



LTCR FORM 2197: Expansion of Reopening Visitation Status Attestation Form for NF Only

SECTION 1: Facility Information

Instructions: Submit Form 2197 to your regional director to request designation as a visitation facility. You must wait for approval prior to implementing new expansion of reopening visitation protocols.

https://hhs.texas.gov/about-hhs/find-us/long-term-care-regulatory-regional-contact-numbers

Facility Type: Facility Name: Facility #/ID#: Contact Name: Contact #: Contact's Email: Address: Facility's County: Visitation Designation requested: List each wing, unit, area, or building for which you are requesting visitation designation below.

Indicate type of visitation:

- Outdoor visitation, open window visitation, and vehicle parades only - only a NF located in a county with a positivity rate greater than 10 percent ("red" county) may select this option
Indoor plexiglass booth and outdoor visitation (outdoor visitation, open window visitation, and vehicle parades)

If requesting outdoor visitation typed only, a NF must complete Section 2 and Section 4 of this form. Outdoor visitation includes general outdoor visits, open window visits and vehicle parades.

If requesting indoor plexiglass booth visitation, attach pictures of the existing booth, the location of the booth in the facility, and the building map that indicates where in the facility the booth is located.

Note: there may be more stringent restrictions from local authorities that prohibit visitation to a facility. The facility must follow the more stringent guidelines.

SECTION 2: NF meets the visitation designation criteria

Note: All NFs must offer visitation, per state and federal guidance. Complete Section 2 if your facility meets the visitation designation criteria. Complete [Section 3](#) if your facility does not meet visitation designation criteria. Visitation criteria from 40 TAC §19.2803(i) are listed in [Section 7](#) for your reference. All NFs must complete [Section 6](#), the signature section.

I hereby attest that:

- There have been no confirmed COVID-19 cases in facility staff for at least 14 consecutive days in the specified areas, wings, units or buildings.
- There are no active or facility-acquired COVID-19 cases in residents in the specified areas, wings, units or buildings.
- I have attached a facility map indicating which areas, wings, units or buildings accommodate COVID-19 negative, COVID-19 positive and unknown COVID-19 status residents.
- There is no local order prohibiting visitation in this facility.

I hereby further attest that either:

- There have been no confirmed COVID-19 cases in facility staff and/or residents in the in the specified areas, wings, units or buildings of the facility.

or

- There have been previous cases of COVID-19 in facility staff and/or residents in the specified areas, wings, units or buildings of the facility, and:
 - (A) all staff and/or residents in the specified areas, wings, units or buildings have fully recovered,
 - (B) the facility has adequate staffing to continue care for all residents and visits permitted in expansion of reopening visitation, and
 - (C) the facility is in compliance with infection control requirements and emergency rules related to COVID-19.

I understand that HHSC may verify this attestation through an onsite visit.

SECTION 3: NF DOES NOT meet visitation designation criteria

I hereby attest that:

I have attached a facility map indicating which areas, wings, units or buildings accommodate COVID-19 negative, COVID-19 positive and unknown COVID-19 status residents.

The facility does not currently meet the criteria for visitation designation as described in 40 TAC §19.2803(i).

and

The facility is permitting closed window visits, end-of-life visits and essential caregiver visits.

and

There is no local order prohibiting visitation in this facility.

I further attest that:

The facility has developed and implemented a plan to meet the visitation designation criteria as defined in 40 TAC §19.2803(i), and the plan is included with this form.

or

The facility will submit a plan to meet the visitation designation criteria defined in 40 TAC §19.2803(i) within five business days of submitting this form.

SECTION 4: NF unable to offer indoor plexiglass visitation - county positivity rate greater than 10 percent

A NF may only request visitation designation for outdoor visits, instead of outdoor and indoor plexiglass visits, if the county positivity rate is greater than 10 percent. If your facility is unable to offer indoor plexiglass visits due to of the county positivity rate, you must complete section 2 and section 4 of this form.

I hereby attest that:

My county positivity rate is: _____, which is greater than 10 percent, or is identified as a "red" county per the CMS county positivity rate spreadsheet.

and

My county positivity rate was obtained from:

The [CMS COVID-19 Nursing Home Data](#) website on: _____ [date]

or

The local county website at:

_____ [website address]

on: _____ [date]

I hereby further attest that:

I will submit a revised LTCR Form 2197 requesting both indoor plexiglass visitation and outdoor visitation within five business days of my county positivity rate being 10 percent or lower.

SECTION 5: NF unable to offer visitation because of local order

I hereby attest that:

There is a local order prohibiting visitation in this facility.

and

Once the local order is no longer in effect, I will resubmit LTCR Form 2197 and request visitation designation.

I hereby further attest that:

I have included a copy of the local order or the website where the local order can be viewed. _____

SECTION 6: Signature and HHSC Review

Name and title of NF administrator providing attestation:

Signature:

Date:

Email the form (and any applicable pictures, facility maps, and attachments) to the LTCR regional director in the LTCR region where the facility is located.

Approved by/date: _____

Denied, Reason for denial/date: _____

Note: there may be more stringent restrictions from local authorities that prohibit visitation to a facility. The facility must follow the more stringent guidelines.