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Secretary

**Provider Guidance Update: Phased Reduction of Restrictions for Long Term Care Facilities**

**September 22, 2020**

On March 6, 2020, Governor Andy Beshear signed Executive Order 2020-215 declaring a state of emergency in the Commonwealth due to the outbreak of the novel coronavirus (COVID-19). The current public health emergency has resulted in a rapidly changing environment. The Cabinet for Health and Family Services will continue to provide information and updates to healthcare providers.

This guidance is provided in accordance with the phased approach to resuming currently suspended services encouraged by the Centers for Medicare and Medicaid Services (CMS) in its May 18, 2020 “Nursing Home Reopening Recommendations for State and Local Officials, QSO-20-30-NH” (available at: <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>) and its September 17, 2020 “Nursing Home Visitation – COVID-19, QSO-20-39-NH” (available at <https://www.cms.gov/files/document/qso-20-39-nh.pdf>). It is intended to offer clarifying information to facility-based long-term care providers (herein referred to as “Providers”) concerning the resumption of specified services when the described conditions are met, beginning on or after the dates indicated.

There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents of Long-Term Care Facilities (LTCFs) are at high risk of becoming seriously ill with COVID-19. The guidelines are based on what is currently known about the transmission and severity of COVID-19. Compliance with these guidelines will reduce the risk of transmission of COVID-19, but *will not eliminate* the risk to the LTCF’s residents, staff or visitors. By entering the LTCF, visitors are acknowledging the inherent risk of exposure to COVID-19 to themselves and to LTCF’s residents, staff and other visitors.

**DEFINITIONS**

CDC Guidelines: Reference materials available from the Centers for Disease Control and Prevention, available at: <https://www.cdc.gov/> and specific extension sites listed at the end of this guidance.

Cleaning: Removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but it decreases their number and therefore the risk of spreading infection.

Compassionate Care: Consistent with guidelines from the Centers for Medicare and Medicaid Services, available at: <https://www.cms.gov/files/document/covid-visitation-nursing-home-residents.pdf>.

Congregate Residential Settings: Independent Living housing serving predominantly older or disabled adults.

Disinfecting: Cleaning with an EPA-registered disinfectant chemical according to the manufacturer's directions for use. This process does not necessarily clean dirty surfaces, but killing germs remaining on a surface after cleaning further reduces the risk of spreading infection.

Donning and Doffing: Putting on and taking off PPE.

Fever: Registering a body temperature of at least 100° F.

Guidance: Recommended course of action; not a regulation or directive.

LTCF: Congregate residential settings serving predominantly older or disabled adults, whether a Skilled Nursing Facility (SNF), Nursing Facility (NF), Nursing Home (NH), Intermediate Care Facility for Intellectually Disabled (ICF-IID), Personal Care Home (PCH), Assisted Living Community (ALC) or Family Care Home (FCH).

PPE: Personal Protective Equipment, including but not limited to disposable gloves, gowns, face masks, shields or goggles.

Social Distancing: Maintaining a distance of at least six feet between people.

Staff Extender: A health professional engaged in a participant's care, vendors or contractors delivering goods or services, public agency (including the Long-Term Care Ombudsman and the CHFS Office of Inspector General) or emergency personnel conducting official duties.

Symptoms – COVID-19: Fever, cough, shortness of breath, difficulty breathing, chills, rigors, headache, sore throat, muscle aches, change in sense of smell or taste, or gastrointestinal symptoms (i.e. diarrhea, vomiting, etc.); CDC definition available at: <https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/202>

## **Infection Control**

If the Office of Inspector General (OIG) conducted a focused Infection Control survey since March 1, 2020 that resulted in a statement of deficiency concerning infection control, the Provider should receive written confirmation that its Plan of Correction has been accepted prior to resuming any of the services included in this guidance.

An Assisted Living Community should receive from the Department of Aging and Independent Living (DAIL) written confirmation that its COVID Preparedness Plan has been accepted prior to resuming any of the services included in this guidance.

## **Group Activities**

The two key determinants for resuming recreational and therapeutic group activities, **beginning September 25, 2020 for all LTCFs**, should be 1) adhering to established social distancing guidelines of at least six feet between any two residents and 2) no new resident or staff COVID-19 cases within the past 14 days. Other conditions include:

- Group size should not exceed ten (10) residents.
- Residents should
  - Have never contracted or have fully recovered from COVID-19 (not currently under isolation for observation for suspected or confirmed COVID-19);
  - Wear masks (as tolerated or capable); and
  - Wash (or sanitize) hands before and after the activity.
- Staff should

- Perform a health screening for each participating resident prior to entering the activity area, indicating:
  - No Fever; and
  - No symptoms consistent with suspected COVID-19.
- Configure seating to comply with social distancing guideline;
- Discourage the use of high-touch items (i.e., playing cards, board games, ball toss, etc.);
- Disinfect applicable surfaces and equipment between uses; and
- Wear appropriate PPE, consistent with CDC guidelines.
- Off-site: Until further notice, exclude group activities at off-site locations.

### **Communal Dining**

The key determinants for resuming communal dining, **beginning September 25, 2020 for all LTCFs**, should be 1) adhering to established social distancing guidelines of at least six feet between any two residents and 2) no new resident or staff COVID-19 cases within the past 14 days. Other conditions include:

- Residents should
  - Have never contracted or have fully recovered from COVID-19 (not currently under isolation for observation for suspected or confirmed COVID-19);
  - Wear masks traveling to and returning from the communal dining setting; and
  - Wash (or sanitize) hands before and after the activity.
- Staff should
  - Perform a health screening for each participating resident prior to entering the communal dining area, indicating:
    - No Fever; and
    - No symptoms consistent with suspected COVID-19.
  - Configure seating to comply with social distancing guideline;
  - Discourage the use of high-touch items (i.e., salt/pepper shakers; provide condiment packets upon request, etc.);
  - Disinfect applicable surfaces and equipment between uses; and
  - Wear appropriate PPE, consistent with CDC guidelines.

### **Off-Site Appointments**

The key determinants for resuming transportation for non-emergent off-site appointments, **beginning June 29, 2020 for all LTCFs**, should be 1) limitation of one resident per trip, 2) reasonably adhering to established social distancing guidelines of at least six feet between a resident and any other person, and 3) no new resident or staff COVID-19 cases within the past 14 days (*exception*: essential medical appointment, such as kidney dialysis). Other conditions include:

- **Provider-Operated (or Contracted Service) Vehicle**
  - Resident and driver (and accompanying staff, if other than driver) should
    - Wear a mask; and
    - Wash (or sanitize) hands before and after the activity.
  - Staff should
    - Perform a health screening for the traveling resident prior to boarding and upon return, indicating:
      - No Fever; and
      - No symptoms consistent with suspected COVID-19.

- Wear appropriate PPE, consistent with CDC guidelines.
- Disinfect frequently touched surfaces in the vehicle between trips with an Environmental Protection Agency (EPA) registered disinfectant. (Recommended Resource: CDC Guidelines for Disinfecting Transport Vehicles, available at):

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

- **Private Vehicle**

- Resident, driver (and accompanying staff, if other than driver) should
  - Wear masks; and
  - Wash (or sanitize) hands before and after the activity.
- Staff should
  - Perform a health screening for the traveling resident prior to boarding and upon return, indicating:
    - No Fever; and
    - No symptoms consistent with suspected COVID-19.
  - Wear appropriate PPE according to the Provider’s policies and procedures and consistent with CDC guidelines.
  - Request that the vehicle owner disinfect frequently touched surfaces in the vehicle before and after the trip with an Environmental Protection Agency (EPA) registered disinfectant. (Recommended Resource: CDC Guidelines for Disinfecting Transport Vehicles, available at):  
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

## Resident Visitation

- Effective for Visitation Beginning:
  1. **June 29, 2020:** Assisted Living Communities, Licensed Personal Care Homes and Family Care Homes.
    - Congregate Residential Settings should develop a plan addressing the services included in this guidance memo; additional relevant resources are included on the final page.
  2. **September 25, 2020:** Skilled Nursing Facilities (SNF), Nursing Facilities (NF), Nursing Homes (NH) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID).
    - For any residential setting that is physically attached to one of these levels of care, the Provider should adopt the approaches and effective date recommended for the highest level of care.

The key determinants for resuming limited visitation should be 1) upholding principles of person-centered care by considering each resident’s physical, mental and psychosocial well-being, 2) adhering to established social distancing guidelines of at least six feet between a resident and any other person, 3) no new facility-onset resident or staff COVID-19 cases in the preceding\* fourteen (14) days, and 4) the facility is not currently listed as either Tier II (Orange) or Tier III (Red) on the Kentucky Long-Term Care Facility COVID-19 Indicator, (hyperlink to be added here by 9/24/2020), except for “Compassionate Care” situations.\*\*

*(\*) From the date when relevant symptoms were first observed or reported (or the date of testing, if asymptomatic) for the most recently identified resident or staff facility-onset COVID-19 case.*

(\*\*) *PC Homes, ALCs and ICF-IIDs are considered Tier I when determinants 1-3 are met.*

Other conditions that a Provider should address in its plan for hosting visitors should include:

- External Context: Assess the current environment and support network capacity in the Provider’s surrounding community, including any adjacent in a bordering state, such as
  - COVID-19 trending in the county, as well as in contiguous counties (whether in-state or in a bordering state).
  - Acute care partners’ capacity for providing assistance in the event of a rise in COVID-19 cases among the residents or staff.
  - Continuing access to PPE, cleaning and disinfecting supplies.
  - Continuing access to surveillance testing for COVID-19.
- Logistics:
  - Effectively cohort residents (e.g., separate areas dedicated to COVID-19 care).
  - Monitor results of COVID-19 testing performed among residents and/or staff, conducted as required per 42 CFR 483.80(h) per QSO-20-38-NH.
  - Schedule each visit in advance for a duration – and frequency – that enables each resident an opportunity to receive a visit as equitably distributed as possible, following the Provider’s policies and procedures for visiting hours.
  - Limit the number of visitors per resident visit to one (1) at a time.
  - Limit the number of visitors present simultaneously to support infection prevention actions.
  - Post instructional signage throughout the facility and conduct appropriate visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable Provider practices (such as the use of face covering of mask, specified entries, exits and routes to designated areas, or hand hygiene).
  - Accommodate and support visitation that offers an adequate degree of privacy and fosters visitation beyond compassionate care situations.
    - Establish Indoor Options for visitation in a
      - a) Resident Room - Visitor proceeds to directly to the resident’s room.
        - Visiting a resident should **not** occur in the resident’s room when he/she
          - Is under transmission-based precautions (TBP), or
          - Shares the room with another resident (exception: his/her health status prevents him/her from leaving the room, in which case the Provider should attempt to enable in-room visitation adhering to the core principles of COVID-19 infection prevention described in QSO-20-39-NH).
        - b) Designated Non-Resident Room that is near an entrance and does not require visitors to traverse through a residential area.
      - Establish Outdoor Options (preferred) for visitation in an accessible, safe and comfortable location with appropriate protection from overexposure to the sun, inclement weather conditions or poor air quality.
- Each visitor (including “Staff Extender”) should
  - At entry:
    - Demonstrate lack of fever at entry, confirmed by an infrared thermometer;
    - Not exhibit any symptoms consistent with COVID-19, responding “No” to at least the following screening questions (posed in the most relevant language for the person to understand) and signing an attestation reflecting those responses (sample form attached):

- a) Is there anyone in your household who is ill or has been diagnosed with COVID-19?
  - b) Have you been in contact with anyone who is ill or has been diagnosed with COVID-19?
  - c) Have you had any of the following symptoms since your last day at work or the last time you were here?
    - Feeling of fever
    - Cough
    - Shortness of breath
    - Difficulty breathing
    - Chills
    - Rigors
    - Headache
    - Sore throat
    - Muscle aches
    - Change in sense of smell or taste
    - Any gastrointestinal symptoms (i.e. diarrhea, vomiting, etc.)
- Inability to complete ALL of the conditions should result in rescheduling the visit and recommending that the declined visitor consult with his/her primary care provider.
  - Visitor Testing: While not required, a Provider located in Tier II (Orange) or Tier III (Red) counties on the Kentucky Long-Term Care Facilities COVID-19 Indicator (([hyperlink to be added here by 9/24/2020](#)) are encouraged to test visitors for COVID-19, if feasible.
    - a) Recommend:
      - Prioritize those who visit regularly (although any visitor can be tested).
      - Recognize documentation of a negative COVID-19 test result obtained privately elsewhere within 2-3 days preceding the visit.
- During the visit:
    - Wash (or sanitize) hands before and after the visit;
    - Wear a mask; and
    - Observe social distancing.
  - Any visitor who is unable to adhere to the Provider's visitation policies and procedures should not be permitted to visit or be asked to leave.
- Visited/Host Resident should
    - Wash (or sanitize) hands before and after the visit;
    - Wear a mask
      - traveling to and returning from the visit; and
      - during the visit (as tolerated or capable).
    - Observe social distancing.
  - Staff should
    - Accompany the visitor;
    - Configure seating to comply with social distancing guidelines;
    - Observe and enforce social distancing compliance while providing auditory privacy;
    - Disinfect applicable surfaces and equipment (including adaptive utensils and assistive devices) between uses; and

- Wear appropriate PPE according to the Provider’s policies and procedures and consistent with CDC guidelines.
  - Compassionate Care: Decisions about compassionate care visitation should be made on a case-by-case basis by the Provider, consistent with CMS guidelines. Through a person-centered approach, a Provider should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.
    - End-of-life care visitation within a resident’s room should expect the visitor to observe all appropriate precautions, consistent with CDC guidelines.
    - Other types of “Compassionate Care” include, but are not necessarily limited to:
      - A resident, who
        - was living with family before recently entering a nursing home, is struggling with the change in environment and lack of physical family support.
        - is grieving after a friend or family member recently passed away.
        - needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
        - 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).
        - has an affinity for a familiar domestic pet and would likely benefit from engaging with it (single resident per pet visit).
      - Allowing a visit in these situations would be consistent with the intent of “compassionate care situations.”
    - Compassionate care visits can be conducted by any individual who can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support.
    - If during a compassionate care visit, a visitor and Provider identify a way to allow for personal contact, it should ONLY occur following all appropriate infection prevention guidelines, and for a limited duration.
- Following the Visit: The Provider should encourage each visitor to monitor for symptoms associated with suspected COVID-19.
  - Anyone who visits and develops signs or symptoms of COVID-19 within 2 days after visiting should immediately notify the Local Health Department and the Provider.
  - The Provider should immediately screen the individual(s) who had contact with the visitor for the level of exposure and follow up with its medical director and the resident’s primary care physician.
- Federal Disability Rights Laws and Protection & Advocacy (P&A) Programs
  - Section 483.10(f)(4)(i)(E) and (F) requires the Provider 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).
    - P&A 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 or if there is probably cause to believe the incidents occurred.” 42 U.S.C. § 15043(a)(2)(B).

- Under its federal authorities, representatives of P&A programs are permitted access to all facility residents, which includes “the opportunity to meet and communicate privately with such individuals regularly, 6 both formally and informally, by telephone, mail and in person.” 42 CFR 51.42(c); 45 CFR 1326.27.
  - Each Provider must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).
    - 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 Provider must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions.
    - This would not preclude the Provider 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.

## **Communication**

Prior to resuming the services addressed in this guidance memo, the Provider should:

- Communicate in writing with each resident and his/her responsible party about the Provider’s new policies and procedures regarding COVID-19;
  - Consider having the resident (or guardian) and visitor sign an acknowledgement form concerning
    - Receipt of this communication and agreement to abide by the new policies and procedures described; and
    - Acceptance of the risks associated with entering the facility, such as:  
*There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents are potentially at high risk of becoming seriously ill with COVID-19. Our policies and procedures are based on what is currently known about the transmission and severity of COVID-19. Compliance with these policies and procedures will reduce the risk of transmission of COVID-19, but will not eliminate the risk to the residents, staff or visitors. By entering the facility, the undersigned acknowledges the inherent risk of exposure to COVID-19 to himself/herself, other residents, staff and other visitors.*
- Communicate in writing with each employee about the Provider’s new policies, protocols and procedures regarding COVID-19.
  - The CDC has developed several free posters in a variety of languages, available at: <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc>
- Communicate in writing with the Long-Term Care Ombudsman about the Provider’s new policies, protocols and procedures regarding COVID-19 at [nhoa@ombuddy.org](mailto:nhoa@ombuddy.org).

Additional Resources

**CDC COVID-19 Guidance:**

- Retirement Communities and Independent Living – Plan, Prepare and Respond, at <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/>
- Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities, at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>
- Considerations for Memory Care Units in Long-term Care Facilities, at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>
- Resources for Businesses and Employers, at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>
- Risk-Assessment Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html/>
- OSHA Guidance on Preparing Workplaces for COVID-19, at <https://www.osha.gov/Publications/OSHA3990.pdf>
- KY COVID-19 Updates: <https://govstatus.egov.com/kycovid19>
  
- *Sample* COVID-19 Screening Attestation Form (attached)



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## **SAMPLE VISITOR ATTESTATION FORM**

**Purpose:** Our facility is committed to a safe and secure environment.

**Policy:** All visitors pledge to self-monitor and self-report to avoid exposures to communicable diseases such as COVID-19.

**Rationale:** COVID-19 virus is extremely dangerous for older adults. Many populations outside of older adults do not show symptoms, but they may be able to transmit the virus to others. Because of this, we are asking for the following commitment from you:

**We ask the following of visitors and others who are entering and interacting within the facility to commit to the following precautions and practices:**

1. Handwashing: While you are here but also while you are not here, we ask you to wash your hands frequently. For example, before you leave one area and enter another wash your hands with soap and friction. Use hand sanitizer when soap is not available.
2. Avoid individuals who have any of the following COVID-19 symptoms:
  - a. Feeling of fever
  - b. Cough
  - c. Shortness of breath
  - d. Difficulty breathing
  - e. Chills
  - f. Rigors
  - g. Headache
  - h. Sore throat
  - i. Muscle aches
  - j. Change in sense of smell or taste
3. Avoid individuals who have traveled internationally within the last 14 days to areas where COVID 19 cases have been confirmed.
4. Avoid individuals who have been in a setting where COVID 19 cases have been confirmed.
5. Avoid gatherings of people.
6. Not visit our facility if you or someone in your household is ill or has been diagnosed with COVID-19.
7. Not visit our facility if you been in contact with anyone who is ill or has been diagnosed with COVID-19.
8. Wear a mask when in our facility and when out in the community
9. Observe social distancing when visiting with our residents and when out in the community.
10. Report contact with any individual with suspected or confirmed infection with COVID-19 to the director of the facility.

As a part of our protection activities, we ask for these practices to be attested to by your signature. In addition, we will be asking you to submit to having your temperature taken when you come to visit. We appreciate your commitment in protecting our community.

Signature \_\_\_\_\_ Date \_\_\_\_\_