcare workers will be permitted to come into the facility as long as they are not subject to a work exclusion or showing signs or symptoms of COVID-19.
- 2. Personnel educating and assisting in resident transitions to the community will be permitted entry consistent with CMS guidance and facility policy.
- 3. EMS personnel do not need to be screened, so they can attend to an emergency without delay.
- 4. All staff, including individuals providing services under arrangement as well as volunteers, must adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Communal Activities and Dining

- 1. While adhering to the core principles of COVID-19 infection and prevention, communal activities and dining may occur.
- 2. In accordance with CMS guidance, everyone, regardless of vaccination status, will wear a face covering or mask while in communal areas of the facility if tolerated.

Resident Outings

- 1. Residents may leave the facility as they choose.
- Should a resident choose to leave, staff will remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene and to encourage those around them to do the same.
- 3. Upon the resident's return, our facility will take the following actions:
 - Screen resident upon return for signs or symptoms of COVID-19.
 - If the resident or family member reports possible close contact to an individual with COVID-19 while outside of the facility, the resident will be tested for COVID-19. If the resident is unvaccinated, they must be placed in quarantine.
 - If the vaccinated resident develops signs or symptoms of COVID-19 after the outing, the resident will be tested for COVID-19 and placed on Transmission-Based Precautions.
 - If an unvaccinated resident leaves the facility frequently or for longer than 24 hours, we may test the resident for COVID-19, even if the resident has no sign or symptoms.
 - For unvaccinated residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended infection prevention measures may be quarantined upon return for a minimum of 72 hours.
 - Residents will be monitored for signs and symptoms of COVID-19 daily.
- Residents who leave the facility for 24 hours or longer should generally be managed as a new admission or readmission, as recommended by the CDC's "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes."