

COVID-19 Guidance: Long-term Care Indoor Visitation for Nursing Facilities and Assisted Living Settings

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The Minnesota Department of Health (MDH) has adopted the March 10, 2022, Centers for Medicare & Medicaid Services (CMS) guidance for visitation that applies immediately to nursing homes and assisted living facilities, published in [QSO-20-39-NH Revised \(www.cms.gov/files/document/qso-20-39-nh-revised.pdf\)](https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf). With implementation of all core principles of infection control, visitation is now allowed for all residents at all times. Refer to the following CMS FAQ, which provides additional visitation guidance in light of the current COVID-19 situation and variants: [Nursing Home Visitation Frequently Asked Questions \(FAQs\) \(www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf\)](https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf).

This guidance replaces previous MDH visitation guidance for Minnesota's long-term care settings, such as nursing facilities, skilled nursing facilities, and assisted living facilities.

- Nursing homes must continue to put into practice the measures described in the CMS memo [QSO-20-38-NH REVISED \(www.cms.gov/files/document/qso-20-38-nh.pdf\)](https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf). Staff who are up to date with vaccination do not need to be tested routinely. Staff must provide evidence of being up to date with vaccination in order to forgo routine testing. Residents and staff must test, regardless of vaccination status, if the facility is in outbreak status.

Definition of up to date: Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Visitation may be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. Facilities **must** allow indoor visitation at all times and for all residents, when permitted by applicable law. Refer to [QSO 20-39 NH Revised \(www.cms.gov/files/document/qso-20-39-nh-revised.pdf\)](https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf). Regardless of how visits are conducted, certain core principles and best practices reduce the risk of COVID-19 transmission.

The following **core principles of COVID-19 infection prevention** are consistent with Centers for Disease Control and Prevention (CDC) guidance and should be **adhered to at all times**. Refer to #1 on the CMS FAQ. Per CMS QSO 20-39, core principles include:

- Visitors who have a positive viral test for COVID-19 or symptoms of COVID-19, or who currently meet the standards for quarantine should not enter the facility. Facilities should screen all who enter based on these criteria.
- In most situations, the preferred way to perform hand hygiene is with an alcohol-based hand rub. When hands are visibly soiled, soap and water is recommended.
- Wear a well-fitting face mask that fully covers the mouth and nose, in accordance with CDC guidance. For updated health care infection prevention and control recommendations in response to COVID-19, visit [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).
- Keep people 6 feet apart (physical distancing), as appropriate and in accordance with current CDC guidance (refer to link above).
- Educate visitors about basic steps to prevent COVID-19 infection and post signs throughout the building.
- Clean and disinfect frequently touched surfaces in the facility often and in designated visitation areas after each visit.
- Have staff wear face masks and other needed personal protective equipment. Refer to [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).
- Conduct resident and staff testing, as required. Refer to [QSO-20-38-NH REVISED \(www.cms.gov/files/document/qso-20-38-nh-revised.pdf\)](https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf).

Key components of visitation, as identified in QSO-20-39-NH Revised

- Screening visitors: Visitors who have a positive viral test for COVID-19 or symptoms of COVID-19, or who currently meet standards for quarantine should not enter the facility until they meet standards to end quarantine, isolation, or do not have symptoms. Facilities should screen all who enter for criteria that would exclude someone from visiting.
- While taking a person-centered approach, outdoor visitation is preferred even when the resident and visitor are up to date with vaccination against COVID-19, because outdoor visits generally pose a lower risk of spreading the disease. Visits should be held outdoors **whenever feasible**.
 - **Facilities must allow indoor visitation at all times and for all residents**, subject to the facility's screening practices described above.

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- Facilities may no longer limit the frequency and length of visits for residents or the number of visitors, nor may they require advance scheduling of visits.
- There is no limit on the number of visitors that a resident may have at one time, but visits must be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and must not increase risk to other residents.
- Facilities should ensure that physical distancing can still be maintained during peak times of visitation.
- Facilities should avoid large gatherings (parties, events) where large numbers of visitors are in the same space at the same time and social distancing cannot be maintained.
- During indoor visitation, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Instead, they should go directly to the resident's room or designated visitation area.
- If a resident's roommate is not up to date with all recommended COVID-19 vaccine doses, or is immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room, if possible. For roommate situations where the health status of a resident prevents them from leaving the room to see visitors, facilities should attempt to enable in-room visitation while adhering to the core principles of infection prevention.
- If the nursing home's county 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.
- In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and to physically distance, particularly if either is at risk for severe disease or is not up to date with all recommended COVID-19 vaccine doses.
- Residents, regardless of vaccination status, can choose not to wear face coverings or masks when other residents are not present and to have close contact (including touch) with their visitor.
- Visitors should wear face coverings when around other residents or staff, regardless of vaccination status. Visitors should also perform hand hygiene before and after a visit and stay 6 feet away from all other residents and staff in the building. Refer to #3, [CMS: Nursing Home Visitation FAQs \(www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf\)](https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf).
- Residents (or their representative) and their visitors who are not up to date with all recommended COVID-19 vaccine doses should be advised prior to the visit of the risks of physical contact.
- While not recommended, residents who are on transmission-based precautions (TBP) or in quarantine may still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting face mask, if tolerated. Before arriving, the visitors should be made aware of the potential risks of visiting and precautions necessary to visit the resident. Visitors should adhere to the core principles of infection prevention.

During an outbreak

- While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak and should adhere to the core principles of infection prevention. Residents and their visitors should wear masks during visits, regardless of vaccination status, and visits should ideally occur in residents' rooms. Facilities may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation. Refer to #6, [CMS: Nursing Home Visitation FAQs \(www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf\)](https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf).
- While not required, facilities in counties with substantial or high levels of community transmission are encouraged to offer testing to visitors, as feasible. If facilities do not offer testing, they should encourage visitors to be tested on their own, before coming to the facility (e.g., within two to three days).
 - Visitors should also be encouraged to get vaccinated when they have the opportunity. While visitor testing and vaccination can help prevent the spread of COVID-19, neither testing nor vaccination should be required of visitors as a condition of visitation nor should proof of testing or vaccination be requested. If a visitor declines to disclose their vaccination status, the visitor should wear a face mask at all times. This testing recommendation also applies to visits by representatives of the Office of Ombudsman for Long-Term Care; from MDH, including life safety code inspectors; and from protection and advocacy systems.
 - Compassionate care visits, including essential caregiver visits, are allowed at all times. Previous restrictions on these visits are lifted and visitation is now allowed at all times for all residents.

Access to the long-term care ombudsman

The Older Americans Act (OAA), Title VII, chapter 2, sections 711/712, authorizes the Office of Ombudsman for Long-Term Care program. The OAA and federal regulations require the program to provide services to residents of long-term care facilities with access to effective advocacy in order to ensure the quality of care and quality of life they deserve and are entitled to by resident rights law.

MDH-licensed long-term care facilities are required to allow in-person visits from the Office of the Ombudsman for Long-Term Care when they are deemed important by the state ombudsman office to assist residents in protecting their health and safety, welfare, and rights, as requested by a resident or by a resident representative when substitute decision-making authority is activated because a resident is unable to comprehend due to complications of disease or advanced dementia. Under CMS guidance and state law, long-term care facilities are required to provide the state ombudsman immediate access to licensed long-term care facilities.

If an ombudsman is planning to visit a resident who is in transmission-based precautions or quarantine or a resident who is not up to date with all recommended COVID-19 vaccine doses in a county where the level of community transmission has been substantial or high in the past seven days, both the resident

and ombudsman should be made aware of the potential risk of visiting and the visit should take place in the resident's room.

The ombudsman program has authority to access resident records and has access to the name and contact information of the resident and the resident representative, if any, where needed to perform the functions and duties: 45 CFR, section 1324.11(e)(2) (iv, v, vi); 45 CFR, section 1324.11(e)(2)(iii); and [Minnesota Statutes, section 256.9742, subdivision 4 \(www.revisor.mn.gov/statutes/cite/256.9742\)](http://www.revisor.mn.gov/statutes/cite/256.9742). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule (45 CFR part 160 and 45 CFR part 164, subparts a and E) does not preclude release by covered entities of resident private health information or other resident-identifying information to the ombudsman program, including but not limited to resident medical records; social security number; other records; a list of resident names and room numbers; or information collected in the course of a state or federal survey inspection process, 45 CFR, section 1324.11(e)(2)(vii).

Ombudsman staff will comply with MDH-recommended symptom screening, masking, and other personal protective equipment requirements during any in-person visit. Visits between representatives of the ombudsman program and residents should not be supervised by facility staff, unless requested by the ombudsman representative.

Independent living buildings

Some long-term care settings also have unlicensed independent living buildings or separate resident apartments. Tenants of independent living buildings who do not receive services are not required to be screened and tested for COVID-19; however, core principles of COVID-19 infection prevention should be adhered to.

Revisions to communal dining and activities, and resident outings guidance for nursing homes and assisted living settings

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur.

The safest approach is for everyone, regardless of vaccination status, to wear a well-fitting face mask while in communal areas of the facility. For more information, refer to the Implement Source Control Measures section at [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html). Also refer to #7, [CMS: Nursing Home Visitation FAQs \(www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf\)](https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf).

Facilities must permit residents to leave the facility, as they choose. Should a resident choose to leave, the facility should remind the resident and anyone accompanying the resident about following all

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recommended infection prevention practices, including wearing a well-fitting mask, physical distancing, and doing hand hygiene, and to encourage those around them to do the same.

Upon the resident's return, nursing homes should take the following actions:

- Screen resident upon return for signs or symptoms of COVID-19.
 - If the resident or family member reports close contact with an individual with COVID-19 while outside of the nursing home, test the resident for COVID-19, regardless of vaccination status. Place the resident in quarantine if the resident is not up to date with vaccination.
 - If the resident develops signs or symptoms of COVID-19 after the outing, test the resident for COVID-19 and place the resident on transmission-based precautions, regardless of vaccination status.
- A facility may also opt to test residents who are not up to date with all recommended COVID-19 vaccine doses, without signs and symptoms if they leave the nursing home frequently or for a prolonged length of time, such as longer than 24 hours.
- Facilities may consider quarantining residents who are not up to date with vaccination who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them, to infection prevention measures.
- Monitor residents daily for signs and symptoms of COVID-19.
- Residents who leave the facility for 24 hours or longer should generally be managed as a new admission or readmission, as recommended by [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) (www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html). Please note that there are exceptions to quarantine, including for residents who are up to date with vaccination.

Facilities should ensure residents and their loved ones have access to the Office of Ombudsman for Long-Term Care, at 651-431-2555 or 800-657-3591, to request advocacy services.



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