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- C. Face covering or mask (covering mouth and nose) and social distancing at least six feet between persons, in accordance with CDC guidance.
 - D. 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 mask, specified entries, exit and routes to designated areas, hand hygiene)
 - E. Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit,
 - F. Appropriate staff use of Personal Protective Equipment (PPE)
 - G. Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
 - H. Resident and staff testing as required.
3. The facility will provide immediate access to any resident 24 hours, 7 days per week, during this PHE, in-person access may be limited due to infection control concerns and/or transmission of COVID-19, such as the scenarios stated below for limiting indoor visitation; however, in-person access may not be limited without reasonable cause. We note that all representatives should adhere to the core principles of COVID-19 infection prevention as described above. If in-person access is deemed inadvisable (e.g. the representative has signs or symptoms of COVID-19), must, at a minimum, facilitate alternative resident communication with the representative, such as by phone or through use of other technology. Representative will also be allowed to examine the resident's medical, social, and administrative records as otherwise authorized by State law:
- A. Any representative of the Secretary of HHS.
 - B. Any representative of the State of Florida;
 - C. Any representative of the Office of the State Long Term Care Ombudsman;
 - D. The resident's physician;
 - E. Any representative of the protection and advocacy systems, as designated by the State of Florida, and as established under the Developmental Disabilities Assistance and Bill of rights of 2000;
 - F. Any representative of the agency responsible for the protection and advocacy system for individuals with mental disorder as established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000;
 - G. Qualified interpreter or someone to facilitate communication to ensure effective communication, and the assistance is not available by onsite staff or effective communication cannot be provided without entry (e.g., video remote interpreting)
 - H. Health care workers who are not employees of the facility but provide direct care to the facility's residents, such hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social worker, clergy, etc.
 - I. Other appropriate oversight agency.

4. **Outdoor Visitation:** Adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19. Visits should be held outdoors whenever practicable, however, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual residents health status (e.g., medical condition(s), COVID-19 status, quarantine status) may hinder visits outdoors. Outdoor visits can be conducted in courtyard, patio, or public park located by the facility. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

5. **Indoor Visitation:** The facility will always allow indoor visitation (regardless of vaccinations status), Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. Regardless of how visits are conducted, certain core principles and best practices reduce the risk of COVID-19 transmission:

Core Principles of COVID-19 Infection Prevention

- 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 until they meet the criteria used for residents to (quarantine).
- Hand hygiene (use of alcohol-based hand rub is preferred).
- Face covering or mask (covering mouth and nose) and physical distancing at least six feet between people, in accordance with CDC guidance.
- Instructional signage throughout the facility and proper visitor education on COVID19 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)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care).

Facilities must always allow indoor visitation and for all residents as permitted under the regulations. While previously acceptable during the PHE, facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits. Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents. Facilities should ensure that physical distancing can still be maintained during peak times of visitation (e.g.,



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lunch time, after business hours, etc.). Also, facilities should avoid large gatherings (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained. During indoor visitation, facilities should limit visitor 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. Facilities may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission.

Face coverings and physical distancing during visits

- Visitors should wear face coverings or masks and physically distance when around other residents or healthcare personnel, regardless of vaccination status.
- If the nursing home's county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.
- In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for or are not up-to-date with all recommended COVID-19 vaccine doses.
- Residents, regardless of vaccination status, can choose not to wear face coverings or masks when other residents are not present and have close contact (including touch) when they visitors. Residents (or their representative) and their visitors, who are not up-to-date with all recommended COVID-19 vaccine doses, should be advised of the risks of physical contact prior to the visit.

While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary to visit the resident. Visitors should adhere to the core principles of infection prevention.

Facilities may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.

6. Indoor Visitation during an Outbreak:

An outbreak investigation is initiated when a new nursing home-onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff). To swiftly detect cases, we remind facilities to adhere to CMS regulations and guidance for COVID-19 testing, including routine staff testing, testing of individuals with symptoms, and outbreak testing.

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing in accordance with CMS and CDC guidelines. While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in the resident's room. Facilities may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation

7. Communal Activities and Dining:

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 that can be facilitated with alterations to adhere to the guidelines for preventing transmission. The safest approach is for everyone, regardless of vaccination status, to wear a face covering or mask while on in communal areas of the facility. For more information, see the Implement Source Control section of the CDC guidance "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic."



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Facilities must permit residents to leave the facility as they choose. Should a resident choose to leave, the facility should remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene and to encourage those around them to do the same. Upon the resident's return, nursing homes should take the following actions:

- Screen residents upon return for signs or symptoms of COVID-19.
 - o If the resident or family member reports possible close contact to an individual with COVID-19 while outside of the nursing home, test the resident for COVID-19, regardless of vaccination status. Place the resident on quarantine if the resident is not up-to-date with all recommended COVID-19 vaccine doses.
 - o If the resident develops signs or symptoms of COVID-19 after the outing, test the resident for COVID-19 and place the resident on Transmission-Based Precautions, regardless of vaccination status.
- A nursing home may also opt to test residents, who are not up-to-date with all recommended COVID-19 vaccine doses, without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.
- Facilities might consider quarantining residents, who are not up-to-date with all recommended COVID-19 vaccine doses, and leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended infection prevention measures.
- Monitor residents for signs and symptoms of COVID-19 daily.

Residents who leave the facility for 24 hours or longer should generally be managed as a new admission or readmission, as recommended by the CDC's "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes." Please note that there are exceptions to quarantine, including for residents who are up-to-date with all recommended COVID19 vaccine doses.

8. Facility will provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.
9. Each resident will be informed of the right, subject to his or her consent, to receive visitors whom he or she designates, including, but not limited to, a spouse (including a same sex spouse), a domestic partner (including a same sex domestic partner) a family member, or a friend and the right to withdraw consent at any time.
10. This facility will not restrict, limit, or otherwise deny any visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.



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11. Riviera Health Resort's mechanism that is used to inform residents, their representatives, and families of confirmed or suspected COVID-19 activity in the facility and mitigating actions taken by the facility to prevent or reduce the risk of transmission are as follows:

- A letter is created in both English and Spanish informing of COVID-19 activity within the facility (positive cases of residents and/or staff). This letter includes mitigating efforts and any updates of general visitation restrictions.
- This letter is then sent electronically via email.
- Email Addresses are extracted through Point Click Care
- Other methods of informing COVID-19 activity have been through phone calls, rounding and resident council.

12. For any questions or concerns regarding visitation related to COVID-19, contact Maydeli Regueiro, Director of Social Services, 786-517-6999 extension 3125.