



**April 2021**

To our Incredible Families, Friends, and Loved Ones,

It is with great excitement that we share with you the latest guidance in reference to our community's visitation policy.

The Department of Health has announced, in coordination with the Centers for Disease Control and Prevention (CDC), that nursing home visitation will resume in respect to compliance with stated local, state, and federal mandates.

Our team has included a comprehensive reference checklist to ensure the highest standards of safety and wellness for our staff, and our residents, patients, and their families and loved ones.

The last 12+ months have been unprecedented. Our team would like to thank you for your consistent love, devotion, support, and thanks over the course of the last year as we have navigated and continue to navigate through a time that will live on in infamy. Your support and love has kept us going each and every day.

We would also like to take this opportunity to honor and recognize our incredible team members, who never steered away from this challenging time, and whose commitment has allowed us to shine so much light during a time of such great darkness. We are so proud of you, and are so honored to continue standing beside each and every one of you. The level of appreciation and pride that we have for our team is beyond words can describe.

To our community, thank you from the bottom of our hearts for your support. Welcome home, families and loved ones; we can't wait to see you!

With love, respect, and continuing admiration,

Evan Gold, Administrator



# CHATHAM HILLS

SUBACUTE CARE CENTER

<input type="checkbox"/> Visitors will be screened upon entry, which will include temperature checks, completion of a visitation entry questionnaire, and presentation of one's latest COVID-19 test results
<input type="checkbox"/> Testing before entry is strongly encouraged by the Department of Health. Nursing homes are strongly encouraged to test visitors prior to their visit to reduce the risk of COVID-19 transmission
<input type="checkbox"/> Complimentary COVID-19 testing will be made available to those who would like to be tested prior to entry into our community
<input type="checkbox"/> Visitors must wear a mask at all times throughout the duration of their visit. This is a non-negotiable and our administration reserves the right to conclude the visit if this requirement is not respected
<input type="checkbox"/> The number of visitors per resident, as well as the allotted length of time for each visit, will be limited and structured in such a way to allow for all residents to participate in visitation, while in accordance with the Department of Health's guidance on the core principles of COVID-19 infection prevention
<input type="checkbox"/> Designated visitation safe zones have been created within our community to ensure both safety and privacy during your visit
<input type="checkbox"/> Signage has been installed within our community to guide visitors on proper wearing of PPE, directional guidance, and displayed visitation zones
<input type="checkbox"/> We encourage proper 6-foot distancing throughout one's visit
<input type="checkbox"/> Additional PPE will be made available to visitors and provided upon request
<input type="checkbox"/> Outdoor visitation, weather permitting, will be encouraged
<input type="checkbox"/> Visitors who are unable to adhere to the core principles of COVID-19 infection prevention will not be permitted to visit and may be asked to leave:
<input type="checkbox"/> Indoor visitation will be contingent upon our county's infection rate. Indoor visitation will be limited during instances in which the county's infection rate is >10% AND <70% of residents in facility are fully vaccinated
<input type="checkbox"/> Residents and patients currently under quarantine, whether vaccinated or unvaccinated, will be permitted for visitation once cleared by clinical administration and fulfillment of quarantine protocols met by the discontinuation of transmission-based precautions
<input type="checkbox"/> Residents and patients who are confirmed positive for COVID-19 or those currently under transmission-based precautions, will not be permitted for visitation until transmission-based precautions have been lifted and cleared by our clinical team
<input type="checkbox"/> Our administration reserves the right to release ongoing guidance in reference to visitation to ensure the highest standards of safety and wellness for our residents, patients, and employees



**Center for Clinical Standards and Quality/Survey & Certification Group**

Ref: QSO-20-39-NH  
**REVISED 03/10/2021**

**DATE:** September 17, 2020  
**TO:** State Survey Agency Directors  
**FROM:** Director  
Survey and Certification Group  
**SUBJECT:** Nursing Home Visitation - COVID-19 (**REVISED**)

**Memorandum Summary**

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation Guidance:** CMS is issuing new guidance for visitation in nursing homes during the COVID-19 PHE, *including the impact of COVID-19 vaccination.*

**Background**

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality.<sup>1</sup> The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

In March 2020, CMS issued memorandum [QSO-20-14-NH](#) providing guidance to facilities on restricting visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In May 2020, CMS released [Nursing Home Reopening Recommendations](#), which provided additional guidance on visitation for nursing homes as their states and local communities progress through the phases of reopening. In June 2020, CMS also released a [Frequently Asked Questions](#) document on visitation, which expanded on previously issued guidance on topics such as outdoor visits, compassionate care situations, and communal activities.

While CMS guidance has focused on protecting nursing home residents from COVID-19, we recognize that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones. Residents may feel socially isolated, leading to

<sup>1</sup> Information on outbreaks and deaths in nursing homes may be found at <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>.

increased risk for depression, anxiety, and other expressions of distress. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to COVID-19 confusing or upsetting. CMS understands that nursing home residents derive value from the physical, emotional, and spiritual support they receive through visitation from family and friends. In light of this, CMS is revising the guidance regarding visitation in nursing homes during the COVID-19 PHE. The information contained in this memorandum supersedes and replaces previously issued guidance and recommendations regarding visitation.

*Since the release of QSO memorandum 20-39-NH on September 17, 2020, COVID-19 vaccines have received Emergency Use Authorization from the Food and Drug Administration. [Millions of vaccinations](#) have since been administered to nursing home residents and staff, and these vaccines have been shown to help prevent symptomatic SARS-CoV-2 infection (i.e., COVID-19). Therefore, CMS, in conjunction with the Centers for Disease Control and Prevention (CDC), is updating its visitation guidance accordingly, but emphasizing the importance of maintaining infection prevention practices, given the continued risk of COVID-19 transmission.*

### **Guidance**

Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission:

#### **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 mask (covering mouth and nose)
- Social distancing 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 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)
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see [QSO-20-38-NH](#))

These core principles are consistent with the Centers for Disease Control and Prevention ([CDC](#)) [guidance](#) for nursing homes, and should be **adhered to at all times**. Additionally, visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglass dividers, curtains). Also, nursing homes should enable visits to be conducted with an adequate degree of privacy. Visitors who are unable to adhere to the

core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the below guidance.

### **Outdoor Visitation**

While taking a person-centered approach and 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*. Outdoor visits *generally* pose a lower risk of transmission due to increased space and airflow. Therefore, 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 resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

*\*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 CDC's [Public Health Recommendations for Vaccinated Persons](#).*

### **Indoor Visitation**

*Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:*

- *Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is  $>10\%$  **and**  $<70\%$  of residents in the facility are fully vaccinated;<sup>2</sup>*
- *Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the [criteria to discontinue Transmission-Based Precautions](#); or*
- *Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from [quarantine](#).*

Facilities should consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time (based on the size of the building and physical space) may affect the ability to maintain the core principles of infection prevention. If necessary, facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors. 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. 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.

*Note: CMS and CDC continue to recommend facilities, residents, and families adhere to the core*

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<sup>2</sup> The county positivity rate refers to the color-coded positivity classification, which *can be found on the [COVID-19 Nursing Home Data site](#).*

principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people). This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated. However, we acknowledge the toll that separation and isolation has taken. We also acknowledge that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, 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.

### **Indoor Visitation during an Outbreak**

An outbreak exists when a new [nursing home onset](#) of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff). This guidance is intended to describe how visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility. 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 and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:

- If the first round of outbreak testing reveals **no additional COVID-19 cases in other areas (e.g., units) of the facility**, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.<sup>3</sup>
  - For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.
- If the first round of outbreak testing **reveals one or more additional COVID-19 cases in other areas/units of the facility** (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

While the above scenarios describe how visitation can continue after one round of outbreak testing, facilities should continue all necessary rounds of outbreak testing. In other words, this guidance provides information on how visitation can occur during an outbreak, but does not change any expectations for testing and adherence to infection prevention and control practices. If subsequent rounds of outbreak testing identify **one or more additional COVID-19 cases in other areas/units of the facility**, then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

**NOTE:** In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

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<sup>3</sup> Outbreak testing is discontinued when testing identifies no new cases of COVID-19 infection among staff or residents for at least 14 days since the most recent positive result. For more information see [CMS Memorandum QSO-20-38-NH](#).

*We note that compassionate care visits and visits required under federal disability rights law should be **allowed at all times**, for any resident (vaccinated or unvaccinated) regardless of the above scenarios. Lastly, facilities should continue to consult with their state or local health departments when an outbreak is identified to ensure adherence to infection control precautions, and for recommendations to reduce the risk of COVID-19 transmission.*

### **Visitor Testing and Vaccination**

While not required, we encourage facilities in medium- or high-positivity counties to offer testing to visitors, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days). *Similarly, we encourage visitors to become vaccinated when they have the opportunity. While visitor testing and vaccination can help prevent the spread of COVID-19, visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems, as described below.*

### **Compassionate Care Visits**

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” 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 a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included. *Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident’s vaccination status, the county’s COVID-19 positivity rate, or an outbreak.*

Lastly, visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following appropriate infection prevention guidelines, and for a limited amount of time. *Also, as noted above, 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.* Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

### **Required Visitation**

Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with 42 CFR § 483.10(f) (4) (v). A nursing home **must** facilitate in-person visitation consistent with the applicable CMS 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 42 CFR § 483.10(f) (4), and the facility would be subject to citation and enforcement actions.

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.

### **Access to the Long-Term Care Ombudsman**

As stated in previous CMS guidance [QSO-20-28-NH \(revised\)](#), regulations at 42 CFR § 483.10(f)(4)(i)(C) require that a Medicare and Medicaid- certified nursing home provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. 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 above for limiting indoor visitation*; however, in-person access may not be limited without reasonable cause. We note that representatives of the Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention as described above. If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), facilities must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology. Nursing homes are also required under 42 CFR § 483.10(h)(3)(ii) to allow the Ombudsman to examine the resident’s medical, social, and administrative records as otherwise authorized by State law.

**Federal Disability Rights Laws and Protection & Advocacy (P&A) Programs** Section 483.10(f)(4)(i)(E) and (F) requires the facility 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.

Additionally, each facility must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).

For example, if a resident requires assistance to ensure effective communication (e.g., a qualified

interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions. This would not preclude nursing homes from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention. *Any questions about or issues related to enforcement or oversight of the non-CMS requirements and citations referenced above under this section subject heading should be referred to the HHS Office for Civil Rights, the Administration for Community Living, or other appropriate oversight agency.*

### **Entry of Healthcare Workers and Other Providers of Services**

Health care workers who are not employees of the facility but provide direct care to the facility's 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 facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened. We note that EMS personnel do not need to be screened, so they can attend to an emergency without delay. We remind facilities that all staff, 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](#).

We understand that some states or facilities have designated categories of visitors, such as "essential caregivers," based on their visit history or resident designation. CMS does not distinguish between these types of visitors and other visitors. Using a person-centered approach when applying this guidance should cover all types of visitors, including those who have been categorized as "essential caregivers."

### **Communal Activities and Dining**

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Facilities should consider additional limitations based on status of COVID-19 infections in the facility. Additionally, 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.

### **Survey Considerations**

*Federal and state surveyors are not required to be vaccinated and must be permitted entry into facilities unless they exhibit signs or symptoms of COVID-19. Surveyors should also adhere to the core principles of COVID-19 infection prevention, and adhere to any COVID-19 infection prevention requirements set by state law.*

- For concerns related to resident communication with and access to persons and services inside and outside the facility, surveyors should investigate for non-compliance at 42

CFR § 483.10(b), F550.

- For concerns related to a facility limiting visitors without a reasonable clinical and safety cause, surveyors should investigate for non-compliance at 42 CFR § 483.10(f)(4), F563.
- For concerns related to ombudsman access to the resident and the resident's medical record, surveyors should investigate for non-compliance at 42 CFR §§ 483.10(f)(4)(i)(C), F562 and 483.10(h)(3)(ii), F583.
- For concerns related to lack of adherence to infection control practices, surveyors should investigate for non-compliance at 42 CFR § 483.80(a), F880.

**Contact:** Questions related to this memorandum may be submitted to: [DNH\\_TriageTeam@cms.hhs.gov](mailto:DNH_TriageTeam@cms.hhs.gov).

**Effective Date:** Immediately. This policy should be communicated with all survey and certification staff, their managers, and the State/CMS Locations within 30 days of this memorandum.

/s/

David R. Wright

cc: Survey Operations Group



July 1, 2020

To our Valued Families and Loved Ones,

We wanted to take this opportunity to extend our heartfelt thank you for all of your love and support throughout this pandemic. As we know, our state is slowly beginning to move forward with re-opening businesses and public spaces, and we wanted to connect with you and explain how we will begin safely welcoming our families back to our community.

Our leadership team continues to work closely alongside our local, state, and federal regulatory agencies, ensuring that we can begin to allow light family visitation with the highest standards of health and safety in mind.

Keeping to these high standards, we have created a comprehensive visitation check-list for our families to reference, prior to scheduling their future in-person visit. It is important to note and make very clear that all stipulations must be fulfilled prior to your visit, and that our administration reserves the right to deny visitation requests if requirements are not met. Also, please note that visits are to be scheduled at least 24 hours in advance, and same day requests cannot be accommodated.

These visits will be outside of our center, weather permitting, and you will be required to bring and wear your own mask upon arrival. Also, please note that all visits will be allotted for a 20 minute time slot; please arrive early as you will need to be screened prior to your visit with your loved one. We also ask that no small children be in attendance during these visits; visitors are limited to two (2) per resident / patient.

Our community here at Chatham Hills Subacute Care Center continues to thrive and we owe a great deal of thanks and appreciation to our healthcare heroes for all that they have given and continue to give to our residents and patients. Our professionals from each and every department have gone above and beyond the call of duty in ensuring that our residents and patients continue to have a "loved one" that they could lean on throughout this incredibly challenging time.

Our hearts go out to our families who have gone months without the opportunity to physically be with their loved one; however, we are incredibly thankful for the outpouring of outreach through virtual visits.

We will continue to heavily utilize resources like FaceTime, Zoom, Skype, and other virtual platforms to ensure that our residents and patients stay connected with their families, as they have done for the past four months.

Our team is so excited to offer these visitation opportunities to you and your loved ones, and we appreciate your ongoing support and understanding as we safely navigate visitation at this time.

Chatham Hills Subacute Care Center continues to remain positive, as we continue to provide the highest levels and standards of compassionate care for those we serve.

Please feel free to continue reaching out to us privately through our Facebook page to share your requests, inquiries, and love. We appreciate you and cannot wait to see you very, very soon.

With love, respect, and admiration,  
Chad Kaufman and the Chatham Hills Leadership Team



Please reach out to us to schedule your visit by calling or  
texting (908) 377-0192

<input type="checkbox"/> Appointments must be made 24 hours in advance of the scheduled visit
<input type="checkbox"/> Our visitation hours at this time are: <ul style="list-style-type: none"><li><input type="checkbox"/> Thursdays &amp; Fridays: 10:00 am - 12 (noon), 1:30 pm - 3:30 pm</li><li><input type="checkbox"/> Saturdays &amp; Sundays: 10:00 am - 12 (noon)</li></ul>
<input type="checkbox"/> Visits are limited to 20 minutes per resident/patient
<input type="checkbox"/> Visitation spaces will be made available on both the North and South outdoor patios only (Both spaces are handicap accessible)
<input type="checkbox"/> Visitors are limited to 2 per resident/patient; no small children are permitted
<input type="checkbox"/> Each patio accommodates 2 visits at a time while maintaining social distancing
<input type="checkbox"/> All visitors will be permitted to access the patios through the exterior gates
<input type="checkbox"/> All visitors will not be permitted to enter the facility for any reason, including the use of restrooms.
<input type="checkbox"/> All visitors will be screened prior to each and every visit by a designated Chatham Hills employee
<input type="checkbox"/> All visitors are required to wear a mask throughout the entirety of the visit; visitors will provide their own mask for the visit
<input type="checkbox"/> All visitors are to maintain a 6 feet distance from the resident / patient. No physical contact will be made between the resident / patient and the visitor
<input type="checkbox"/> All packages including but not limited to food, beverage, toiletries, personal items are to be provided to the Chatham Hills Reception team prior to or following the visit. Items are to not be brought to the visitation patios