



## Visitation Guidelines FAQs for Nursing Homes and Community Residential Care Facilities

**Q: Are nursing homes and community residential care facilities required to allow visitation?**

**A:** Yes, facilities are required to allow visitation, including indoor visitation. Outdoor visits, compassionate care visits, window visits, and virtual visits remain permitted, in all scenarios.

**Q: Is there a limit to how many visitors a resident can receive at a time?**

**A:** No. However, facilities must consider how the number of visitors (based on building size and physical space) may affect the ability to maintain the core principles of infection prevention. A facility may use a scheduling system to stagger visitation to ensure that all residents are able to receive visitors.

**Q: Is there an age minimum for visitors?**

**A:** DHEC's latest visitation guidelines do not specify an age minimum for visitors. It is at the discretion of each individual facility. DHEC recommends contacting the facility ahead of the visit to confirm.

**Q: Are there exceptions to the indoor visitation requirement at nursing homes and community residential care facilities?**

**A:** There are three scenarios when facilities must limit indoor visitation and one scenario when facilities must temporarily suspend indoor visitation.

- *Limit indoor visitation for unvaccinated residents, if the facility's [COVID-19 county positivity rate](#) is greater than 10% *and* less than 70% of residents in the facility are [fully vaccinated](#) (note: these guidelines continue the utilization of DHEC's county positivity rate, available at the link above and [here](#)).*
- *Limit indoor visitation for residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the [criteria to discontinue Transmission-Based Precautions](#).*
- *Limit indoor visitation for residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from [quarantine](#).*
- *Temporarily suspend indoor visitation when there is an outbreak (i.e., a new case of COVID-19 among residents or staff is identified) until at least one round of [facility-wide testing](#) is completed, consistent with DHEC guidelines and CMS guidance.*

**Q: How do facilities handle visitation when there is an outbreak (i.e., a new case of COVID-19 among residents or staff is identified) in the facility?**

**A:** As indicated above, facilities are required to **temporarily suspend indoor visitation** when there is an outbreak until at least one round of facility-wide testing is completed, consistent with DHEC guidelines and CMS guidance. Facilities shall resume indoor visitation as follows:

- If the first round of outbreak testing reveals **no additional COVID-19 cases in other areas (i.e. halls or wings) of the facility**, then visitation can resume for residents in areas with no COVID-19



cases. However, the facility should suspend visitation in the affected area until the facility meets the criteria to discontinue outbreak testing.

- If the first round of outbreak testing reveals **one or more additional COVID-19 cases in other areas (i.e. halls or wings) of the facility** (e.g., new cases in two or more areas), then facilities should suspend visitation for all residents, until the facility meets the criteria to discontinue outbreak testing.

**Outdoor visitation is allowed during an outbreak.** Outdoor visits, compassionate care visits, window visits, and virtual visits remain permitted, in all scenarios.

**Q: Can compassionate care visits take place indoors or outdoors?**

**A:** Compassionate care visits can take place indoors or outdoors and must be allowed at all times for all residents (vaccinated and unvaccinated).

**Q: Do facilities have to limit indoor visitation if less than 70% of residents are fully vaccinated?**

**A:** No, facilities must be located in a county with a COVID-19 county positivity rate greater than 10% **AND** have less than 70% of their residents fully vaccinated in order to be allowed to limit indoor visitation for their unvaccinated residents.

**Q: How can a facility determine if their county positivity rate is greater than 10%?**

**A:** DHEC directs nursing homes and community residential care facilities to utilize DHEC's COVID-19 county positivity rates available [here](#) (on page 4) to determine if their county positivity rate is greater than 10%.

**Q: Do newly admitted residents need to be quarantined?**

**A:** Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have not had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.

If the newly admitted resident is not fully vaccinated or has had prolonged close contact with someone infected with SARS-CoV-2 in the last 14 days, they should be quarantined on admission/readmission for 14 days.

**Q: Are visitors required to be vaccinated/show proof for indoor visitation?**

**A:** No, while visitor testing and vaccination can help prevent transmission of COVID-19, visitors are not required to be tested or vaccinated (or show proof of either) in order to visit a facility.

**Q: Is touching allowed between residents and their visitors?**

**A:** Close contact (including touch) is permitted under two circumstances:



- First, if the facility identifies a way to allow for personal contact between the visitor and resident during a compassionate care visit, it should only be done following appropriate infection prevention guidelines, and for a limited amount of time.
- Second, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.

**Q: Can visitors visit in a resident’s private room?**

**A:** Yes. Visitors can carry out their visitation in a resident’s room. However, visits for residents who share a room should not be conducted in the resident’s room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

**Q: Are healthcare workers allowed to enter the facility?**

**A:** Yes. Providers of services who are not employees of the facility but provide direct care to residents must be allowed access into the facility. For more information please see [DHEC’s memo](#), issued on January 13, 2021 and consistent with CMS guidance.

**Q: Can service providers, such as hair stylists, return to facilities if fully vaccinated?**

**A:** All staff/contractors, (vaccinated or unvaccinated), including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

**Q: Are residents allowed to leave the facility for day trips, salon visits, visitation with family, etc.?**

**A:** Vaccinated and unvaccinated residents are allowed to leave the facility.

**Q: Does a resident need to be tested and/or quarantined upon returning to the facility?**

**A:** Unvaccinated residents do not have to quarantine or be tested if the outing was less than 24 hours, unless the resident came into contact (within 6 ft.) of a known exposure for 15 minutes or more.

Vaccinated residents do not have to quarantine or test upon returning to the facility.

**Q: Do unvaccinated residents receiving dialysis need to quarantine upon returning to the facility?**

**A:** An unvaccinated dialysis resident would not need to quarantine unless they are exposed. Dialysis patients should not be placed on the observation unit with admits/readmits but rather, ideally, in a private room with a private bathroom on the negative unit; if this is not feasible, a risk assessment should be performed to determine the most suitable option. Vaccination for this population should be encouraged and prioritized.



**Q: Can residents return to work if they are vaccinated?**

**A:** Yes. Residents may return to work if the core principles for infection prevention are being adhered to.

**Q: Can a facility provide group entertainment/activities?**

**A:** Communal activities and dining may occur while adhering to core principles of COVID-19 infection prevention. Residents may eat in the same room with social distancing. Group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation or with suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering (except while eating). Facilities may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.

**Q: Are tours in facilities allowed?**

**A:** Yes. Tours in facilities are allowed, so long as the core principles of infection prevention are being adhered to.

**Q: Is weekly testing still required of staff?**

**A:** Facilities should follow [CMS testing guidance](#) (monthly, weekly or twice/week), but use [DHEC's county positivity rate](#) to determine their plan.

**Q: Do the DHEC guidelines apply to ICF/IDs and skilled nursing facilities?**

**A:** Skilled nursing facilities must follow CMS guidance and DHEC guidelines. ICF/IDs must follow [CMS guidance](#) and it is recommended they also follow DHEC guidelines. If CMS and DHEC guidance conflict, skilled nursing facilities and ICF/IDs must adhere to the CMS guidance.

**Q: Have there been any recent changes to the requirements for tuberculosis screening in nursing homes and assisted living facilities?**

**A:** The most recent changes issued by Healthcare Quality was the prospective staff tuberculosis waivers in [April 2021](#). A memo regarding patient tuberculosis testing for nursing home residents admitted from the hospital to the nursing home has not been changed since [March 2020](#), when it was issued in response to the State of Emergency.

**Q: What if a person is not allowed to visit a loved one residing at a facility?**

**A:** While the public should assume their loved one's facility has visitation, DHEC strongly recommends contact the nursing home or assisted living facility to confirm its visitation status prior to planning a visit. Anyone with concerns that a facility isn't properly following the new visitation guidelines can [submit a complaint to DHEC](#), and DHEC will follow-up.

**Q: What visits are required under the federal disability rights law?**



**A:** Like compassionate care visits, visits required under federal disability rights law should be allowed at all times for all residents (vaccinated and unvaccinated). Facilities are required to allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000). P&A programs authorized under the DD Act protect the rights of individuals with developmental and other disabilities and are authorized to “investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported to the system or if there is probable cause to believe the incidents occurred.” 42 U.S.C. § 15043(a)(2)(B). Under its federal authorities, representatives of P&A programs are permitted access to all facility residents, which includes “the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person.” 42 CFR § 51.42(c); 45 CFR § 1326.27.