

# KDADS FAQ for Visitation

2/1/21



## Link to the Webinar Hosted on 10.27.20

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<https://vimeo.com/472703105/2360a798d7>

## Key Questions

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1. This guidance does not include skilled care, correct?
  - a. Incorrect the long-term care facility guidance includes all adult care homes.
2. The guidance sent out on 10/22 states on the first page specifically “This guidance is for adult care homes excluding skilled nursing facilities which were provided guidance in a separate document issued June 12, 2020”-
  - a. the link to guidance sent out on 10/22/2020 was inaccurate-new guidance was issued on 10/26/2020, the direct link to the facility visitation guidance is:  
[https://kdads.ks.gov/docs/default-source/COVID-19/hoc/visitation-guidance-for-long-term-care-settings.pdf?sfvrsn=cdbc01ee\\_2](https://kdads.ks.gov/docs/default-source/COVID-19/hoc/visitation-guidance-for-long-term-care-settings.pdf?sfvrsn=cdbc01ee_2)
3. Would a car ride with a resident’s spouse IF we screened them and masks? What about allowing residents to go out with their family members for outings such as church or to have a meal or go to a restaurant?
  - a. Residents or residents representatives are allowed to make the decision to leave the facility at any time- the facility is responsible for policies and procedures for action to take upon their return to ensure infection control is maintained- facilities may want to take into account the nature of the leave when determining the period of quarantine required upon return if at all.
4. With the upcoming holiday season, what stance is KDADS taking on allowing residents to go home to celebrate holidays with families?
  - a. Periods for quarantine should be included in the facilities policies and procedures-facilities may want to take into account the nature of the leave when determining the period of quarantine required upon return if at all.
5. The Nursing Home metrics on the KDHE website are confusing; if a facility was red with over 10% positivity rate 4 weeks ago and is still over 10% but is yellow; what do we go by, the numbers or the color?

- a. The number and color should match-in the cases in which they do not-facility should default to the number.
6. The questionnaire references communal dining, but the guidance doesn't speak to communal dining. What is the context of the question about the communal dining?
  - a. The context for communal dining is based around the idea that not all residents want or have outside visitors and to capture what other means of social interactions the resident prefers.
7. Should those that are in isolation following admission/re-admission be able to have visits?
  - a. 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.
8. How do we address visits with residents that are unable to socially distance or follow directions related to resident safety?
  - a. Visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglas dividers, curtains)
9. If we have rapid testing available, can we test surveyors if they arrive?
  - a. No
10. Can residents eat with their visitor if they keep a 6 foot distance in their room if the resident desires this?
  - a. Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:
    - i. There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
    - ii. 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;
    - iii. 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; and
    - iv. Facilities should limit movement in the facility. For example, visitors

should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area.

11. Is there any guidance about if visitors are to wear additional PPE besides the facemask?

a. No, however, 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, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission:

i. Core Principles of COVID-19 Infection Prevention

1. Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
2. Hand hygiene (use of alcohol-based hand rub is preferred)
3. Face covering or mask (covering mouth and nose)
4. Social distancing at least six feet between persons
5. 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)
6. Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
7. Appropriate staff use of Personal Protective Equipment (PPE)
8. Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)

12. If visitors are not supposed to walk through the building, how can visits occur in resident rooms?

a. Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room.

13. Does O2 level checks need to be part of the facility screening process along with temperature checks?

a. O2 levels is not a screening requirement at this time but a facility may choose to do so at their own discretion in accordance with their policies and procedures.

14. Does the template apply to assisted living or only health care?
- a. All long-term care facilities should utilize the template found at the end of this guidance or a form of their own that captures the same information showing that a discussion has been held between a staff member and resident, resident's representative or resident's family. The conversations should be made in conjunction with the facility and resident or resident's representative. The conversation should be informed by the facilities capacity to conduct different visitation options. This information should be completed for each resident no later than January 31, 2021.
15. If you apply full PPE to both visitor and resident may we allow touching?
- a. This decision should be made by the facility in accordance with their policies and procedures.
16. Can we require the family to be tested before visit and if they refuse can we restrict visit?
- a. No, while not required, we encourage facilities in medium or high-positivity counties to test visitors, if feasible. If so, facilities 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) with proof of negative test results and date of test.
17. Would we need a physician order to test visitors or do they simply need to sign a consent form?
- a. The facility would need to have a physician order to perform a test on any individual.
18. Do you have to write down/screen EVERYONE that walks thru our unit to get to another unit; even if they were screened at main entrance.
- a. No screening at the main entrance should be sufficient-however a facility may want to consider also screening at the entrance of their COVID unit.
19. How do you recommend communicating visiting status at the facility when we have to take into consideration the positivity rates and visiting other than compassionate care may change based on that?
- a. Providing frequent communication so that is up to date. If you are checking the KDHE nursing facility report every other week, updates would only need to be made when there is a change in the data that would direct a change in staff testing frequency. There are many ways in which mass communication can be accomplished to lessen the burden of such frequent communication.
20. How can a visitor eat a meal with a resident during an indoor visit--they won't be wearing a mask and they are required to wear PPE?
- a. While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. 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). Facilities should consider additional limitations based on status of COVID-19 infections in the facility.

21. Our corporate policy currently states that a visitor must be tested for COVID prior to entering the building for any indoor visit. However, we cannot test visitors ourselves with the antigen tests we have as visitors do not fall under our CLIA waiver. Potential visitors may presumably have to request orders for a COVID test from their own PCP and pay out of pocket for that test prior to an indoor visit in our facility this winter. Is this permissible, ethical, and enforceable under current KDADS guidelines?
  - a. While not required, we encourage facilities in medium or high-positivity counties to test visitors, if feasible. If so, facilities 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) with proof of negative test results and date of test.
22. Any ideas about what facilities can do to allow for more visits, families and residents are requesting night and weekend visits and that is when staffing levels tend to be the shortest.
  - a. Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.
23. If a resident prefers to see their family indoors, every day, and that's not reasonable with staffing, how do we accommodate that? If it's documented that this is their preference, what is our obligation to honor it?
  - a. All long-term care facilities should utilize the template found at the end of this guidance or a form of their own that captures the same information showing that a discussion has been held between a staff member and resident, resident's representative or resident's family. The conversations should be made in conjunction with the facility and resident or resident's representative. The conversation should be informed by the facilities capacity to conduct different visitation options.
24. If a family member were to take a resident home for a visit against facility guidance or policy, would the facility be required to take that resident back?
  - a. Yes the facility must allow the resident back into their home, the facility may issue a 30 day notice to discharge if they can no longer meet the residents needs however residents or residents representatives are allowed to make the decision to leave the facility at any time-the facility is responsible for policies and procedures for action to take upon their return to ensure infection control is maintained- facilities may want to take into account the nature of the leave when determining the period of quarantine required upon return if at all.
25. Are individuals on transmission-based precautions able to have visitors under compassionate care visits?
  - a. Yes

26. What is the policy on testing for facility surveyors? Based on the guidance from CMS- it seems that they should be included in the routine facility testing because they have contact with staff and residents.
- a. There is currently no policy for surveyor testing-surveyors are not considered facility staff as outlined in QSO 20-38-NH and a facility cannot be cited for failure to test KDADS or CMS Survey Staff
27. Can the facility make it part of their policy that surveyors are tested prior to entrance using POC antigen testing?
- a. No-facilities are mandated by law to allow surveyors entry into their facility and do not have the authority to force a surveyor to submit to testing prior to entry.
28. Why are you not requiring surveyors to be tested on a regular basis if you are making the facilities?
- a. The testing requirement mandated in QSO 20-38-NH is issued by CMS not the State of Kansas or KDADS.
29. What about dialysis residents? Since they go out 2-3 times a week, can we do visits with those residents or should they be treated as quarantine residents?
- a. Periods for quarantine should be included in the facilities policies and procedures-facilities may want to take into account the nature of the leave when determining the period of quarantine required upon return if at all.
30. Can we prohibit residents from going out for Thanksgiving dinner to be with their families?
- a. Residents or residents representatives are allowed to make the decision to leave the facility at any time-the facility is responsible for policies and procedures for action to take upon their return to ensure infection control is maintained-facilities may want to take into account the nature of the leave when determining the period of quarantine required upon return if at all.
31. Does this guidance prohibit family members from coming in for a visit eating a meal with the resident?
- a. No
32. Can you clarify again when to check the positivity rate? If we check the first and third Monday, the dates don't line up. For example - if we checked it on Monday the 19th the two-week rate would be for dates 9/27-10/10 - wouldn't we have wanted to check the rate on 10/11 to be using the most current data?
- a. Facilities should monitor their county positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table the Long-Term Care Visitation guidance.
    - i. If the county positivity rate increases to a higher level of activity, the

facility should begin testing staff at the frequency shown in the table found on the Long-Term Care Visitation guidance as soon as the criteria for the higher activity is met.

- ii. If the county positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.
33. If a DPOA insists on taking their loved one out of the facility, how do we handle this. For example, I want to take mom/dad home for a couple hours, and then bring them back.
- a. Residents or residents representatives are allowed to make the decision to leave the facility at any time-the facility is responsible for policies and procedures for action to take upon their return to ensure infection control is maintained-facilities may want to take into account the nature of the leave when determining the period of quarantine required upon return if at all.
34. CMS has said that outside doctors do not fall under the visitation guidelines and should be allowed in. What is the state's stance on this?
- a. 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 show signs or symptoms of COVID-19 after being screened. We note that EMS personnel do not need to be screened so they can attend to an emergency without delay. We remind facilities 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 facilities who are certified to participate in the Medicare/ Medicaid program must also adhere to F886.
35. We need documentation to show the physicians they needed tested.
- a. Please refer to QSO memo 20-38-NH and QSO memo 20-39-NH
36. What about testing visitors? If we are testing them (rapid antigen) does that give more freedom than what the guidance here relays?
- a. It could if the facilities policies and procedures allow for it and there has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.
37. Are you saying that if PTR is above 10% we are NOT to do indoor visitations?? We have not seen this in any guidance.
- a. No, Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following

guidelines:

- i. a) There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
- ii. b) 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;
- iii. c) 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; and
- iv. d) Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room.
  1. NOTE: 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.
- v. Facilities should use the COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site as additional information to determine how to facilitate indoor visitation:
  1. • Low (<5%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)
  2. • Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)
  3. • High (>10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies
- vi. Facilities may also monitor other factors to understand the level of COVID-19 risk, such as rates of COVID-19-Like Illness visits to the emergency department or the positivity rate of a county adjacent to the county where the nursing home is located. We note that county positivity rate does not need to be considered for outdoor visitation.

38. Do you have to oversee a visit in a resident room?

- a. 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.

39. Can families and residents have any physical contact during visitation. frequently they are wanting to hug, etc. and families get very offended if asked to not do so.
- a. Visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time. 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.
40. Are families not allowed to bring in food at all? I know they cannot bring in food to share with the residents, but can they bring in food that stays with the resident, such as snacks?
- a. Visitors should not bring food or drinks to share during the visitation. However, with communication between the facility and visitors, a visitor can bring food/drinks can be brought to leave with the resident with the facilities approval.
41. What type of communication with the Ombudsman is expected regarding visitation, especially compassionate care visits?
- a. 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. This documentation should be made available to the ombudsman upon request.
42. Is there any guidance from the fire marshal on the use of outdoor heaters for visitation?
- a. No, not at this time; however, facilities need to ensure appropriate life safety code requirements are met, unless waived under the PHE declaration.
43. Is the 14-day COVID free just for residents or does a positive staff who is sent home on quarantine restart the count of 14 days?
- a. If there has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing, onset is defined as: Nursing home-onset SARS-CoV-2 infections refer to SARS-CoV-2 infections that originated in the nursing home. It does not refer to the following: Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility.
44. Is the resident visitation preference template to be used for compassionate visits only? Or does it apply to Assisted Living, skill nursing, and memory care?

- a. It is to be used for all visitation types for all adult care homes; or a form of their own that captures the same information showing that a discussion has been held between a staff member and resident, resident's representative or resident's family

45. Should admission & re-admission residents have window or outdoor visits?

- a. Yes, unless they are on transmission-based precautions.