



Residential Care Facilities May 21, 2021 Order Guidance

Michigan.gov/Coronavirus

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Executive Summary

This document provides recommendations for visitation standards in residential care facilities. “Residential care facilities” means a nursing home, home for the aged, adult foster care facility, hospice facility, substance use disorder residential facility, or assisted living facility. It does not include independent living facilities.

The following guidance allows residents the right to make choices about aspects of his or her life in the facility which are significant to the resident. Residents may deny or withdraw consent for a visit at any time. All visitors, residents, or their representatives shall be educated on the risks associated with visitation and how the visit can occur in a manner which does not place other residents at risk. Understanding these risks a resident must be allowed to receive visitors as he or she chooses.

As the epidemiology of COVID-19 around the country and the state of Michigan evolves, MDHHS will continue to review and update these recommendations.

General Mitigation Measures for Visits in Residential Care Facilities

Facilities are required to adhere to the [MDHHS May 21, 2021](#) Requirements for Residential Care Facilities epidemic order. According to the epidemic order, Residential Care Facilities shall comply with the Center for Medicare and Medicaid Services [QSO 20-39-NH](#) revised November 12, 2021. Additionally, MDHHS recommends that all residential care facilities, regardless of facility size, implement the following criteria to safely conduct visits indoors and outdoors.

For scenarios that are not explicitly addressed in either the [MDHHS May 21, 2021](#) Order or the CMS [QSO 20-39-NH](#), facilities have the ability to consider their own circumstances and infection prevention and control protocol to inform operations.

Frequently Asked Questions

1. Where can visitation session occur?

Visitation can be conducted outdoors and indoors in dedicated visitation spaces. Private in room visitation is preferred when available. Core principles of COVID-19 infection prevention should be followed during visitation.

2. What are the core principles of COVID-19 infection prevention which should be followed during visitation?

- Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility. Facilities shall screen all who enter for signs, symptoms, and exposure to COVID-19. Visitation screening on off

shifts can be a sign in sheet stating no signs, symptoms, or exposure to COVID-19.

- Hand hygiene supplies, preferably alcohol-based hand rub, is accessible to residents and visitors for visitation.
- Face covering or mask, covering the mouth and nose, along with physical distancing at least 6 feet should be followed. This is in accordance with CDC [Interim Infection Prevention and Control Recommendations](#).
- Signage educating on COVID-19 signs, symptoms, masking, physical distancing, and infection control precautions shall be posted throughout the facility.
- Facility is conducting cleaning and disinfecting of high-frequency touch surfaces often including designated visitation areas after each visit. Visitation areas using physical barriers such as clear plexiglass dividers or curtains should routinely clean and disinfect these surfaces to prevent transmission.
- Staff are wearing personal protective equipment in accordance with CDC [Interim Infection Prevention and Control Recommendations](#). Staff shall wear masks, covering their mouth and nose, or N95 respirator depending on the type of patient encounter. Staff shall wear masks when in general areas where they may come into contact with residents or visitors. During times of substantial or high transmission eye protection should be worn during all patient care encounters.
- Residents are effectively cohorted such as having separate areas dedicated for the care of COVID-19 positive residents which is clearly designated with signage indicating the level of personal protective equipment needed to enter.
- Resident and staff testing is conducted in accordance with CMS [QSO 20-38-NH](#).
- Those unable or unwilling to adhere to the core principles of COVID-19 infection prevention should be asked to leave and future visitation options such as phone calls, window, or virtual visitation may be explored.

MDHHS has the capacity to provide rapid antigen COVID-19 tests to residential care facilities for testing. For further information about supplies and support for testing, please visit the [MDHHS LTC COVID-19](#) Plan website.

3. During times of warm weather (e.g., late Spring through early Fall) can outdoor visitation occur?

Yes, outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Areas such as courtyards, patios, or parking lots, including tents can help to protect residents and visitors from inclement weather. If a resident's condition hinders the opportunity for outdoor visit, indoor visitation shall occur.

4. When should indoor visitations occur?

- Indoor visitation is to be always allowed and available for all residents.
- There is no limit to the frequency of visits a resident may receive.
- There is no time limit for the length of a resident's visit.
- There is no limit on the number of visitors with the resident during their visit. However,

facilities should ensure that physical distancing, especially between different visitor groups, can still be maintained during peak times of visitation such as lunch time or after business hours.

- Visitation does not require advanced scheduling to occur.
- Visitors should go directly to the visitation area or resident room, when in-room visitation is occurring, and not walk around different halls of the facility.
- If a resident's roommate is unvaccinated or has increased risk due to severe disease (regardless of vaccination status), if possible, have visitation in an alternative area. When the health status of the resident and roommate prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to core principles of infection prevention. Resident privacy should also be maintained when possible.
- Facilities should avoid large gatherings such as parties or events where a large number of visitors are in the same space at the same time and physical distancing cannot be maintained.
- Visitation shall be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.

5. How does CDC [community level of transmission](#) impact visitation?

- Regardless of community transmission level, visitors when around other residents or healthcare personnel should wear face coverings or masks regardless of their vaccination status.
- During times of substantial to high COVID-19 community transmission it is safest for all residents and visitors, regardless of vaccination status, to wear face coverings or masks and physical distance.
- During times of low to moderate COVID-19 community transmission, the safest practice for residents and visitors is to wear face coverings or masks and physically distance especially if either of them is at increased risk for severe disease or unvaccinated.
- Fully vaccinated residents, who are not moderately or severely immunocompromised, and fully vaccinated visitor(s) visiting in:
 - Private rooms
 - Visiting in resident room when roommate is out of the room
 - Designated visitation when others are not presentMay choose not to wear face coverings or masks and may have physical contact when together.

6. Can a visitor hug a resident or have physical contact?

Yes, if both the resident and visitor(s) are educated of the risks of physical contact prior to the visit and the resident consents to physical contact. Both fully vaccinated and unvaccinated residents may choose to have physical touch based on their preference and needs, such as support persons for individuals with disabilities and visitors participating in certain religious practices, including in end-of-life situations.

7. Can a resident on transmission-based precautions or quarantine receive visitors?

While not recommended, residents who are on transmission-based precautions or quarantine may receive visitors, especially if alternative methods of visitation such as phone call, window, or virtual visitation are not conducive for visitation. In these cases, visitation should occur:

- In the resident's room.
- Visitor and resident have been educated on the risk for COVID-19 and precautions necessary for the visit.
- Visitor is educated on how to properly put on and take off personal protective equipment such as a well-fitting facemask.
- Visitor and resident perform hand hygiene with alcohol-based hand rub before and after visit.
- Upon completion of visitation the visitor leaves the facility.
- Visitors shall follow the core principles of COVID-19 infection prevention.

8. Can indoor visitation occur during an outbreak?

When a new case of COVID-19 among staff or residents is identified, a facility should immediately begin outbreak testing in accordance with CMS [QSO 20-38-NH](#) revised September 10, 2021 and CDC [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#).

- While it is safer for visitors when the facility is not having an outbreak, visitation shall continue.
- Visitors should be educated on the potential risk of visiting during an outbreak investigation. This is especially important if the resident being visited lives in the affected outbreak area.
- If residents or their representative would like to visit during the outbreak investigation, both the resident and visitor(s) shall wear face coverings or masks covering their mouth and nose during the visit and if possible, have the visit in the resident's room.
- Visitors shall follow the core principles of COVID-19 infection prevention.

9. Are visitors required to be tested for COVID-19 to visit?

Visitor testing is not required to visit. Facilities in counties with substantial or high levels of community transmission are encouraged to offer testing to visitors or may encourage visitors to have testing before coming to the facility (e.g., within 2-3 days). Visitor testing and vaccination can help prevent the spread of COVID-19.

MDHHS has the capacity to provide rapid antigen COVID-19 tests to residential care facilities for visitor testing. For further information about supplies and support for visitor testing, please visit the [MDHHS LTC COVID-19](#) Plan website.

10. Are visitors required to be fully vaccinated for COVID-19 to visit?

Visitor proof of COVID-19 vaccination is not required to visit. Facilities may ask about a visitors' vaccination status and if the visitor declines to disclose their vaccination status, the visitor should wear a face covering or mask which covers their mouth and nose when in the facility. Visitor testing and vaccination can help prevent the spread of COVID-19.

11. Do surveyors or representatives such as the Office of the State of Long-Term Care Ombudsman and protection and advocacy systems have to be tested or show proof of vaccination?

Neither testing nor proof of COVID-19 vaccination is required to visit. When vaccination status is unknown the surveyor or representative shall wear a face covering or mask which covers their mouth and nose when in the facility. Surveyors and representatives shall comply with the core principles of COVID-19 infection prevention.

Surveyors or representatives are not permitted to enter the facility if they have a positive viral test for COVID-19, signs or symptoms of COVID-19, or currently meet the criteria for quarantine.

12. Are compassionate care visits allowed?

Yes, compassionate care visits will occur at all times.

13. Can communal activities and dining occur?

Yes, while adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Book clubs, crafts, movies, exercise, and bingo are all activities which can be facilitated with alterations to adhere to the guidelines for preventing transmission. The safest approach is for everyone to wear a face covering or mask while in communal areas of the facility.

14. Can residents leave the facility for holiday outings and visitation?

Yes. Residents and any individual accompanying the resident should be educated on all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene. Those around them should be encouraged to do the same.

- Upon return to the facility the resident will be screened for signs or symptoms of COVID-19.
- Resident and accompanying individual are asked if the resident had close contact to an individual with COVID-19 while outside of the facility. A risk assessment may assist in this process.
 - If yes, the resident should be tested for COVID-19 per [MDHHS testing guidance](#), regardless of vaccination status, and if not fully vaccinated placed in quarantine.
- Resident who develops signs or symptoms of COVID-19 after the outing, should be placed on transmission-based precautions and tested per [MDHHS testing guidance](#), regardless of vaccination status.
- Facilities may consider testing unvaccinated residents, without signs or symptoms of COVID-19, if they leave the facility frequently or for a prolonged period, such as over 24 hours. CDC [new admission or readmission](#) guidance and risk assessment may assist in this process.
- Facility will monitor residents daily for signs and symptoms of COVID-19.

For further information

- [CMS Visitation Guidance for Nursing Homes](#)
- [CMS Guidance for Testing in Nursing Homes](#)

- [MDHHS Long-Term Care COVID-19 Plan](#)
- [MDHHS Testing Implementation Guide](#)