



Resident Rights Implementation Checklist (F563)

On June 29, 2022, the Centers for Medicare & Medicaid Services (CMS) updated Appendix PP of the State Operations Manual. New and revised guidance covers significant sections of the Requirements of Participation and must be implemented by October 24, 2022.

LeadingAge has developed implementation checklists to assist members as they work toward compliance. **The checklists and other resources are not exhaustive and LeadingAge strongly encourages members to review the CMS guidance to ensure compliance with all required elements.**

Excerpts from the guidance and suggested action items are organized according to the headings provided by CMS in the State Operations Manual, Appendix PP. Excerpts are italicized, with new/revised guidance noted in red text.

§483.10 Resident Rights – F563 Right to Receive/Deny Visitors

GUIDANCE (p. 27)

New Guidance:

***GUIDANCE** §483.10(f)(4)(ii)-(v) “Reasonable clinical and safety restrictions” include a facility’s policies, procedures or practices that protect the health and security of all residents and staff. These may include, but are not limited to:*

- *Restrictions placed to prevent community-associated infection or communicable disease transmission to **one or more** residents. A resident’s risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors.*
- *In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication), **or according to CDC guidelines, and/or local health department recommendations.***

- *Keeping the facility locked or secured at night with a system in place for allowing visitors approved by the resident;*
- *Denying access or providing limited and supervised access to an individual if that individual is suspected of abusing, exploiting, or coercing a resident until an investigation into the allegation has been completed or has been found to be abusing, exploiting, or coercing a resident;*
- *Denying access to individuals who have been found to have been committing criminal acts such as theft;*
- *Denying access to individuals who are inebriated or disruptive; or*
- *Denying access or providing supervised visitation to individuals who have a history of bringing illegal substances into the facility which places residents' health and safety at risk.*

Action Items:

- Review policies related to “reasonable clinical and safety restrictions” on visitation. Ensure restrictions outlined in policy are consistent with CDC guidelines and/or local health department guidelines as relates to restrictions placed to prevent community-associated infection or communicable disease transmission.
- Train staff on reasonable clinical and safety restrictions related to prevention of community-associated infection or communicable disease transmission, implications for resident visitation, and strategies for preserving the resident’s right to receive/deny visitors when clinical and safety restrictions are implemented.
- Review policies related to “reasonable clinical and safety restrictions” on visitation as relates to illegal substances. Develop policies and processes for denying access or providing supervised visitation to individuals who have a history of bringing in illegal substances that place the residents’ health and safety at risk.
- Train staff on reasonable clinical and safety restrictions related to visitors with history of bringing in illegal substances including when and how to implement restrictions and strategies for preserving the resident’s right to receive/deny visitors.

GUIDANCE (p. 28)

New Guidance:

Visitation Considerations During a Communicable Disease Outbreak

Facilities may need to modify their visitation practices when there are infectious outbreaks or pandemics to align with current CMS guidance and CDC guidelines that enables maximum visitation, such as by:

- *Offering options for outdoor or virtual visitation, or indoor designated visitation areas*

- *Providing adequate signage with instructions for infection prevention, i.e. hand hygiene, cough etiquette, etc.*
- *Ensuring access to hand hygiene supplies*
- *Taking other actions that would allow visitation to continue to occur safely in spite of the presence of a contagious infection*
- *Contacting their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of communicable disease transmission during an outbreak.*

During an infectious disease outbreak, while not recommended, residents who are on transmission-based precautions (TBP) can still receive visitors. In these cases, before visiting residents who are on TBP, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to principles of infection prevention.

Action Items:

- Review policies on visitation during communicable disease outbreak. Policies should reference and/or reflect current CMS guidance and CDC guidelines. Develop process for reviewing/updating policies based on changing circumstances or guidance for communicable disease outbreaks and risks.
- Review strategies for maximizing visitation during communicable disease outbreak including those outlined above. Plan for provision of necessary resources to maximize visitation. For example, identify:
 - What accommodations must be made for comfortable, outdoor visitation during each season and how those accommodations will be made.
 - How you will access, supply, and store additional hand hygiene supplies.
 - What supplies and accommodations will be needed for visitation with residents who are on transmission-based precautions.
- Review with staff policies and processes for maximizing visitation regularly and as needed relevant to changing circumstances or guidance.
- Develop/update processes for communicating visitation practices and expectations with residents and visitors.

GUIDANCE (p. 29)

New Guidance:

Resident's family members are not subject to visiting hour limitations or other restrictions not imposed by the resident, with the exception of reasonable clinical and safety restrictions, consistent with §483.10(f)(4)(v), placed by the facility based on recommendations of CMS, CDC, or the local health department. With the consent of the resident, facilities must provide 24-hour

access to other non-relative visitors, subject to reasonable clinical and safety restrictions.

Visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life.

Action Items:

- Review visitation policies and practices to ensure protocols are in place to allow 24-hour access to residents as consented by the resident. Policies should note any exceptions to this requirement due to reasonable clinical and safety restrictions and should include process for communicating exceptions to residents and visitors.
- Review/update policies to include strategies and alternatives for supporting residents' quality of life when reasonable clinical and safety restrictions must be implemented. Consider exploring person-centered strategies with residents during care planning and review.
- Train staff on strategies for allowing 24-hour visitor access with resident's consent, and how to identify, implement, communicate, and manage any exceptions based on reasonable clinical and safety restrictions.

GUIDANCE (p. 29)

New Guidance:

Visitation and Illegal Substance Use

It is important for facility staff to have knowledge of signs, symptoms, and triggers of possible illegal substance use such as changes in resident behavior, particularly after interaction with visitors or leaves of absence, increased unexplained drowsiness, lack of coordination, slurred speech, mood changes, and/or loss of consciousness, etc. Following such occurrences, this may include asking residents, who appear to have used an illegal substance (e.g., cocaine, hallucinogens, heroin), whether or not they possess or have used an illegal substance.

If the facility determines illegal substances have been brought into the facility by a visitor, the facility should not act as an arm of law enforcement. Rather, in accordance with state laws, these cases may warrant a referral to local law enforcement. To protect the health and safety of residents, facilities may need to provide additional monitoring and supervision. Additionally, facility staff should not conduct searches of a resident or their personal belongings, unless the resident or resident representative agrees to a voluntary search and understands the reason for the search. For concerns related to the identification of risk and the provision of supervision to prevent accidental overdose, investigate potential non-compliance at F689, §483.25(d) – Accidents.

For concerns related to the behavioral health services that are provided, investigate potential non-compliance at F740, §483.40 – Behavioral Health Services.

Action Items:

- Educate staff on common signs and symptoms of illegal substance use (changes in resident behavior, increased, unexplained drowsiness, lack of coordination, slurred speech, mood changes, and/or loss of consciousness, etc.) and potential trigger for use including interaction with visitors and leaves of absence.
- Develop protocols for managing residents who are suspected to have used illegal substances including asking residents if they possess or have used an illegal substance, accessing appropriate medical and/or behavioral healthcare, and reviewing/updating the resident's care plan as needed. Ensure staff understand that staff should not conduct searches of residents or their personal belongings unless the resident / resident representative agrees to a voluntary search and understands the reason for the search.
- Train staff on protocols to ensure implementation of protocols in circumstances when a resident is suspected to possess or have used an illegal substance.
- Develop protocols and train staff on making referrals to local law enforcement as needed when illegal substances have been brought into the nursing home by a visitor.
- Review/update visitation policies related to reasonable clinical and safety restrictions. Ensure policies include additional monitoring or supervision as needed and appropriate when it has been determined that illegal substances have been brought into the nursing home by visitor.
- Train staff and communicate with residents / resident representatives on implementation of reasonable clinical and safety restrictions, including additional monitoring and supervision, to be implemented when it has been determined that illegal substances have been brought into the nursing home by a visitor.