
KDADS Visitation Guidance

Kansas Department for Aging and Disability Services

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CMS Visitation Guidance

On September 17, CMS replaced earlier restrictions on visitors in Nursing Facilities. CMS acknowledged the importance of visitation on Nursing Facility resident well being and health.

Nursing facilities should allow visitors if community spread of COVID-19 is low, adequate infection control practices and social distancing practices are in place, facilities are conducting testing as required and visitors follow facility guidelines about visitation.

Use of Civil Money Penalty (CMP) Funds: CMS will now approve the use of CMP funds to purchase tents for outdoor visitation and/or clear dividers (e.g., Plexiglas or similar products) to create physical barriers to reduce the risk of transmission during in-person visits. Up to \$3,000 for Nursing Facilities or \$750 for State licensed facilities.

KDADS Visitation Guidance for Long Term Care Settings

Visitation is a right for residents in adult care homes and facilities should make best efforts to facilitate visitation for residents and their loved ones or preferred visitors.

Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission:

Visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life.

Facilities should enable visits to be conducted with an adequate degree of privacy.

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.

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Resident Visitation Preferences Template captures the types of questions and issues that should be discussed to facilitate visitation.

All long-term care facilities should use the template or a form of their own that captures the same information.

The document must show that a discussion has been held between a staff member and resident, resident's representative or resident's family. The conversation should be informed by the facilities capacity to conduct different visitation options.

Must be completed for each resident no later than January 31, 2021.

Facility owners or operators should communicate their current status for visitation based on risk factors present within the facility and surrounding community to residents and their friends and family members who would be affected by visitation restrictions. Families and residents should have a clear understanding of the facility's ability to allow visitation and the conditions when visitation can occur.

Resident Visitation Preferences Template			
Resident Visitation Preference Questions	Resident or Resident Representative Response	Facility Response	Barriers to or Steps Needed to Achieve Residents Preferences
What criteria would meet the need for compassionate care visit for the resident? Please use the information for compassionate care in the guidance above to identify what specific situations will be used to trigger the need to schedule a compassionate care visit.			
What specific accommodations are needed for a compassionate care visit?			
Which members of the community including family, friends and clergy would the resident like to visit with?			
What methods of visitation does the resident prefer when restricted from normal visitation? Phone Virtual Window Outdoor Indoor	Please check all that apply: <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> Window <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor		
How often does the resident prefer visitation occur for: Phone? Virtual Window Outdoor Indoor	Please check all that apply: <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> Window <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor		

What barriers exist that would prevent the resident from exercising their visitation rights in their preferred format and interval?			
What is the resident's preference regarding time of day/week and duration of visits?			
How much assistance would the resident like to conduct different forms of visitation?	<input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Significant		
How can the facility ensure they are providing the most amount of privacy allowable for visits?			
Does the resident prefer to participate in communal dining?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the resident prefer to participate in outdoor activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I attest that this form was filled out with the active participation of the resident or the resident's representative and the finalized copy of the form is kept as a part of the residents records and made available to local, state and federal officials as well as the resident or their representative upon request. _____ (Initial here)

Facility Staff Signature: _____ Date: _____

I attest that this form was filled out with my or my representative's active participation. I or my representative has been made aware of the existing and potential barrier(s) that would not allow the me or my representative to excise my or my representative's visitation rights in my or my representative's preferred format and interval. _____ (Initial here)

Resident/Resident's Representative Signature: _____ Date: _____

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Compassionate Care Visits

Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits. The need for compassionate care visits should be clearly documented in the residents' plan of care or service agreement.

Window Visitation

Window visits should occur without consideration of county positivity rates.

Outdoor Visitation

Outdoor visitation should occur routinely for all residents that express an interest in having visitors. Outside visits may be limited by weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status (e.g., medical condition(s), COVID-19 status), or a facility's outbreak status. Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available

Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

- There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
- Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children;
- Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space).
- Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.
- Facilities should limit movement in the facility.
- Indoor visitation spaces must support social distancing of at least 6 feet between the visitor and resident.
- Visitors should not bring food or drinks to share during the visitation.
- Visitation location will be equipped with sanitation supplies, readily available to visitors and residents.
- Facilities may establish additional guidelines as needed to ensure the safety of visitations and their facility operations.

Require using the Kansas Department of Health and Environment county positivity data under Nursing Home Metrics (<https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>)

Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 26-39-103(m) 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. However, 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.