



Visitation in Skilled Nursing Facilities and Hospitals

The necessity to limit visitation in nursing homes is emphasized by the number of deaths that have occurred in these facilities when COVID-19 was introduced to nursing home populations. To date in Nevada, 236 residents and 6 staff have died in nursing homes due to COVID-19. In addition, in similar settings in Nevada, 103 residents and 1 staff person have died due to COVID-19 in congregate care facilities.

Nevadans have made enormous sacrifices in order to slow the spread of COVID-19. The necessity to protect the vulnerable populations in nursing homes was identified early in the pandemic and federal measures were put in place to restrict entry into these facilities, to essential personnel only ([QSO 20-14-NH, issued 3/13/20](#)). Even while restricting visitation, there was recognition for the necessity of communication between nursing home residents and their loved ones, so guidance was provided for the use of certain available funds to purchase devices that would allow communication for nursing home residents. In addition, several of Nevada's health and emergency management agencies have combined efforts to ensure the State has prioritized distribution of personal protective equipment (PPE) to facilities with vulnerable populations.

Later on, in the course of dealing with the pandemic, CMS issued additional guidance to assign phases for allowing nursing home visitation ([QSO 20-30-NH, issued 5/18/20](#)), for facilities that met certain criteria. However, generally this guidance still prohibited visitation except in facilities with a low level of community cases, no new, nursing home onset of COVID-19 cases for 28 days, along with other parameters to ensure the adequacy of staff, testing and PPE. Finally, CMS provided the newest guidance ([QSO 20-39-NH, issued 9/17/20](#)), regarding allowing visitors in nursing homes. This new guidance focuses on ensuring access to visitation (where possible and safe) and there's no longer any mention of phases, rather there's a specific set of criteria that facilities must meet in order to allow visitation. Of note, the expectation is that facilities have begun allowing visitation as quickly as possible in accordance with [QSO 20-39-NH](#). In fact, this latest QSO also describes regulatory considerations, so that sanctions can be applied when facilities are not finding ways to allow for visitation.

The Bureau of Health Care Quality and Compliance (HCQC) is responsible for determining compliance/non-compliance with federal regulations and guidance, as well as State regulations. HCQC is also responsible for making citations when violations are identified. Implementation of [QSO 20-39-NH](#) began with, re-distribution to all nursing homes via listserv, then a meeting to discuss the QSO and questions was accomplished with the Nevada Health Care Association (NHCA) and its members, which represents most of the nursing homes in Nevada. During the NHCA meeting, HCQC also discussed expectations for facilities.

Hospitals have not been provided guidance regarding visitation from CMS but have been given guidance from the Centers for Disease Control (CDC) regarding infection control and combating the spread of COVID-19.

The Nevada Division of Public and Behavioral Health (DPBH) has also distributed several Technical Bulletins addressed to nursing homes and healthcare providers regarding visitation and implementing CDC infection control and screening standards. The Technical Bulletin, issued 1/31/20, identified the need for facilities to manage visitor access and movement within a facility. The Technical Bulletin, issued 3/16/20, reiterated CMS visitation guidance and also provided recommendations for implementing active screening of residents and healthcare personnel for

fever and respiratory symptoms. The Technical Bulletin, issued 3/30/20, placed limitation on visitors to health care facilities including hospitals, critical access hospitals, psychiatric hospitals, inpatient hospice units, and intermediate care facilities for individuals with developmental disabilities. The technical bulletin also recommended facilities establish limited entry points, alternative screening sites to screen visitors for fever and/or symptoms of respiratory infection and encouraged frequent handwashing before entering facility and before entering and leaving patient rooms. In addition to providing guidance, Nevada Department of Health and Human Services (DHHS) is in the process of making tablets available in nursing homes as a means of communication for friends and family during this desperate time.

Each facility (hospitals and nursing homes) is individually responsible for compliance and determining their internal visitor policies unless otherwise explicitly outlined by CMS. Nevada supports the determination of those facilities and the health authorities as to the need for limitation on visitation to reduce transmission of COVID-19 for the safety of our heroic health care professionals and the community as a whole.