

December 23, 2021

Nursing Home Visitation Frequently Asked Questions (FAQs)

CMS is providing clarification to recent guidance for visitation (see [CMS memorandum QSO-20-39-NH REVISED 11/12/2021](#)). While CMS cannot address every aspect of visitation that may occur, we provide additional details about certain scenarios below. However, the bottom line is visitation must be permitted at all times with very limited and rare exceptions, in accordance with residents' rights. In short, nursing homes should enable visitation following these three key points:

- Adhere to the core principles of infection prevention, especially wearing a mask, performing hand hygiene, and practicing physical distancing;
- Don't have large gatherings where physical distancing cannot be maintained; and
- Work with your state or local health department when an outbreak occurs.

1. What is the best way for residents, visitors, and staff to protect themselves from the Omicron variant?

A: The most effective tool to protect anyone from the COVID-19 [Omicron variant](#) (or any version of COVID-19) is to become fully vaccinated AND get [your booster shot per CDC recommendations](#). Also, we urge all residents, staff, and visitors to follow the guidelines for preventing COVID-19 from spreading, including wearing a mask at all times while in a nursing home, practicing physical distancing, and performing hand hygiene by using an alcohol-based hand rub or soap and water. Residents do not have to wear a face covering while eating or drinking, or in their rooms alone or with their roommate.

2. How should nursing homes address visitation when they expect a high volume of visitors, such as over the holidays?

A: In general, visitation should be allowed for all residents at all times. However, as stated in CMS memorandum [QSO-20-39-NH REVISED 11/12/2021](#), "facilities should ensure that physical distancing can still be maintained during peak times of visitation," and "facilities should avoid large gatherings (e.g., parties, events)." This means that facilities, residents, and visitors should refrain from having large gatherings where physical distancing cannot be maintained in the facility. In other words, if physical distancing between other residents cannot be maintained, the facility may restructure the visitation policy, such as asking visitors to schedule their visit at staggered time-slots throughout the day, and/or limiting the number of visitors in the facility or a resident's room at any time. Note: While these may be strategies used during the holidays or when a high volume of visitors is expected (especially in light of the uncertain impact of the Omicron variant in facilities), we expect these strategies to only be used when physical distancing cannot be maintained. Also, there is no limit on length of visits, in general, as long as physical distancing can be maintained and the visit poses no risk to or infringes upon other residents' rights. If physical distancing cannot be maintained or infringes on the rights and safety of others, the facility must demonstrate that good faith efforts were made to facilitate visitation.

3. Can residents have close contact with their visitor(s) during a visit and visit without a mask?

A: Visitors, regardless of vaccination status, must wear face coverings or masks and physically distance from other residents and staff when in a communal area in the facility. Separately, while we strongly recommend that visitors wear face coverings or masks when visiting residents in a private setting, such as a resident's room when the roommate isn't present, they may choose not to. Also, while not recommended, if a resident (or responsible party) is aware of the risks of close contact and/or not wearing a face covering during a visit, and they choose to not wear a face-covering and choose to engage in close contact, the facility cannot deny the resident their right to choose, as long as the residents' choice does not put other residents at risk. This would occur only while not in a communal area. Prior to visiting, visitors should also be made aware of the risks of engaging in close contact with the resident and not wearing a face covering during their visit. For additional information see the CDC website [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#).

4. Can visits occur in a resident's room if they have a roommate?

A: Yes. Ideally an in-room visit would be conducted when the roommate is not present, however if that is not an option and as long as physical distancing can be maintained, then a visit may be conducted in the resident's room with their roommate present. If physical distancing cannot be maintained, the visit should occur in a different area of the facility, or the visit should occur at a time when the roommate is not in the room, or the visitors should be asked to limit the number of visitors that are in the room at one time. Also, visitors and residents should adhere to the principles of infection control, including wearing a mask and performing frequent hand hygiene.

5. Can a visitor share a meal with or feed the resident they are visiting?

A: Visitors may eat with a resident if the resident (or representative) and the visitor are aware of the risks and adhere to the core principles of infection prevention. Eating in a separate area is preferred, however if that is not possible, then the meal could occur in a common area as long as the visitor, regardless of their vaccination status, is physically distanced from other residents and wears a face covering, except while eating or drinking. If the visitor is unable to physically distance from other residents, they should not share a meal with the resident in a common area. Visitors, regardless of vaccination status, must wear face coverings or masks and physically distance from other residents and staff when in a communal area in the facility.

6. How should nursing homes work with their state or local health department when there is an COVID-19 outbreak?

A: Prior to the COVID-19 Public Health Emergency (PHE), there were occasions when a local or state health department advised a nursing home to pause visitation and new admissions due to a large outbreak of an infectious disease. Consultation with state health departments on how to address outbreaks should still occur. In fact, we remind nursing homes that they are still expected to contact their health department when any of the following occur, [per CDC guidelines](#):

- ≥ 1 residents or staff with suspected or confirmed SARS-CoV-2 infection
- Resident with severe respiratory infection resulting in hospitalization or death, or

- ≥ 3 residents or staff with acute illness compatible with COVID-19 with onset within a 72-hour period

While residents have the right to receive visitors at all times and make choices about aspects of their life in the facility that are significant to them, there may be times when the scope and severity of an outbreak warrants the health department to intervene with the facility's operations. We expect these situations to be extremely rare and only occur after the facility has been working with the health department to manage and prevent escalation of the outbreak. We also expect that if the outbreak is severe enough to warrant pausing visitation, it would also warrant a pause on accepting new admissions (as long as there is adequate alternative access to care for hospital discharges). For example, in a nursing homes where, despite collaborating with the health department over several days, there continues to be uncontrolled transmission impacting a large number of residents (e.g., more than 30% of residents became infected*), the health department advised the facility to pause visitation and new admissions temporarily. In this situation, the nursing home would not be out of compliance with CMS' requirements.

* CMS does not have a specific threshold for what constitutes a large outbreak and this could vary based on facility size or structure. However, we emphasize that any visitation limits should be rare and applied when there are many cases in multiple areas of the facility.

7. Should the facility pause communal activities and dining during an outbreak investigation?

A: If the facility is using a contact tracing approach for an outbreak investigation, those residents who are identified as potentially being a close contact of the individual who tested positive for COVID-19, are considered to have had close contact and should not participate in communal dining or activities. Residents who have not received a COVID-19 vaccine and have had close contact with someone with COVID-19 infection should be placed in [quarantine](#) for 14 days after the close contact, even if viral testing is negative. In general, fully vaccinated residents and residents who had COVID-19 in the last 90 days do not need to be quarantined or restricted to their room and should wear face coverings when leaving their room.

When using a broad-based approach for an outbreak investigation, residents who have not received a COVID-19 vaccine should generally be restricted to their rooms, even if testing is negative, and should not participate in communal dining or group activities for 14 days. In general, fully vaccinated residents and residents who had COVID-19 in the last 90 days do not need to be restricted to their rooms unless they develop symptoms of COVID-19, are diagnosed with COVID-19 infection, or the facility is directed to do so by the jurisdiction's public health authority.

8. Is a resident (not on transmission-based precautions or quarantine) who is unable or unwilling to wear a mask allowed to attend communal dining and activities?

A: A resident who is unable to wear a mask due to a disability may attend communal activities, however they should physically distance from others. If possible educate the resident on the core principles of infection prevention, such as hand hygiene, physical distancing, cough etiquette, etc. and staff should provide frequent reminders to adhere to infection prevention principles.

A resident who is unable to wear a face covering and whom staff cannot prevent having close

contact with others should not attend communal activities. However, as in the case of a memory care unit, the staff should limit the size of group activities, encourage frequent hand hygiene, assist with maintaining physical distancing as much as possible, and frequently cleaning high touch surfaces.

If a resident refuses to wear a mask and physically distance from others, the facility should educate the resident on the importance of source control and physical distancing, document the education in the resident's medical record, and the resident should not participate in communal activities.