

## Adult Foster Home Provider Alert

### Policy updates, rule clarifications and announcements

---

**Date:** December 3, 2020  
**To:** APD Adult Foster Home Providers  
**From:** Jack Honey, Administrator, Safety, Oversight and Quality Unit  
**Topic:** **Limited COVID-19 Indoor Visitation Policy**

---

**Background:** While infection prevention and outbreak mitigation efforts remain critically important in long-term care settings where residents are more vulnerable to the effects of COVID-19, Oregon Department of Human Services (ODHS) acknowledges that it is equally important to consider the quality of life and dignity of individuals living in long-term care settings, and the critical role of family relationships to overall health.

Based on recent guidance from Centers for Medicare and Medicaid Services (CMS), the Safety, Oversight and Quality Unit (SOQ) has been considering ways to responsibly ease visitation restrictions. This guidance is based on the September 17, 2020 CMS [Guidance QSO-20-39-NH - Nursing Home Visitation - COVID-19](#) and has been modified where necessary to accommodate smaller adult foster home (AFH) settings. This guidance may be updated as additional information becomes available.

**Settings:** Although this CMS guidance was developed for nursing facilities, SOQ has adopted the guidance to include Aging and People with Disabilities (APD) adult foster homes. The objective is to keep safe practice standards as consistent as possible across long-term care settings.

**Purpose:** This guidance allows for the possibility of limited, structured indoor visitation utilizing best practices for physical distancing. This limited indoor visitation policy is intended to offer specific guidelines under which structured indoor visitation can be accommodated.

Effective December 3, 2020, AFH licensees must allow for safe and controlled indoor visitation, including visits for reasons beyond compassionate care situations, according to the risk-based criteria contained in this transmittal.

---

APD means Aging and People with Disabilities. APD adult foster homes are licensed to care for adults who are older and adults with physical disabilities.

Allowable visitation is to be determined by county positivity rates as published by the Oregon Health Authority (OHA). The map of county positivity rates can be found [here](#) by clicking the tab labeled County Risk Levels (map) or you can find a list of counties under the tab labeled County Risk Levels (table). The color coordination on the risk tables is mirrored below in visitation allowances. Counties currently showing an extreme risk are not able to accommodate indoor visitation however those in lesser risk counties can make allowances as indicated below. Additionally, any licensed setting currently under an Executive Order (EO) from SOQ may not allow visitation.

	Lower Risk	Moderate Risk	High Risk	Extreme Risk
<b>Visitor Policy</b>	Essential persons and personal visitors permitted*- including family and close personal relationships, limited to 2 at a time**	Essential persons and personal visitors permitted*- including family and close personal relationships, limited to 2 at a time**	Essential persons and personal visitors permitted*- including family and close personal relationships, limited to 2 at a time**	Only essential persons; No personal/family visitors; Outdoor visitors with limited numbers and physical distancing

The following criteria must be met as you facilitate indoor visitation with an aim to minimize the risk of exposure to COVID-19.

**Core Principles of COVID-19 Infection Prevention**

Adult foster homes licensees and their caregivers must apply core principles of COVID-19 infection prevention for visitors including:

- Screening of all potential visitors who enter the AFH for signs and symptoms of COVID-19 including but not limited to:
  - Temperature check
  - Questions for screening, observations about signs or symptoms, screen for exposures to confirmed cases and test results pending. Those currently in isolation or quarantine should not visit and those with signs or symptoms should not enter.
  - Hand hygiene is performed with the use of alcohol-based hand rub (ABHR) prior to and following visit.
  - Face covering or mask covering both mouth and nose.

- Physical distancing of at least six feet between persons, 12 ft for those who cannot wear a mask due to medical condition.
- Instructional signage is placed throughout the AFH and to include proper visitation education on the pandemic and infection control practices.
- Proactive and ongoing visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable AFH practices is provided (e.g., use of face covering or mask, specified entries, exits and routes to designated visiting area, hand hygiene).
- Cleaning and disinfecting frequently touched surfaces often, and designated visitation areas after each visit.
- Use of Personal Protective Equipment (PPE) by both visitors and residents during visit.
- Effective resident placement (e.g., private rooms or separate areas dedicated COVID-19 care) to protect residents and visitors from possible exposure.

### **Indoor Visitation Criteria**

- Allow indoor visitation only when there has been no new [onset](#) of COVID-19 cases in the last 14 days in the AFH;
- Adult foster homes currently under an ODHS Executive Order (EO) **may not** implement indoor visitation;
- Visitors must be able to adhere to the [core principles](#) of symptom screening on entry including handwashing, appropriate use of PPE and other infection control protocols.
- Visitors should be instructed to wear their own mask/face covering upon arrival to and throughout their stay in the AFH. If they do not have a face covering, they should be offered a mask or face covering as supplies allow.
- Licensees must comply with all public health investigation and contact tracing processes to ensure that potential exposures between visitors and residents or AFH staff are promptly addressed.
- Licensees should schedule staggered visits and limit the number of visitors per resident to two visitors at any given time. Licensees should limit a maximum of 1 resident and 2 visitors in resident and designated visitation rooms. Licensees should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; and allow special considerations for visitors traveling for visitation.
- Licensees should limit movement within the AFH to the maximum extent possible. For example, visitors should not walk around the hall or wander into other resident bedrooms in the AFH. Rather, they should go directly to

the resident's room or designated visitation area. Visits for residents who share a room should generally not be conducted in the resident's room. Common areas where visits are conducted should be set up to ensure appropriate physical distancing between all individuals and should be disinfected by AFH staff immediately after use.

- Licensees must exclude visitors with a known exposure to COVID-19 in the past 14 days (i.e., people in quarantine), and visitors who are confirmed or presumptive COVID-19 cases who meet criteria for isolation.
- Licensees must keep a log of all visitors to the AFH (indoors and outdoors). Licensees must capture name, address and phone number of visitors to facilitate potential future contact tracing efforts.

**NOTE:** For situations where there is a roommate and the health status of the resident prevents leaving the room, licensees should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

**Compassionate Care Visits:** End-of-life situations have been used as examples of *compassionate care*, though the term does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who 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).

Allowing visits in these situations would be consistent with the intent of “compassionate care situations.” In addition to family members, compassionate care visits may be conducted by any individual who meets a resident's specified needs, such as clergy or lay persons offering religious and spiritual support. This is not an exhaustive list, and other valid compassionate care situations may be identified.

At all times, visits should be conducted using social distancing and use of appropriate PPE. Through a person-centered approach, licensees should work with

---

residents, families, caregivers, resident representatives, and the Long-Term Care Ombudsman program to identify the need for compassionate care visits. Compassionate care visitation plans do not need to be approved by your local licensing authority though they are an invaluable resource if questions about policy and practice arise. See the July 21, 2020 provider alert on [compassionate care visits](#) for more information.

**Required Visitation:** We believe the guidance above represents reasonable ways adult foster home licensees can enable in-person visitation. Except for on-going use of virtual visits, licensees may still restrict visitation due to the AFH's COVID-19 status, a resident's COVID-19 status, visitor symptoms, lack of adherence to proper infection control practices, or other relevant factors related to the COVID-19 public health emergency.

However, licensees may not restrict visitation without a reasonable clinical or safety cause, consistent with Home and Community Based Services rules and in recognition of Residents' Rights. For example, if an AFH has had no COVID-19 cases in the last 14 days, an AFH **must** facilitate in-person visitation consistent with the rules and regulations, which can be done by applying the guidance stated above. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 411-050-0105(2)(c).

**NOTE:** Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. However, this restriction should be lifted once transmission-based precautions are no longer required per [CDC guidelines](#), and other visits may be conducted as described above.

**Health Care Workers and Other Service Providers:** Health care workers who are not employees of the AFH but provide direct care to AFH residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the AFH as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened.

**NOTE:** EMS personnel responding to an emergent situation should not be screened so they can attend to an emergency without delay. All AFH staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention.

**Access to the Long-Term Care Ombudsman:** In-person access may be limited due to infection control concerns and/or transmission of COVID-19; however, in-person access may not be limited without reasonable cause. If in-person access is

---

not advisable, such as the Ombudsman having signs or symptoms of COVID-19, licensees must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology.

If you have questions, please contact your licensing team:

[APD.AFHTeam@dhsoha.state.or.us](mailto:APD.AFHTeam@dhsoha.state.or.us)

General questions or concerns related to COVID-19 may be sent to:

[SOQ.LTCInfo@dhsoha.state.or.us](mailto:SOQ.LTCInfo@dhsoha.state.or.us)