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March 19, 2021

Dear Residents, Family Members, and Personal Representatives:

The Centers for Medicare and Medicaid Services (CMS) and the South Carolina Department of Health and Environmental Control (DHEC) released long-awaited guidance related for Skilled Nursing and Community Residential Care Facility (Assisted Living) visitation. We know that many of you are eager to visit and may have questions. Much of the guidance remains the same, with new changes in protocols related to county case positivity levels and the impact of COVID-19 vaccinations. While visits will resume with the new guidance, they are still very different from those before the pandemic and there are new protocols that we must follow.

Resident Priority and TeamMate safety is our main concern. Our TeamMates have worked diligently throughout the pandemic to follow CDC, CMS and DHEC infection control practices for protocols to fight the virus. We have successfully passed our infection control surveys. ***While some prior restrictions will be released, we will not be allowed to limit unvaccinated visitors from entering the facility. Though the vaccines should lessen risks, precautions are still important and no visit is without risk. In the interest of our community health and well-being, we continue to strongly encourage all residents and anyone who plans to become a resident or to visit to be vaccinated. If you need help securing a vaccine appointment please let us know so we may assist.***

#### Overview for All Visits

Any type of in-person visit has risks. All eligible visits will continue to occur by a reservation for a designated day, period of time, and at a dedicated visitation location so that we may best manage the number of visitors, clean and disinfect visitor areas after each visit and help ensure all residents are able to receive visitors.

Our facility and all residents and visitors must continue to follow the attached **Core Principles of COVID-19 Infection Prevention**. This is particularly important if visitors or residents have not been fully vaccinated. This means wearing well-fitting masks during the visit and performing hand hygiene before and after the visit. Social distancing at least 6 feet apart continues to be the safest way to prevent the spread of COVID-19. In some cases, physical barriers such as Plexiglas screens or clear curtains may be used to help reduce exposure.

Physical closeness is still high risk and we know how important physical contact can be for everyone. If a resident is **fully vaccinated**, they can choose to have close contact, including touch with their visitor if they both wear well-fitting face masks, perform hand hygiene before and after, and the visitor is physically distanced (maintaining at least 6 feet between people) from all other residents and facility staff. 'Fully vaccinated' refers to a person who is  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine, per the CDCs *Public Health Recommendations for Vaccinated Persons*.

**Screening Process:** we will continue to screen all visitors for signs, symptoms and ask questions about exposure. We must deny visits to any person who has signs or symptoms OR who have had close contact with someone with COVID-19 in the prior 14 days regardless of the visitor's vaccination status. ***Visitor COVID-19 testing prior to visiting is greatly encouraged so that people who are infected, but without symptoms don't unknowingly infect others at risk in the facility.***

**Outdoor Visitation:** *Outdoor visitation continues to be the preferred visitation approach even when the resident and visitor are fully vaccinated.* Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. Inclement weather, excessively hot or cold temperatures, poor air quality, an individual resident's health or COVID-19 status may hinder outdoor visits. For outdoor visits, we may utilize courtyards, patios, or parking lots, including the use of tents. During outdoor visits all appropriate infection control and prevention practices should be adhered to. Outdoor visitation is not permitted for residents on transmission-based precautions or in quarantine.

**Indoor Visitation When Facility is Not in Outbreak Status:** Indoor visits will be allowed at all times for all residents except in any the following circumstances that are high risk for COVID-19 transmissions:

- **Unvaccinated Residents:** If our DHEC county positivity rate is greater than 10% and less than 70% of our residents are vaccinated, then unvaccinated residents should not be permitted indoor visitation unless in compassionate care situations. These percentages may change daily depending on our facility's daily census admissions and discharges.
- **Residents with COVID-19:** If a resident has a confirmed COVID-19 infection, regardless of vaccination status, the resident should not be permitted indoor visitation until they have met criteria to discontinue transmission-based precautions, unless in compassionate care situations.
- **Residents on Quarantine:** If a resident is in quarantine, regardless of vaccination status, the resident should not be permitted indoor visitation until they have met the criteria to be released from quarantine, unless in compassionate care situations.
- **Residents on Transmission-Based Precautions:** Residents on transmission-based precautions should not receive indoor visitors unless for compassionate care visits utilizing transmission-based precautions. Virtual visits through windows are acceptable.

**Indoor Visitation during an Outbreak:** If we have 1 or more new COVID-19 positive staff or residents, we will immediately begin outbreak testing accordance with CMS guidance and suspend all indoor visitation until at least one round of facility-wide testing of residents and staff is complete. No visitors will be allowed in the affected area until the facility meets the criteria to discontinue outbreak testing.

- If the first round of facility wide testing is completed and identifies cases only in same distinct area/unit of the original cases that triggered outbreak testing and reveals no additional COVID-19 cases in other areas of the facility, then visitation may resume for residents in areas with no COVID-19 cases.
- If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas of the facility (e.g., new cases in two or more areas), then indoor visitation will be suspended for all residents, until the facility meets the criteria to discontinue outbreak testing.
- Though certain indoor visitation shall continue after one round of outbreak testing, facilities shall continue all necessary rounds of outbreak testing. Facilities are expected to continue to test in accordance with CMS guidance and adhere to infection prevention and control practices. The facility must continue additional rounds of outbreak testing until no new cases of staff or residents have been identified for a period of at least 14 days.
- If subsequent rounds of outbreak testing identify one or more additional COVID-19 cases in other areas of the facility (e.g., new cases in two or more areas), then facilities shall suspend indoor visitation for all residents, until the facility meets the criteria to discontinue outbreak testing.
- If at any point additional COVID-19 cases are identified in a different area of the facility, visitation must be suspended for all residents regardless of vaccinations status until no new cases of staff or residents have been identified for a period of at least 14 days.

**Compassionate Care Visits** - Compassionate care visits will continue at all times as needed for the resident regardless of outbreak status, county positivity rate, or the resident's COVID-19 status, with adherence to transmission-based precautions when required. Like indoor visits, if a resident is fully vaccinated, the compassionate care visitor and resident can choose to have close contact (including touch) while all parties wear a well-fitting facemask and perform hand hygiene before and after. Visitors should physically distance from other residents and staff.

If you are concerned about indoor visitation risks, we will continue with scheduled window visits and virtual visits via videoconferencing and chat platforms like Zoom, Skype and FaceTime.

We know this is a great deal of information, please contact us if you have any questions about visiting.

We want joyful reunions with residents to be comfortable for all. Thank you for assisting with our community health and well-being and following our visitation protocols to promote quality and safe visits. We ask you to join us in keeping our Franke residents and Teammates in your constant prayers.

May God bless you, and keep you well.

Sandy Stoll, NHA/CRCFA,  
Executive Director

**Facilities shall ensure that the facility, facility staff, residents, and visitors adhere to the Core Principles of COVID-19 Infection Prevention (listed below) at all times. Visitors unable to adhere to the Core Principles shall not be permitted to visit or shall be asked to leave.**

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

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or masks (covering mouth and nose)
- Social distancing of at least six feet between persons
- 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 or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting of frequently touched surfaces often and of visitation areas after each visit
- Appropriate personal protective equipment (PPE) use by staff
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
- Resident and staff testing performed in accordance with CMS guidance