

American College of Health Care Administrators

Donna Ortelle, RN, MSN, Section Chief

Kim Hriceniak, R.N., P.H.S.M.

Alice Martinez, R.N., S.N.C.

Denise Foley, R.N.

February 14, 2020

AGENDA

1. Positions
2. QSO Letters
3. Reportable Events
4. ISTW to QSEP
5. Methadone in LTC
6. Phase 3 LTC Survey
7. Infection Control
 - a. Novel Coronavirus
 - b. Precautions
8. Immediate Jeopardy
9. Citations

AGENDA cont'd

9. Pre-Licensure Consent Orders
10. Top 10 Deficiencies
11. SOAR Report
12. STAR Ratings
13. Late Adopters
 - a. CMS Enforcement Remedies
14. Discharge Tags
15. LGBTQ+
16. ESRD in LTC

FLIS Positions

- Nurse Consultants (15 positions)
 - Meghan Edson-Sawyer
 - Rebecca Harris
 - Millicent Reynolds
 - Cynthia Hale
 - Laura Boggio
 - Constance Vumback
- BFSI – Trevor Riggs, Joe Kingston
- Processing Technician - Henry Trejos
- Health Program Associate - in process
- Office Assistant – 2 positions in process
- Lab Consultant - 2 positions in process

Year 2022

Succession Planning.....

20-02 Updates to the Nursing Home Compare Website and the Five Star Quality Rating System

QSO Letters (formally S+C)

- CMS is removing the quality measures related to residents' reported experience with pain from the Nursing Home Compare website and the Five Star Rating System.
- Updating the thresholds for quality measure ratings, according to the plan introduced in CMS Memorandum QSO-19-08-NH, in which the thresholds will be updated every six months. The first update will take place April 2020.

20-09 Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness (2019-nCoV)

- Information Regarding Patients with Possible Coronavirus Illness: the U.S. Centers for Disease Control and Prevention (CDC) has issued information on the respiratory illness caused by the 2019 Novel Coronavirus (2019-nCoV). Links to these documents are provided.
- Healthcare Facility Expectations: CMS strongly urges the review of CDC's guidance and encourages facilities to review their own infection prevention and control policies and practices to prevent the spread of infection.

20-01 Consumer Alerts added to the Nursing Home Compare website and the Five Star Quality Rating System

Abuse Indicator –CMS is updating the Nursing Home Compare website to make it easier for consumers to identify facilities with instances of non-compliance related to abuse.



20-03 Updates and Initiatives to Ensure Safety and Quality in Nursing Homes

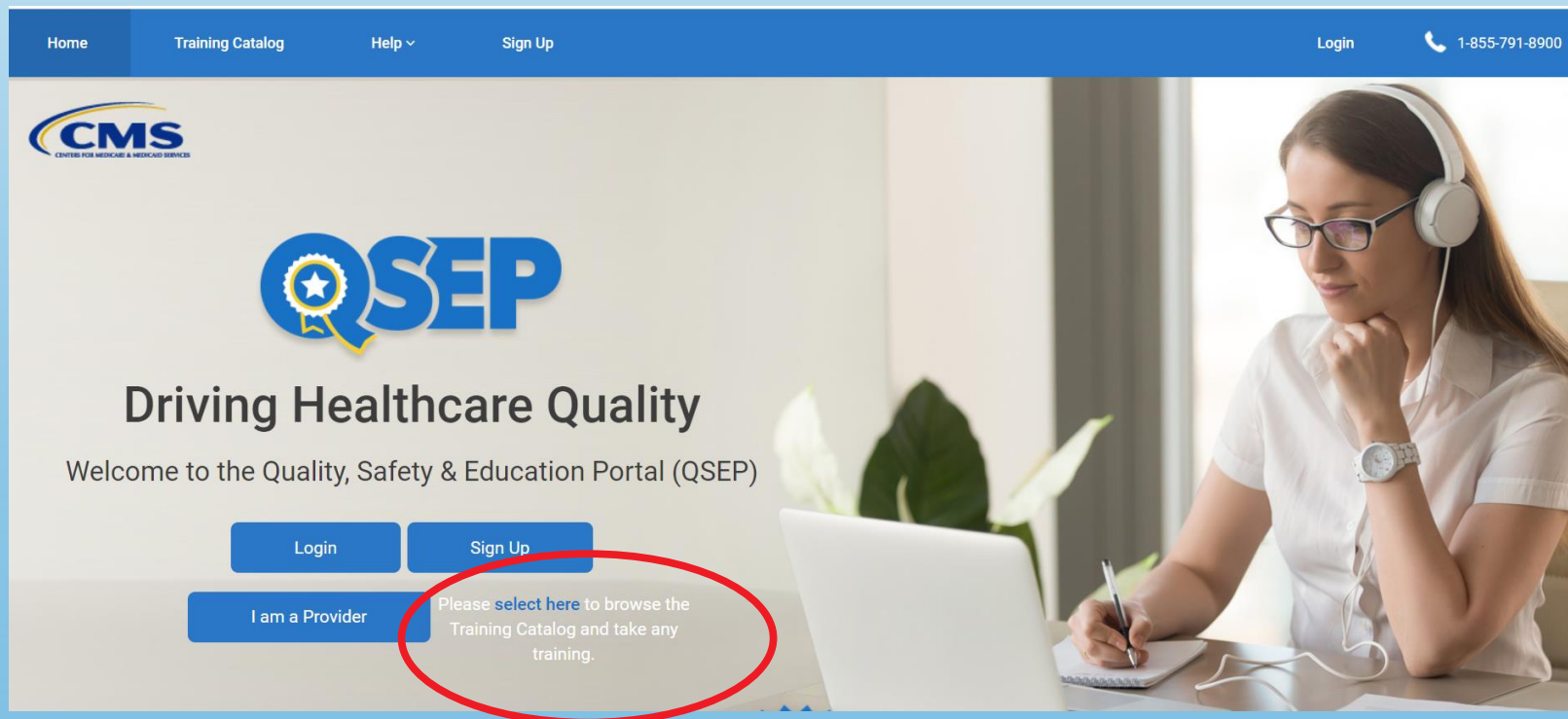
- Phase 3 Interpretive Guidance: CMS will be releasing updated Interpretive Guidance and training for the Requirements for Participation for Long-Term Care (LTC) Facilities. However, this guidance will not be released by the November 28, 2019 implementation date of the regulations. We will be releasing the guidance in the second quarter of calendar year 2020, along with information on training and implementing related changes to The Long Term Care Survey Process (LTCSP). While the regulations will be effective, our ability to survey for compliance with these requirements will be limited until the Interpretive Guidance is released.
- Medicare and Medicaid Programs; Revision of Requirements for Long-Term Care Facilities: Arbitration Agreements: On July 18, 2019, the Department of Health and Human Services (HHS) published a final rule establishing requirements related to the use of binding arbitration agreements. This final rule amends the requirements that Long-Term Care (LTC) facilities must meet to participate with Medicare and Medicaid.
- Actions to Improve Infection Prevention and Control in LTC Facilities: CMS has created a nursing home antibiotic stewardship program training; updated the Nursing Home Infection Control Worksheet as a self-assessment tool for facilities; and is reminding facilities of available infection control resources.
- Release of Toolkit 3, “Guide to Improving Nursing Home Employee Satisfaction”: CMS has created a toolkit that helps facilities improve employee satisfaction.

19-19 ALL Revisions to Appendix Q, Guidance on Immediate Jeopardy

Revised guidance to reinsert language referring criminal acts to law enforcement

Quality, Safety, and Education Portal (QSEP) formally ISTW

<https://qsep.cms.gov/welcome.aspx>



Training Catalogue




Select Training Plan



Trainings

Currently viewing: Long Term Care (LTC)

Go to: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Name	Duration	Action
A		
Alzheimer's and Related Dementia – Part I (The Medical Perspective)	1 hr., 50 mins.	Launch 
Alzheimer's and Related Dementia – Part II (The Surveyor's Perspective)	2 hrs., 30 mins.	Launch 
Antibiotic Stewardship Program for Nursing Home Providers	4 hrs.	Launch
ASPEN Overview	Variable	Launch 

B

Citations Timeframes

NOTIFICATION OF ELECTION TO CONTEST CITATION

If the licensee wishes to contest this Citation, the administrator or his designee must within five days, excluding Saturdays, Sundays and holidays, of receipt of the Citation by the licensee, shall **verbally** notify the Supervising Nurse Consultant who signed the citation by contacting the FLIS.

Verbal contact must be made with a Supervising Nurse Consultant when electing to contest a citation.

Citation Timeframes

- Informal conference opportunity
- Not later than **five** business days after the informal conference, DPH will notify licensee of DPH determination which can be
 - **Vacate the citation**
 - **Sustain the citation with or without modifications**
- **If DPH sustains the citation, licensee has five** business days after the decision to request a formal hearing
- Thereafter, DPH schedules hearing- no time specified when it must be held
- After hearing, DPH issues final order based on findings of fact, affirming, modifying or vacating the citation.

Citation Penalties

Nursing Home

Class A \$20,000

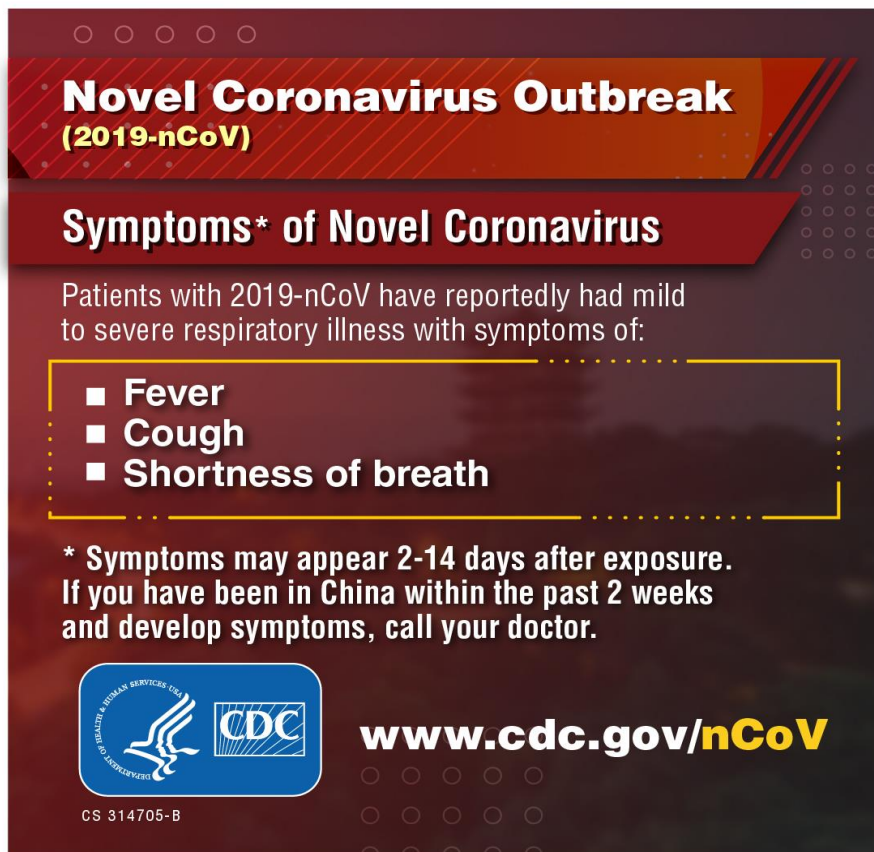
Class B \$10,000

RCH

Class A \$5,000

Class B \$3,000

Novel Coronavirus





**Novel Coronavirus Outbreak
(2019-nCoV)**

Symptoms* of Novel Coronavirus

Patients with 2019-nCoV have reportedly had mild to severe respiratory illness with symptoms of:

- Fever
- Cough
- Shortness of breath

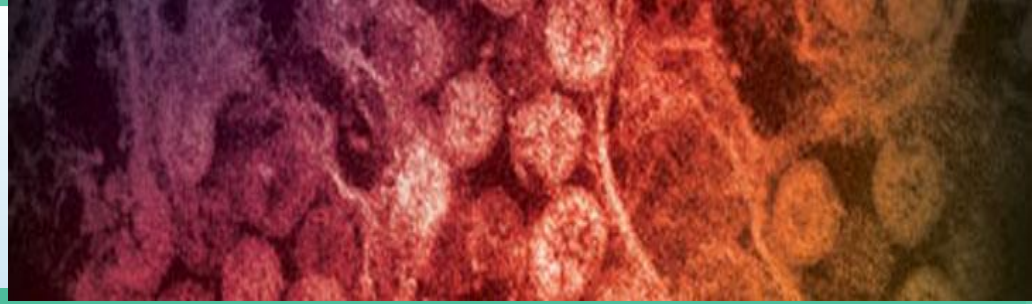
* Symptoms may appear 2-14 days after exposure. If you have been in China within the past 2 weeks and develop symptoms, call your doctor.

  www.cdc.gov/nCoV

CS 314705-B

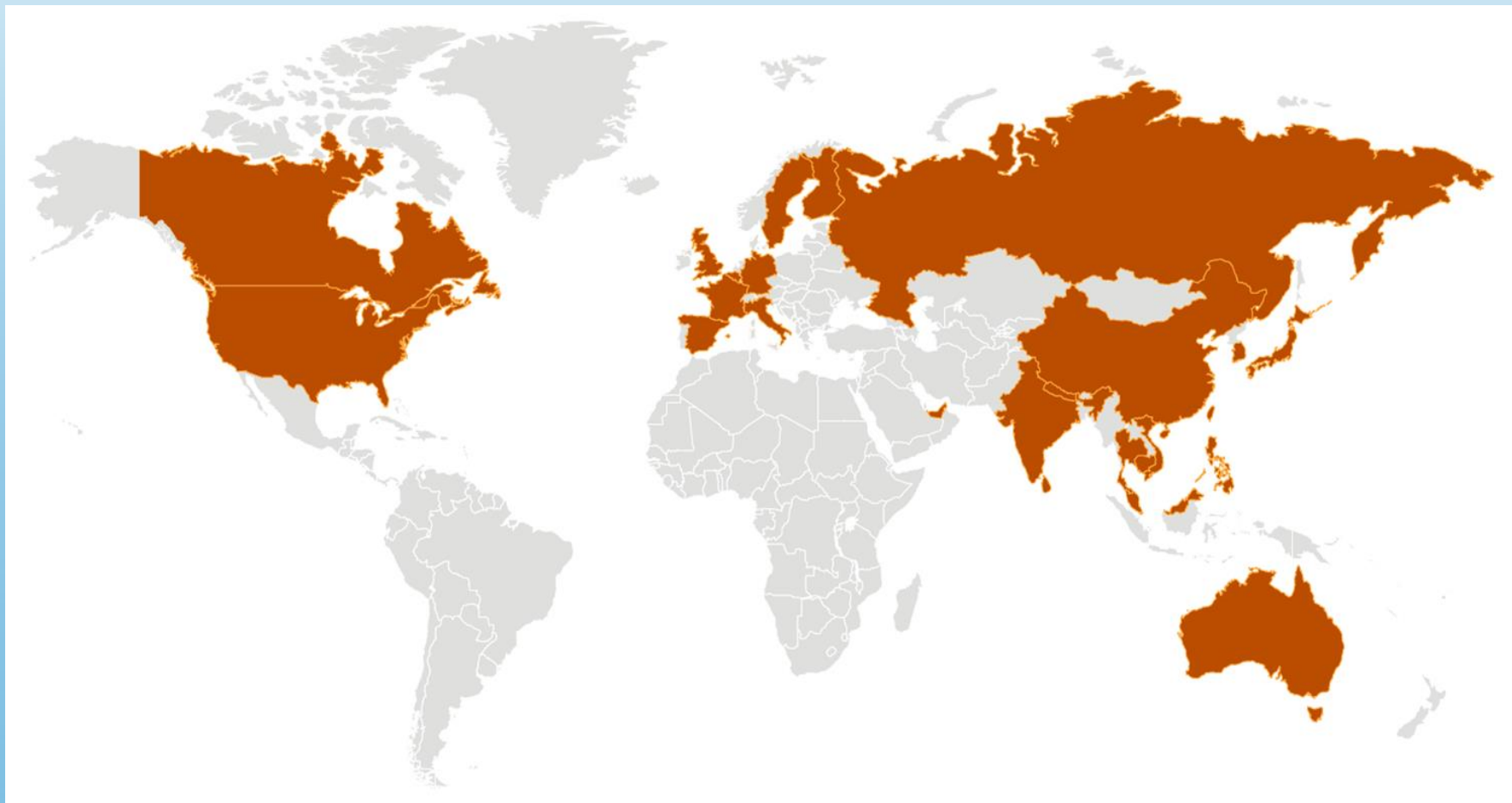
CDC believes at this time that symptoms of 2019-nCoV may appear in as few as 2 days or as long as 14 after exposure. This is based on what has been seen previously as the incubation period of MERS viruses.

MERS



Middle East Respiratory Syndrome (MERS) is viral respiratory illness that is new to humans. It was first reported in Saudi Arabia in 2012 and has since spread to several other countries, including the United States. Most people infected with MERS-CoV developed severe respiratory illness, including fever, cough, and shortness of breath. Many of them have died.

Novel (new) coronavirus first identified in Wuhan, Hubei Province, China. Chinese authorities identified the new coronavirus, which has resulted in thousands of confirmed cases in China, including cases outside Wuhan City. Additional cases have been identified in a growing number of other [international locations](#), including [the United States](#).



CDC Test Kit



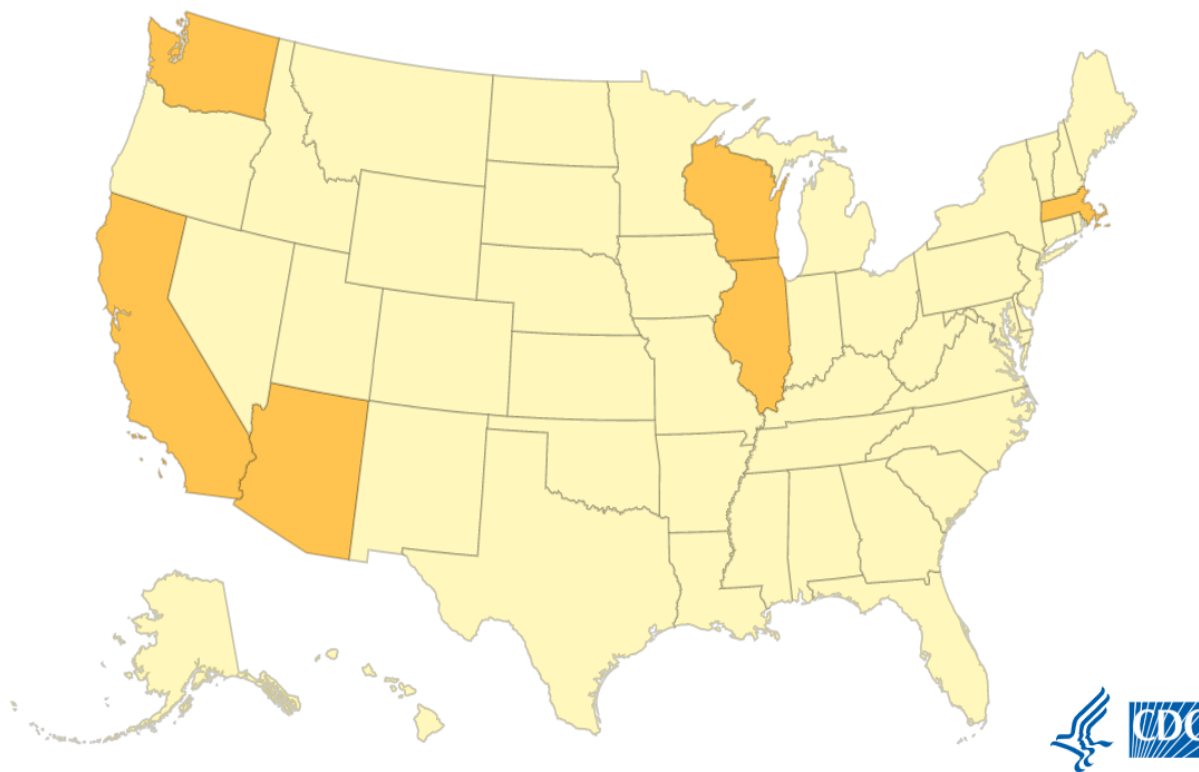
- January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “[public health emergency of international concern](#)[external icon](#)” (PHEIC).
- January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to 2019-nCoV.
- January 31, the President of the United States signed a presidential “[Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus](#)[external icon](#)”. These measures were announced at a [press briefing by members of the President’s Coronavirus Task Force](#)[external icon](#).
- February 2, 2020 at 5pm, the U.S. government suspended entry of foreign nationals who have been in China within the past 14 days.

People Under Investigation (PUI) in the United States*† as of 2/12/2020

Positive	14
Negative	347
Pending ^s	66
Total	427

States with confirmed 2019nCoV Cases

States with confirmed 2019-nCoV cases



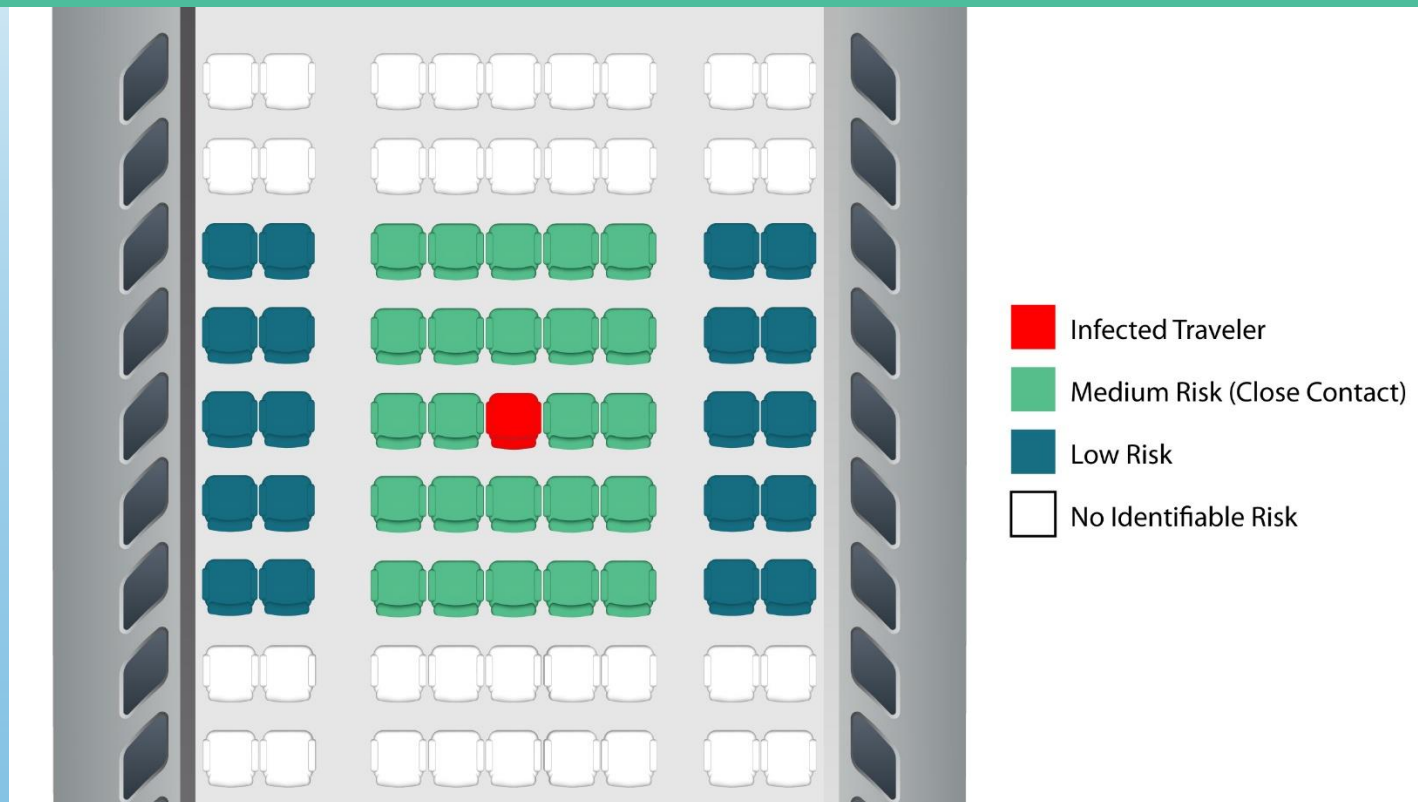
CDC Recommends

- While the immediate risk of this new virus to the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat: It's currently flu and respiratory disease season and CDC recommends getting a flu vaccine, taking everyday preventive actions to help stop the spread of germs, and taking flu antivirals if prescribed.
- If you are a healthcare provider, be on the look-out for people who recently traveled from China and have fever and respiratory symptoms.
- If you are a healthcare provider caring for a 2019-nCoV patient or a public health responder, please take care of yourself and follow recommended infection control procedures.
- For people who have had close contact with someone infected with 2019-nCoV who develop symptoms, contact your healthcare provider, and tell them about your symptoms and your exposure to a 2019-nCoV patient.
- For people who are ill with 2019-nCoV, please follow CDC guidance on how to reduce the risk of spreading your illness to others. This guidance is on the CDC website.

Exposure

Most often, spread from person-to-person happens during close exposure to a person infected with 2019-nCoV. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs, similar to how influenza viruses and other respiratory pathogens spread. These droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs. It is currently unclear if a person can get 2019-nCoV by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

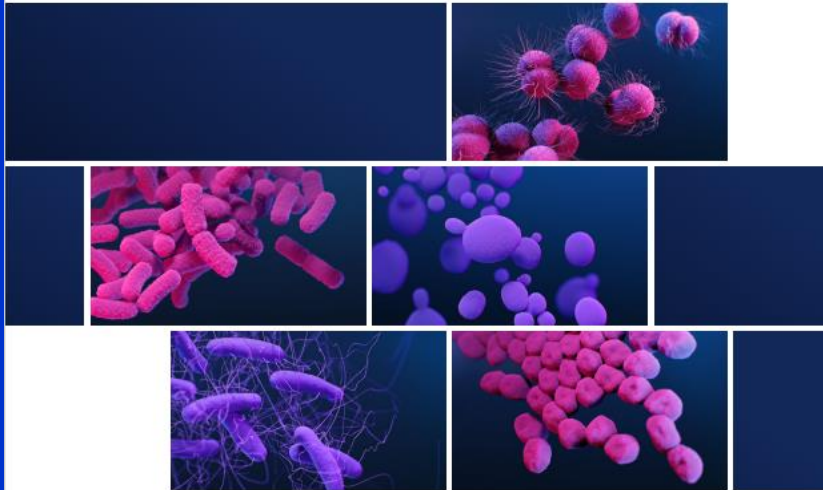
Exposure Risk Categories



Sample seating chart for a 2019-nCoV aircraft contact investigation showing risk levels based on distance from the infected traveler.

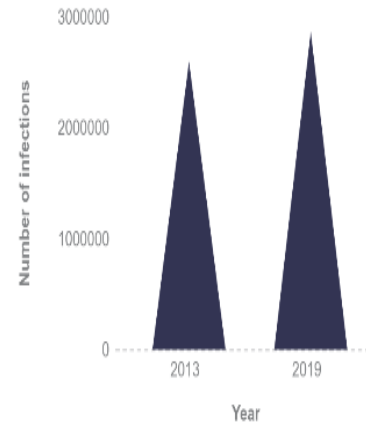
ANTIBIOTIC RESISTANCE THREATS IN THE UNITED STATES

2019

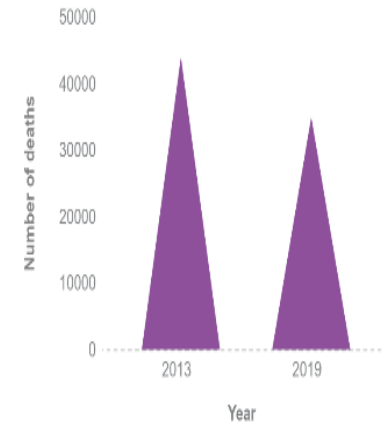


U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Infections



Deaths



* 2013 numbers represent the updated estimates contained in the 2019 report

The report lists 18 antibiotic-resistant bacteria and fungi (it does not include viruses and parasites) into three categories based on level of concern to human health – urgent, serious, and concerning – in addition it also places three pathogens on the 'watch list':

<https://www.cdc.gov/drugresistance/biggest-threats.html>

Antibiotic Resistant (AR) Threats in the US: 2019

- In 2013, CDC published the first AR Threats Report.
- In November 2019, CDC released “*Antibiotic Resistance Threats in the United States, 2019*” (2019 AR Threats Report).
- 2019 data shows that burden of antibiotic-resistance threats in US was greater than initially understood.
- 2.8 million antibiotic-resistant infections occur in US annually
- > 35,000 people die as a result

Containment Strategy Responding to Emerging Antimicrobial Resistance Threats





January 2019



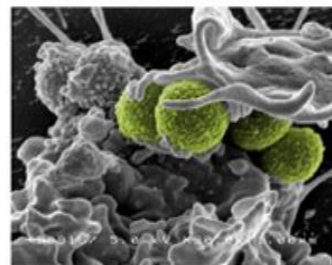
CDC releases Interim Guidance for a Public Health Response to Contain Novel or Targeted Multi-drug-resistant Organisms (MDROs)

<https://www.cdc.gov/hai/containment/guidelines.html>



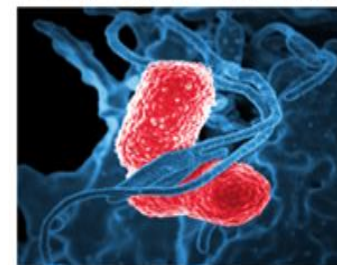
July 29, 2019

Gram-positive organisms



MRSA: Interaction of MRSA (green, spherical) with a human white blood cell.

Gram-negative organisms



Klebsiella pneumoniae: Interaction of a human WBC (blue) with multidrug-resistant *Klebsiella pneumoniae* bacteria (pink, rod-shaped)

Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

July 29, 2019

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Accessible version: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>



Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)

Updated: July 26, 2019

Note: This Interim Guidance was updated on July 26, 2019 to clarify its current intended use as part of a Containment Response⁴. Future updates are anticipated to address potential for application of this approach outside of a Containment Response.

Implementation of Contact Precautions, as described in the CDC [Guideline for Isolation Precautions](https://www.cdc.gov/infectioncontrol/guidelines/isolation/) (<https://www.cdc.gov/infectioncontrol/guidelines/isolation/>), is perceived to create challenges for nursing homes trying to balance the use of personal protective equipment (PPE) and room restriction to prevent MDRO transmission with residents' quality of life. Thus, current practice in many nursing homes is to implement Contact Precautions only when residents are infected with an MDRO and on treatment. Focusing only on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization, which can persist for long periods of time (e.g., months), and result in the silent spread of MDROs. With the need for an effective response to the detection of serious antibiotic resistance threats, there is growing evidence that current implementation of Contact Precautions in nursing homes is not adequate for prevention of MDRO transmission.

This document is intended to provide guidance for PPE use and room restriction in nursing homes for preventing transmission of novel or targeted MDROs, including as part of a public health [containment response](https://www.cdc.gov/hai/containment/index.html) (<https://www.cdc.gov/hai/containment/index.html>). This guidance introduces a new approach called Enhanced Barrier Precautions, which falls between Standard and Contact Precautions, and requires gown and glove use for certain residents during specific high-contact resident care activities^{2,3} that have been found to increase risk for MDRO transmission.

This document is not intended for use in acute care or long-term acute care hospitals and does not replace existing guidance regarding use of Contact Precautions for other pathogens (e.g., *Clostridioides difficile*, norovirus) in nursing homes.

As of July 2019, Novel or Targeted MDROs are defined as:

- Pan-resistant organisms,
- Carbapenemase-producing enterobacteriaceae,
- Carbapenemase-producing *Pseudomonas* spp.,
- Carbapenemase-producing *Acinetobacter baumannii*, and
- *Candida auris*

Page 1 of 6



Further updates are anticipated!!!

Why was the Guidance needed for Containment?

- Focusing only on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization
- MDRO colonization prevalence is high within the NH and LTAC setting, far exceeding published reports in acute care hospitals.
- Data demonstrate the importance of NH/LTACs as a dominant MDRO reservoir in the healthcare system.
- Urgent need to engage NH/LTAC facilities in the effort to improve regional burden of colonization and infection with MDROs.

MRSA Transmission to Gowns and Gloves of HCW during Care of Colonized Residents

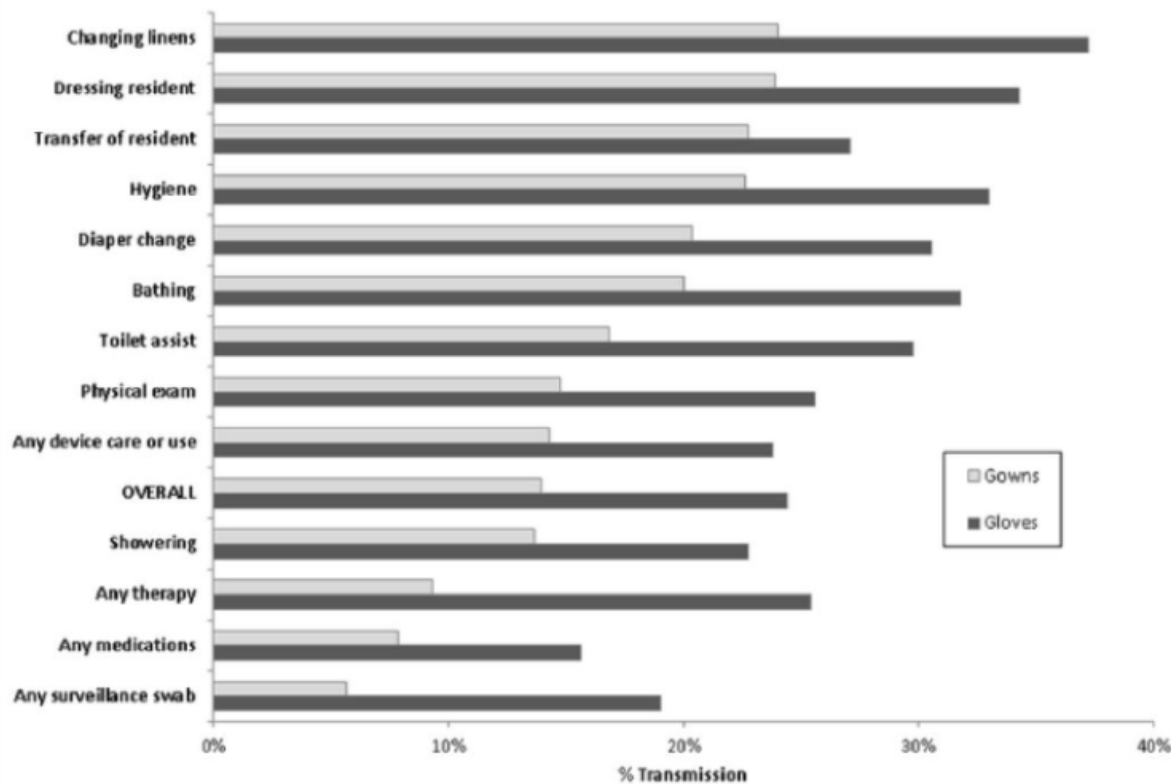
■ Highest Risk:

- Dressing
- Transferring
- Providing hygiene
- Changing linens
- Toileting

■ Lowest Risk:

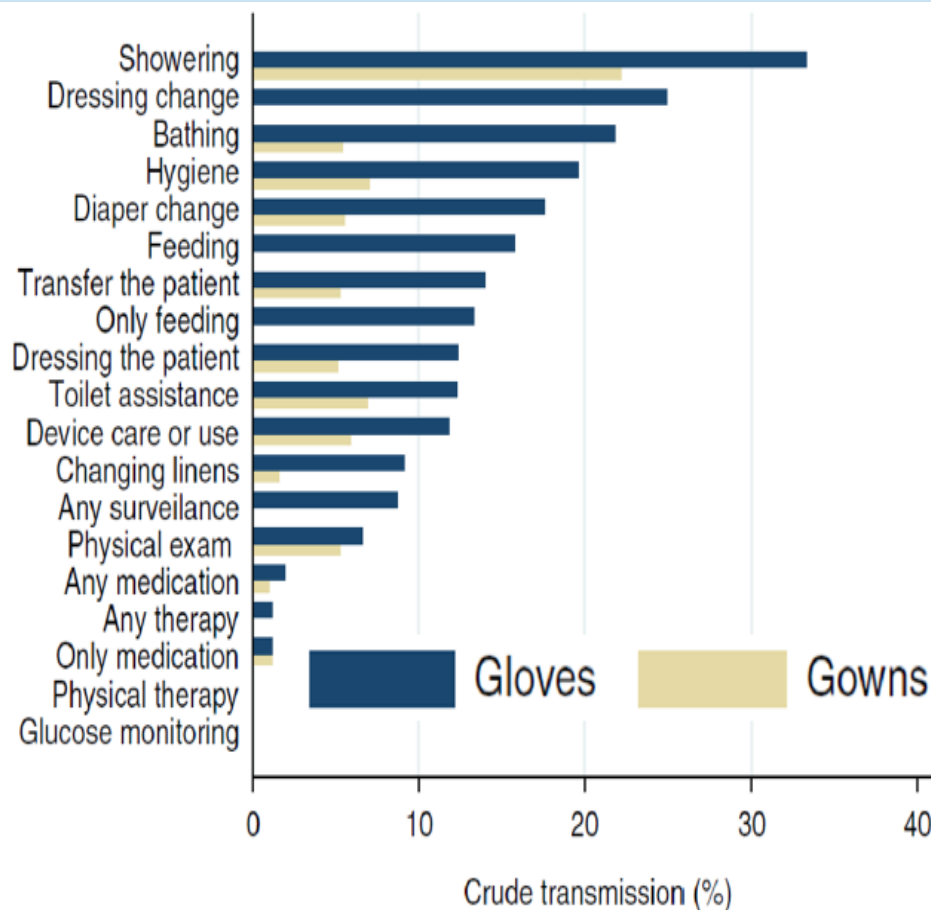
- Giving Meds
- Glucose monitoring

Roghmann et al. Infect Control Hosp Epidemiol.
2015 September; 36(9): 1050-1057



Resistant Gram-negative Bacteria Transmission to Gowns and Gloves of HCW during Care of Colonized Residents

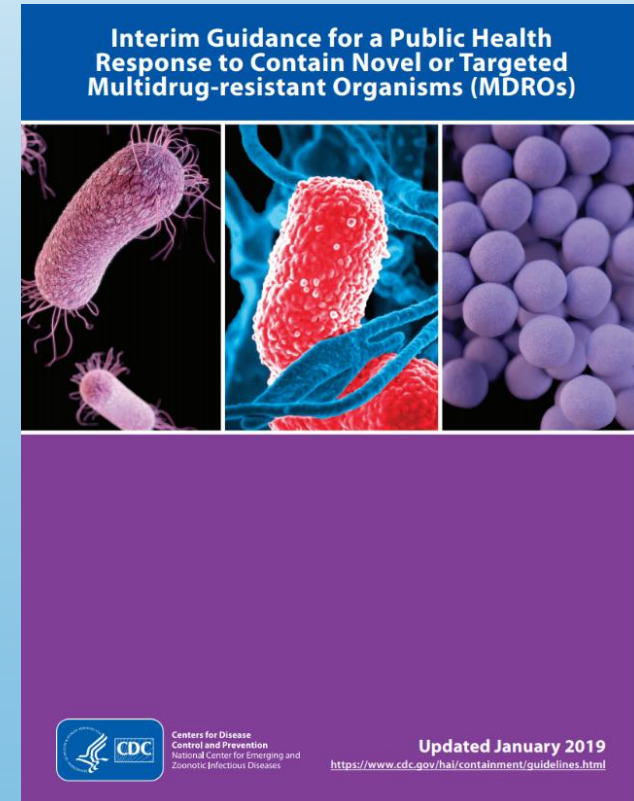
- **Highest Risk:**
 - Showering
 - Hygiene
 - Toileting
 - Wound dressing changes
- **Lowest Risk:**
 - Assist feeding
 - Giving meds
 - Glucose monitoring



Blanco et al. Infect Control Hosp Epidemiol (2018), 39, 1425-1430

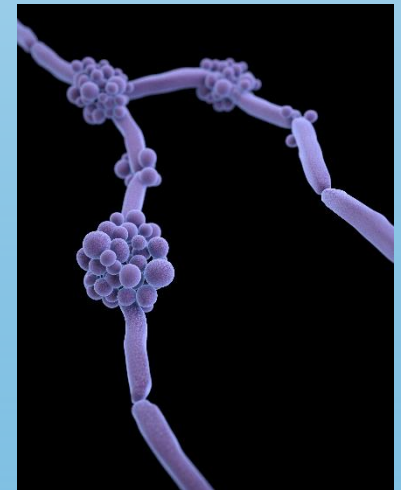
MDRO Containment Strategy in CT

- **Rapid identification**
- **Infection control assessments**
- **Colonization screenings (when appropriate)**
- **Coordinated response between facilities**
- **Continue assessments & colonization screenings until spread controlled.**



Antibiotic Resistance (AR) Reporting and Testing in CT

- ***Candida auris*** (fungus)
- **Carbapenem-resistant organisms (bacteria)**
 - Carbapenem-resistant Enterobacteriaceae (CRE)
 - Carbapenem-resistant *Acinetobacter baumannii* (CRAB)
 - Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
- **Other resistant bacteria**
 - Vancomycin-resistant *Staphylococcus aureus* & *S. epidermidis* (VRSA & VRSE)
 - Methicillin-resistant *Staphylococcus aureus* (MRSA)



MDRO Risk Factors in Post-Acute Care Population

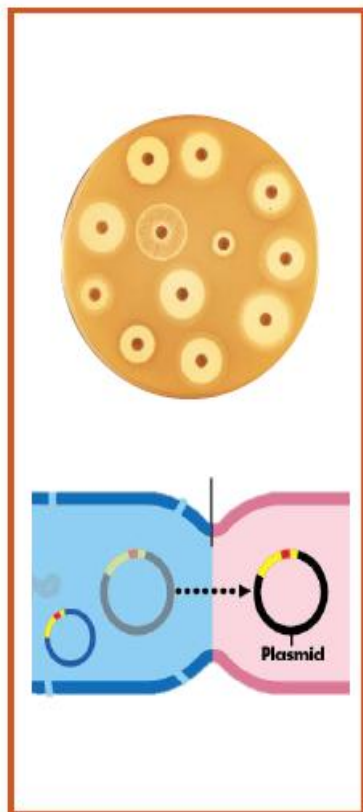
- Indwelling medical devices (e.g., urinary catheter, PEG tube, tracheostomy/vents, central line)
- Presence of wounds or decubitus ulcers
- Antibiotic use in prior 3 months, particularly fluoroquinolones
- Recent hospitalization
- Comorbid medical conditions
- Increased functional dependence



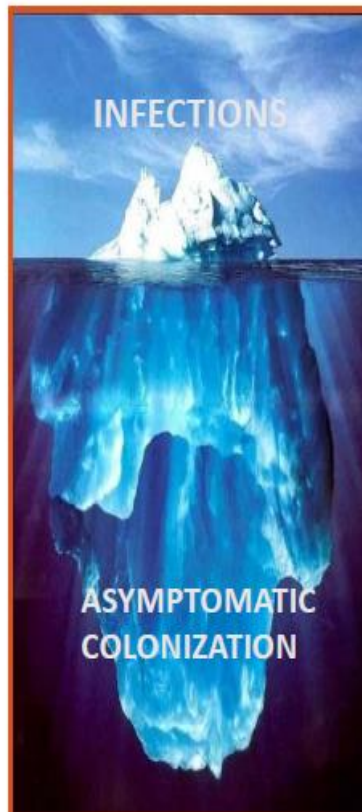
Prolonged length of stay in these facilities also increases opportunities for spread and acquisition

Characteristics of Emerging AR in Healthcare Settings

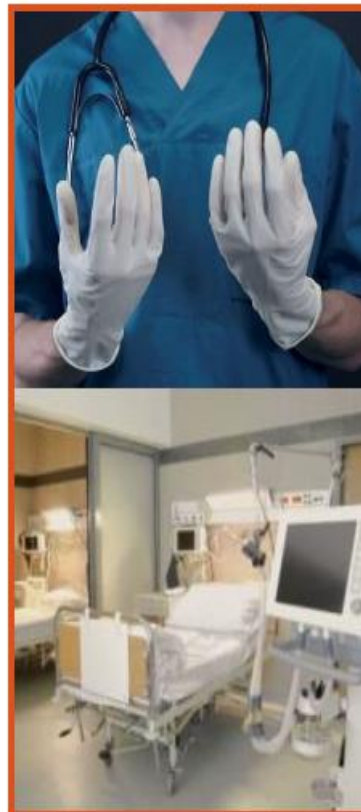
Resistance



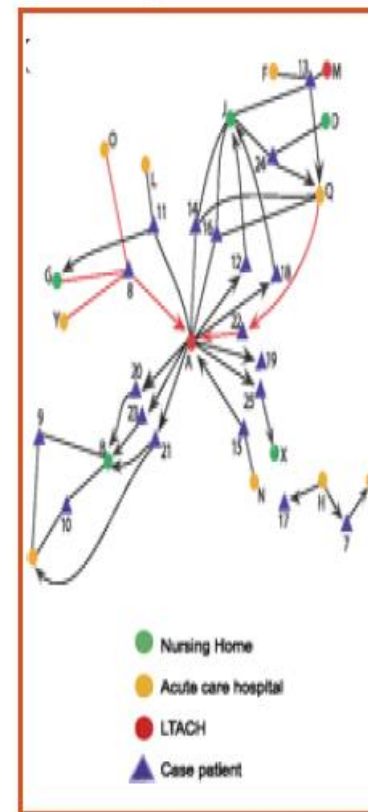
Detection



Transmission

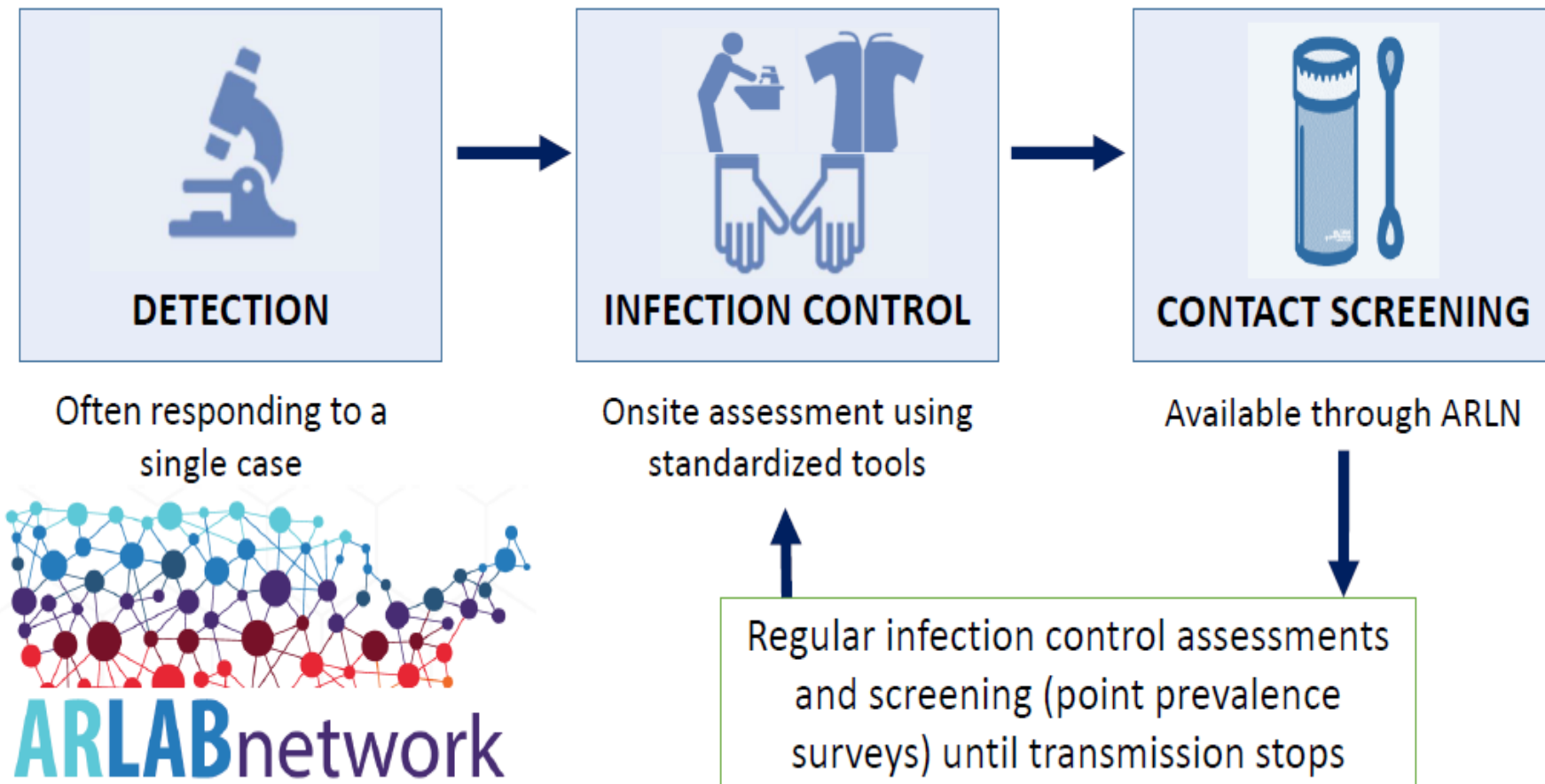


Spread



Containment Strategy

Systemic public health response to slow the spread of emerging AR



Common Infection Control Challenges Identified

- Gaps in adherence to hand hygiene, limited access to alcohol-based hand rubs inside and outside of resident rooms
- Limited access to personal protective equipment (PPE) and minimal use of Contact Precautions
- Improper product selection, use and frequency to reduce environmental surface contamination within shared rooms
- Inadequate cleaning/disinfection of equipment shared between residents
- Incomplete communication of MDRO history or risk factors during facility transfers

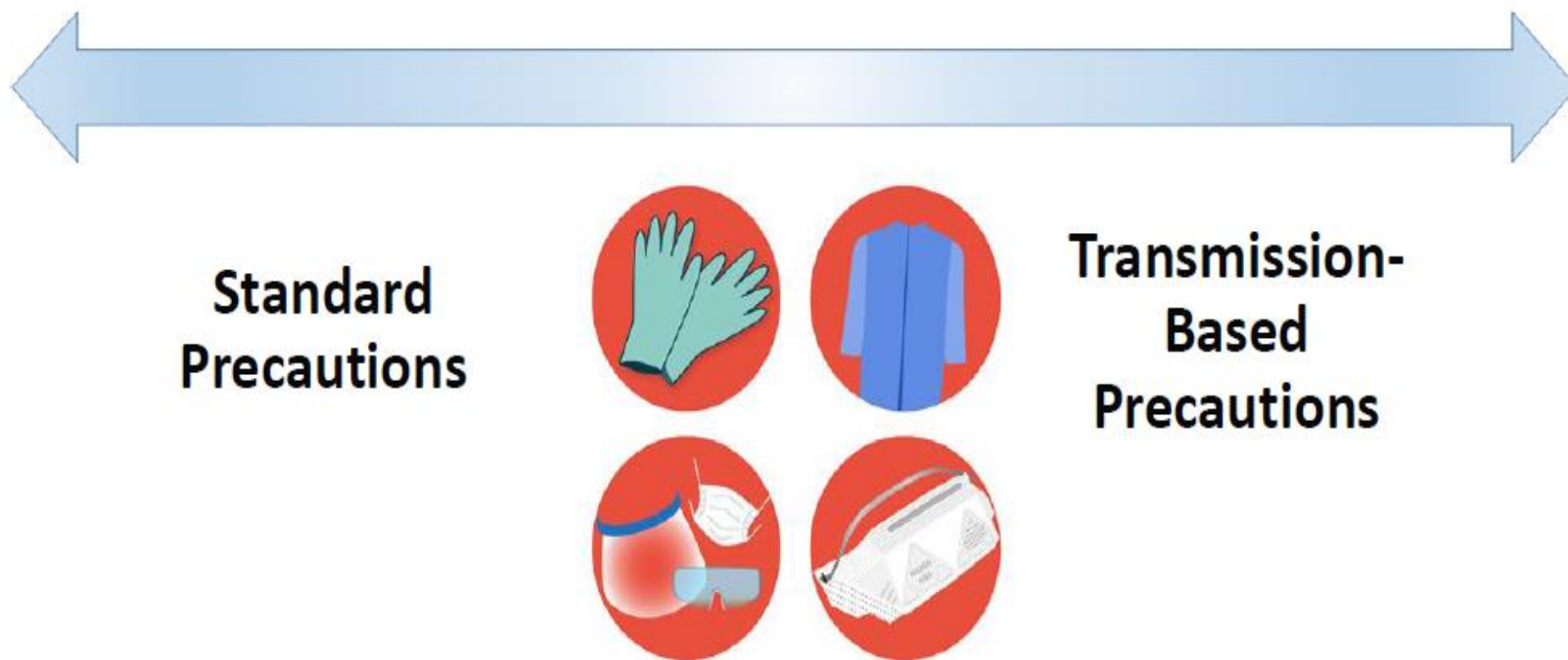
Description of Existing Precautions

Standard Precautions:

- For all residents, regardless of transmission risk or MDRO status
- Hand hygiene before and after touching any resident.
 - ABHG is preferred over soap & water.
 - Soap & water if concern for over C diff or Norovirus
- Use of Gown, Gloves or Masks based on resident interaction or potential exposure to blood, body fluids, and/or infectious material



Personal Protective Equipment (PPE) & Precautions



Transmission Based Existing Precautions

STOP CONTACT PRECAUTIONS STOP
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

 Put on gloves before room entry. Discard gloves before room exit.

 Put on gown before room entry. Discard gown before room exit.

Do not wear the same gown and gloves for the care of more than one person.

 Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

© 2014 CDC
 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

STOP DROPLET PRECAUTIONS STOP
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

 Make sure their eyes, nose and mouth are fully covered before room entry.

OR

 Remove face protection before room exit.

© 2014 CDC
 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

STOP AIRBORNE PRECAUTIONS STOP
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

 Put on a fit-tested N-95 or higher level respirator before room entry.

Remove respirator after exiting the room and closing the door.

 Door to room must remain closed.

© 2014 CDC
 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Transmission-Based Precautions

(<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>)

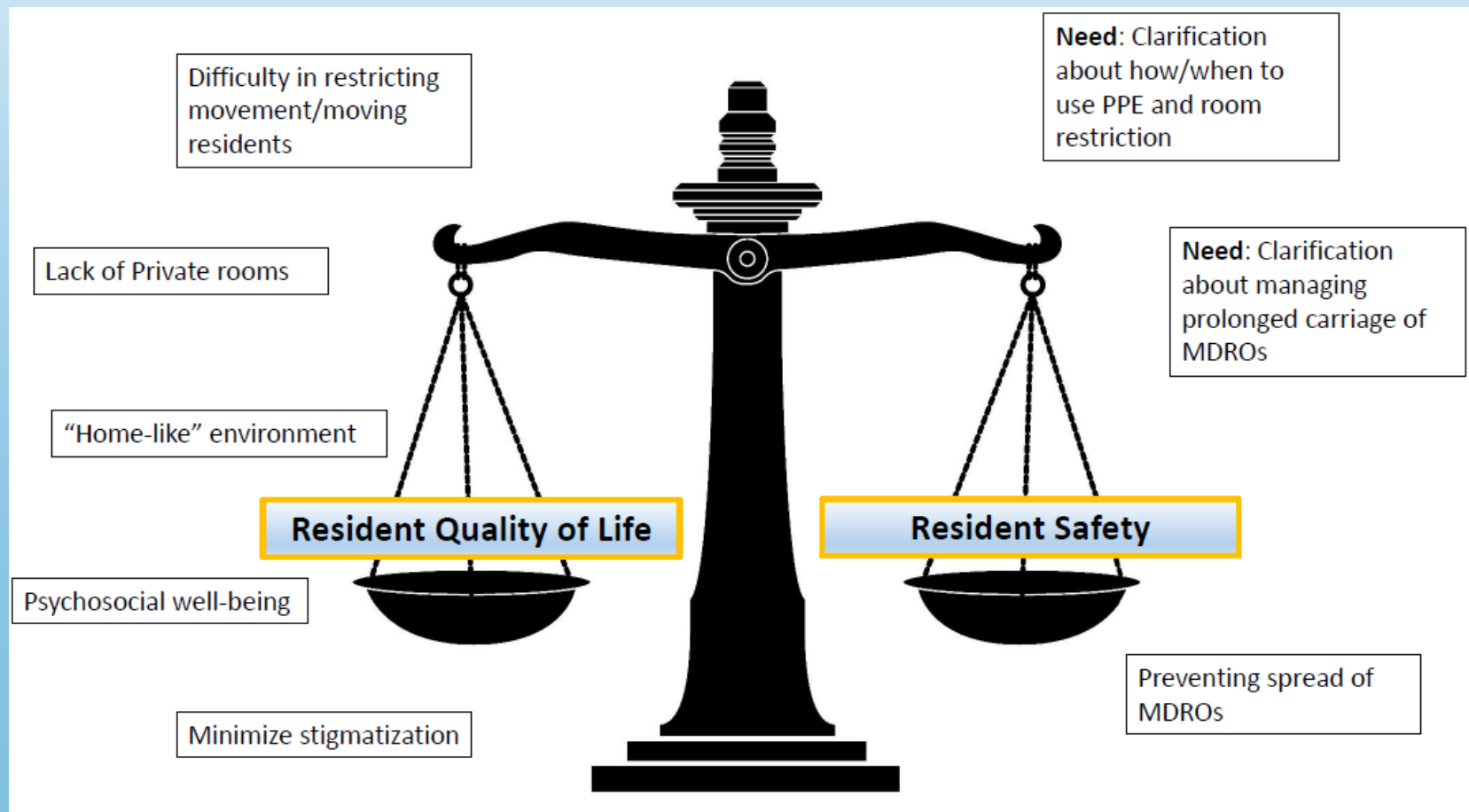
Description of Existing Precautions

Contact Precautions:

- Perform hand hygiene
- Gown and gloves upon room entry
- Dedicated equipment
- Private room
- Room restriction



Difficulty in Applying Transmission-Based Precautions for MDROs in Nursing Home



Enhanced Barrier Precautions (EBP): Guidance for facilities during AR Containment

The screenshot shows the CDC website's 'Healthcare-associated Infections' section. The main heading is 'Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)'. A sidebar on the left lists navigation options: 'Healthcare-associated Infections (HAI)', 'HAI Data', 'Types of Infections', 'Diseases and Organisms', 'Preventing HAIs', 'Containment Strategy' (selected), 'What Can Be Done', 'Guidelines', 'Case Studies', and 'PPE in Nursing Homes'. The main content area includes a 'Print version' link for a 4-page PDF and a paragraph stating that implementing contact precautions in nursing homes is challenging due to the need to balance PPE use with residents' quality of life. A right-hand sidebar titled 'On This Page' lists links: 'Description of Existing Precautions', 'Description of New Precautions', 'Summary of PPE Use and Room Restriction', 'Implementation', and 'References'. The CDC logo and 'Centers for Disease Control and Prevention' text are at the top left, and a search bar is at the top right.

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Enhanced Barrier Precautions (EBP):

Guidance for facilities during AR Containment

STOP

ENHANCED BARRIER PRECAUTIONS

STOP

EVERYONE MUST:

Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

Wear gloves and a gown for the following High-Contact Resident Care Activities.

- Dressing
- Bathing/Showering
- Transferring
- Changing Linens
- Providing Hygiene
- Changing briefs or assisting with toileting
- Device care or use:
 - central line, urinary catheter, feeding tube, tracheostomy
- Wound Care: any skin opening requiring a dressing

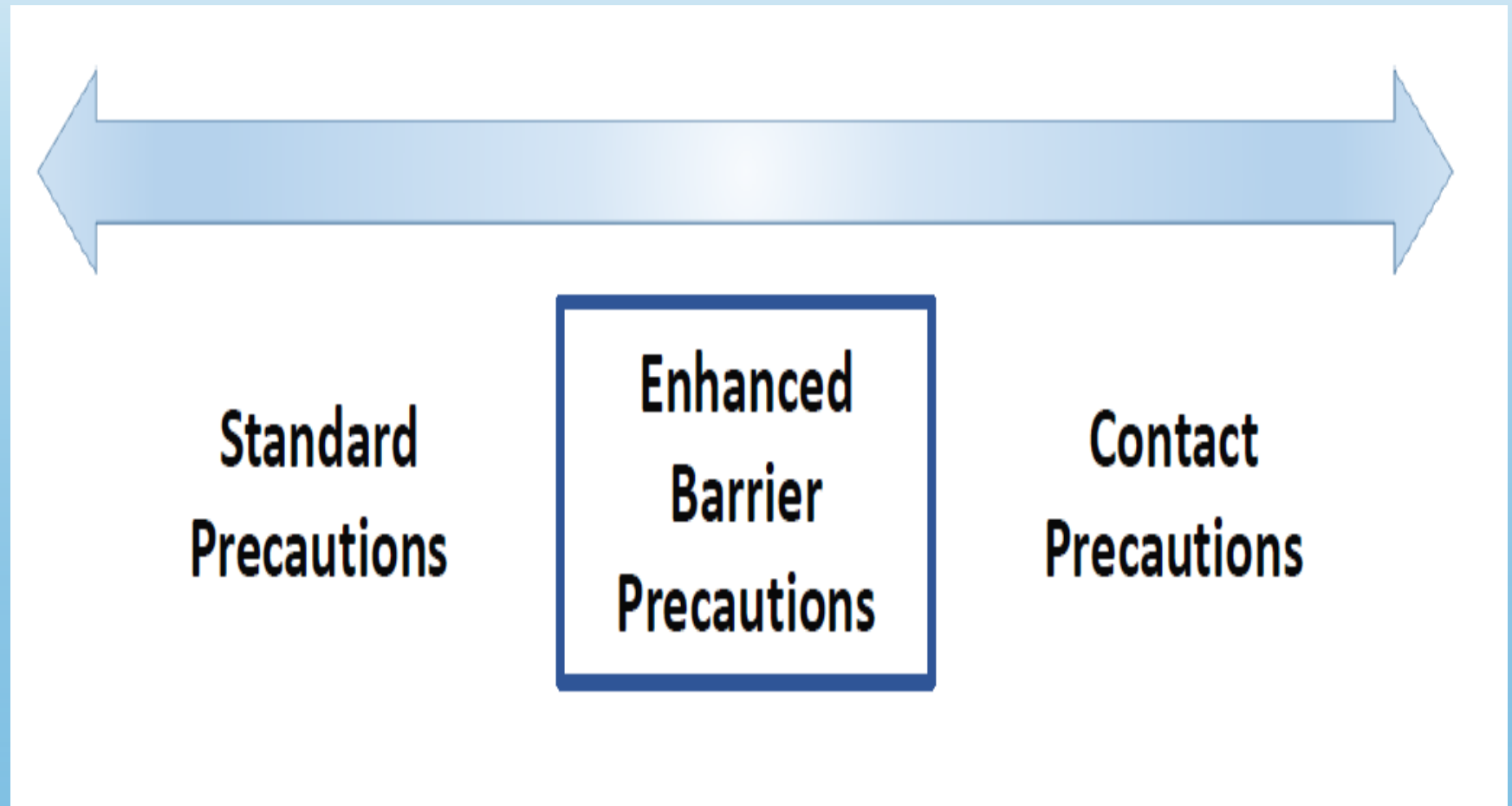
Do not wear the same gown and gloves for the care of more than one person.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

“Enhanced Barrier Precautions expand the use of PPE beyond situations in which exposure to blood and body fluids is anticipated

and refer to the **use of gown and gloves during high-contact resident care activities** that provide opportunities for transfer of MDROs to staff hands and clothing.”

Personal Protective Equipment (PPE) & Precautions



Description of New Precautions

Enhanced Barrier Precautions:

- Falls between Standard and Contact Precautions
- Expand use of PPE beyond situation in which exposure to blood & body fluid is anticipated
- Refers to use of gown and glove during high contact resident care activities that provides opportunities for transfer of MDROs to staff hands and clothing
- Intended to be a long-term strategy for gown/glove use for duration of resident's stay.
- If medical device or wound exposure are gone, can transition from EBP back to standard precautions.

Description of New Precautions

Enhanced Barrier Precautions:

- Examples of High-Contact Resident Care activities that **require** Gown and Glove Use include:
 - Dressing
 - Bathing/showering
 - Transferring
 - Providing hygiene
 - Changing linens
 - Changing briefs or assisting with toileting
 - Device care or use: Central line, urinary catheter, feeding tube, tracheostomy/ventilator
 - Wound care: any skin opening requiring a dressing



Description of New Precautions

Enhanced Barrier Precautions should be used for all residents with any of the following:

- **Infection or colonization with a novel or targeted MDRO** (as of July 2019) defined as:
 - Pan-resistant organisms,
 - Carbapenemase-producing Enterobacteriaceae,
 - Carbapenemase-producing *Pseudomonas* spp.,
 - Carbapenemase-producing *Acinetobacter baumannii*,
 - *Candida auris*
- **Wounds and/or indwelling medical devices (e.g. central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status** residing in an at-risk area
- When Contact Precautions do not apply

Application of Enhanced Barrier Precautions vs. Contact Precautions

Enhanced Barrier Precautions

Applies to:

All residents with any of the following:

- Infection or colonization with a novel or targeted MDRO *when Contact Precautions do not apply.*
- Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status

Facilities may consider applying Enhanced Barrier Precautions to residents infected or colonized with other epidemiologically-important MDROs based on facility policy.

Contact Precautions

Applies to:

All residents infected or colonized with a novel or targeted multidrug-resistant in specific situations:

- Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained
- On units or in facilities where ongoing transmission is documented or suspected

For infections (e.g., C. difficile, norovirus, scabies) and other conditions where Contact Precautions is recommended

See Appendix A – Type and Duration of Precautions Recommended for Selected Infections and Conditions of the CDC Guideline for Isolation Precautions

Required PPE for Enhanced Barrier Precautions vs. Contact Precautions

Enhanced Barrier Precautions

Applies to:

Gloves and gown prior to the high-contact care activity

Note:

- *Does not require single-room*
- *Does not require restrictions of movement/participation within facility policy.*

Contact Precautions

Applies to:

Gloves and gown

Note:

- *Includes consideration for single room or cohorting*
- *Includes restriction of movement and participation in group activities within the facility*

PPE Use in Enhanced Barrier Precautions vs. Contact Precautions

Enhanced Barrier Precautions

PPE used for these situations:

During high-contact resident care activities:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

Contact Precautions

PPE used for these situations:

Any room entry

When To Initiate EBP: **Immediately**



Post Clear Signage Outside Door

- Indicate type of precautions and required PPE
- For EBP, indicate high-contact resident care activities



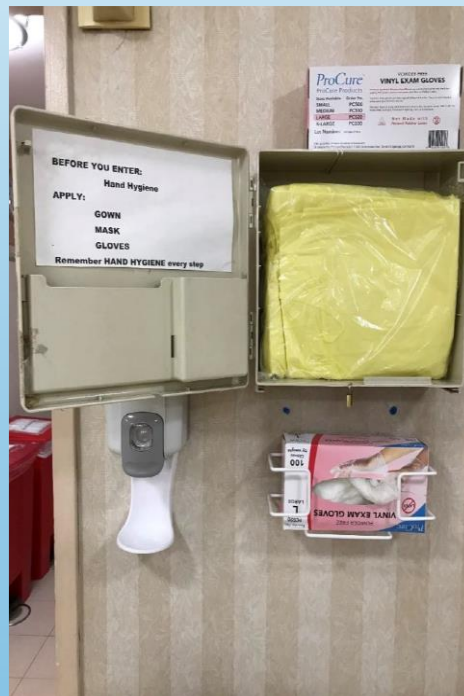
Signage Clarification with CT DPH FLIS – CMS

When a resident is placed on Transmission Precautions...

- Clearly identify the type of precautions and the appropriate PPE to be used;
- Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway identifying the CDC category of transmission-based precautions (e.g. contact, droplet, or airborne), instructions for use of PPE, and/or instructions to see the nurse before entering. Ensure that signage also complies with residents' rights to confidentiality and privacy;
- Make PPE readily available near the entrance to the resident's room;
- Don appropriate PPE upon entry into the environment (e.g., room or cubicle) of resident on transmission-based precautions (e.g., contact precautions);
- Use disposable or dedicated noncritical resident-care equipment (e.g., blood pressure cuff, bedside commode). If noncritical equipment is shared between residents, it will be cleaned and disinfected following manufacturer's instructions with an EPA-registered disinfectant after use;
- Clean and disinfect objects and environmental surfaces that are touched frequently (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) with an EPA-registered disinfectant for healthcare use at least daily and when visibly soiled; and
- Provide education to residents (to the degree possible/consistent with the resident's capacity) and their representatives or visitors on the use of transmission-based precautions.

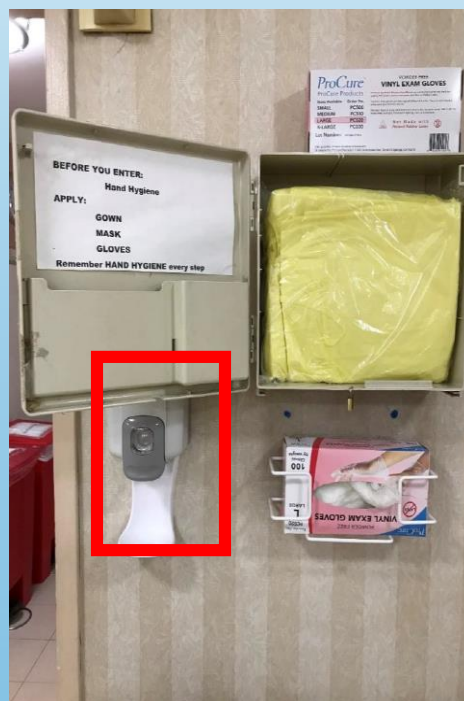
The Set-up: Personal Protective Equipment

- PPE, including gowns and gloves, should be available **immediately outside** of resident room
- Plan for restocking
- Position a trash can inside resident room and near exit for discarding PP!!

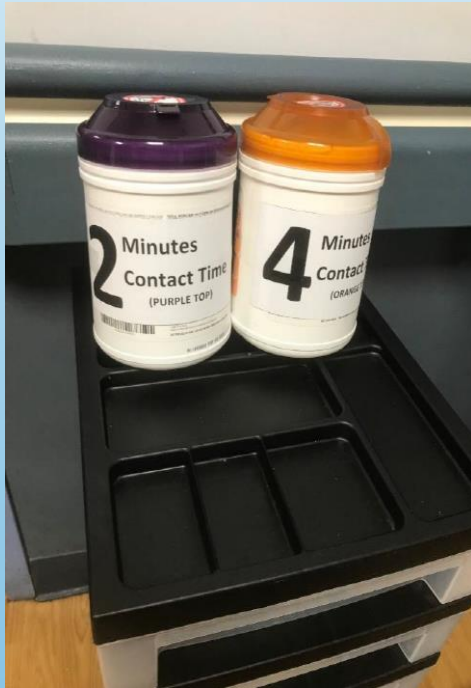


The Set-up: Hand Hygiene

- Ensure access to alcohol-based hand rub at every resident room
- Ideally located both inside and outside of room
- Make performing hand hygiene easy!!!



Cleaning & Disinfection of Shared Equipment



- Ensure access to cleaning supplies/wipes
- Contact Precautions requires dedicated equipment

Auditing Practices and Education

- Incorporate periodic monitoring and assessment of adherence to determine need for additional training and education



Gaps in Infection Prevention Practices Identified during LTC ICAR Visits

1. Hand Hygiene-
 - CDC - preferential use of ABHG over soap & water, except when hands visibly soiled, or C diff or Norovirus
2. Personal Protective Equipment (PPE)
 - Donning and Doffing
3. Injection Safety
 - Disinfection of Glucometer
 - Multi-dose vials
4. Environmental Cleaning
 - Proper steps in cleaning/disinfecting room

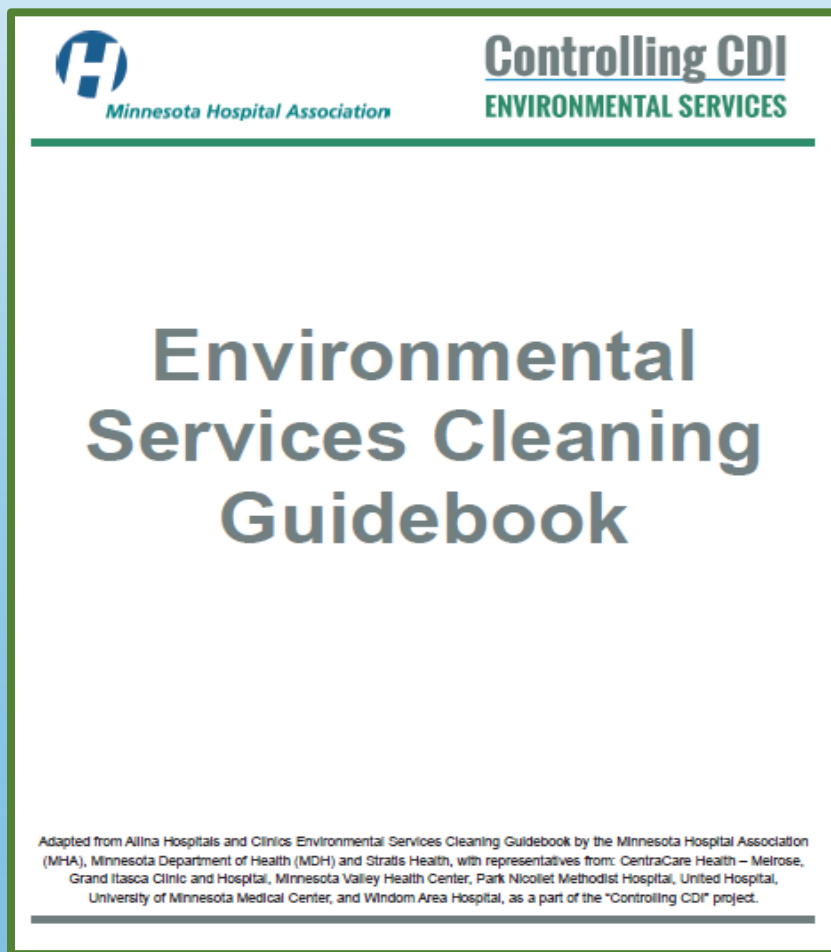
Environmental Cleaning is a Fundamental Principle of Infection Prevention

1. Is an EPA approved disinfectant being used?
2. What is dwell (contact or wet) time for disinfectant?
3. Is the dwell time being followed?
4. Protocol for cleaning and disinfection techniques? Ex. High-touch surfaces, # cloths
5. Training of EC staff?
6. Audits and Observations?

Nosocomial Pathogens Can Survive on Inanimate Surfaces for Prolonged Period

1. MRSA and VRE have been shown to persist on dry surfaces for several weeks to months.
2. *C. difficile* spores have been shown to survive in the environment for as long as 5 months.
3. A multi-hospital study of blood glucose meters found that 30% were contaminated with blood.
4. Hepatitis B virus has been demonstrated to remain infectious in dried blood on environmental surfaces for at least 7 days

Gaps in Infection Prevention Practices: Environmental Cleaning

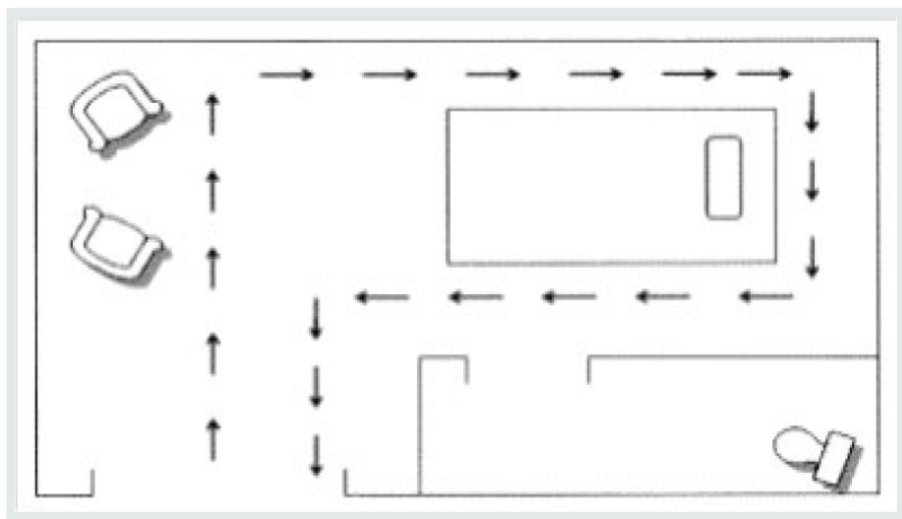


<https://mnhospitals.org>

Everybody attending today
should download this
guidebook and use for EVS
policies, protocols and
trainings.

Environmental Cleaning: Room Cleaning Path

Room cleaning path example

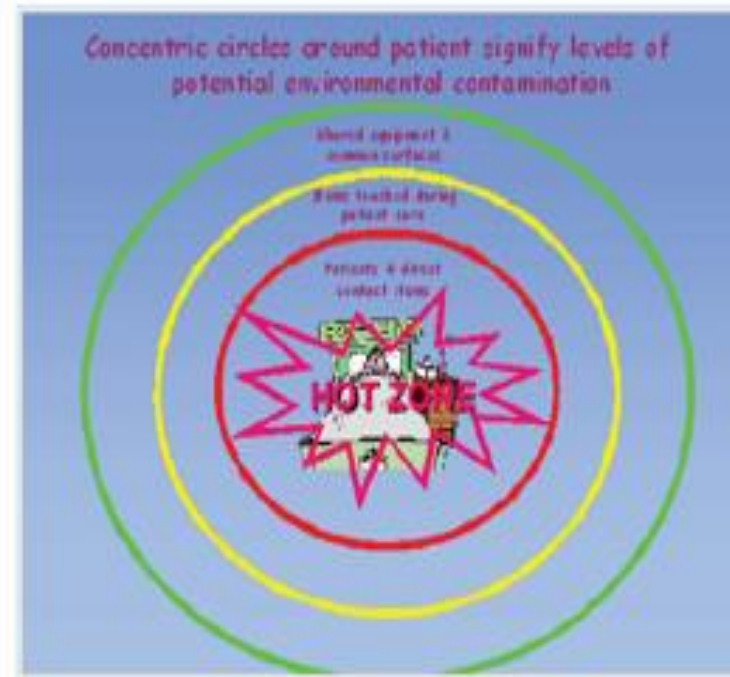


A consistent room cleaning path must be established.

1. Disinfect bed using a minimum of one BLUE rag.
2. Starting back at the door use a fresh BLUE rag, begin disinfecting the rest of patient room following a clockwise path. Change rags as needed to assure proper saturation and avoid cross contamination (approximately 3-4 rags).
3. Using 2-3 bathroom rags disinfect the restroom and always finish with the toilet.

Note: Each hospital is to set standards regarding cloth colors, product selection and number of cloths used per room.

Hotzone



The equipment and areas closest to the patient are the most contaminated and considered the "hot zone." As you move further from the patient, surfaces are less contaminated. Starting with the bed will allow adequate contact time with the disinfectant. Once the hot zone has been cleaned and disinfected, take a fresh cleaning rag and work clockwise from cleaner to dirtier (green to yellow ring on the diagram).

Environmental Cleaning:

Patient Room/Bathroom High Touch Areas

Patient room high touch areas



Bed hand rails



Nurse call box



Telephone



Telephone



Bedside table



Patient chair



Room door handles -
interior and exterior



Light switches



Computer keyboards



In-room sinks

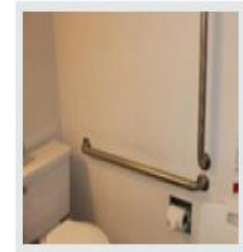
Patient restroom high touch areas



Toilet seat



Toilet handle



Toilet handle rails



Bathroom sink



Restroom light switch



Restroom door handle
- interior and exterior

Environmental Cleaning: Equipment Specific Cleaning Instructions

Bed – empty



- ☐ Raise bed to highest level.
- ☐ Raise the head and foot of the mattress.
- ☐ Wipe down mattress- top, sides and bottom
- ☐ Wipe down any pillows.
- ☐ Raise and wipe all handrails
- ☐ Wipe down foot and headboard. Remove footboard if applicable.
- ☐ Wipe exposed bed frame, springs or bed panels.
- ☐ Wipe the base and wheels of the bed.
- ☐ Lower head and foot of mattress to horizontal.

Beside wall fixtures



- ☐ Wipe all fixtures near head of the bed.
- ☐ Be careful not to set off code blue alarm.

Bedside table



- ☐ Wipe down top and sides of the table.
- ☐ Open and wipe inside of drawers.

Door handles



- ☐ Wipe the door handle and surrounding area
- ☐ Make sure to wipe inside and outside door handles in the patient room and rest room.

IV pole



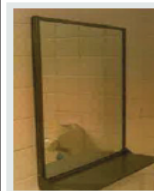
- ☐ Wipe off keyboard cover and mouse
- ☐ If no keyboard cover, wipe keyboard using super sanicleth wiper.
- ☐ Wipe off computer case and cords.
- ☐ Dust monitor. If needed, use damp (water) paper towel to remove spots.
- ☐ Wipe all support arms for computer.

Linen hamper



- ☐ Wipe down frame and cover (if present)
- ☐ Allow to air dry before replacing bag.

Mirrors



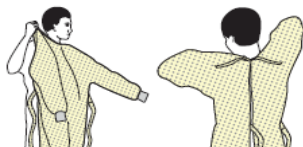
- ☐ Clean mirrors with glass cleaner and paper towels.

Personal Protective Equipment: Donning and Doffing

Donning PPE

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



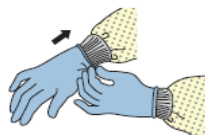
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



**USE SAFE WORK PRACTICES TO PROTECT YOURSELF
AND LIMIT THE SPREAD OF CONTAMINATION**

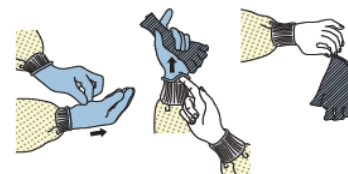
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



Removing PPE

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

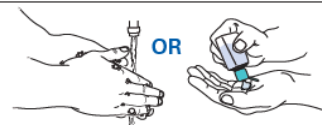


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



Reportable Events 2019

Class A	158
Class B	6,213
Class C	278
<u>Class D</u>	<u>2,396</u>
<i>Total</i>	<i>9,045</i>

Reportable Event Contact Information

Class A

<i>Classification</i>	<i>Description</i>	<i>DPH Contact Information</i>	<i>Reportable Event</i>
Class A	Event that has caused or resulted in a patient's death or presents an immediate danger of death or serious harm	<p>Immediate notification of DPH by initiation of a Reportable Event on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>If you wish to speak to the Department regarding a Class A incident that you determine to be of an urgent nature, please call (860) 509-7400 and ask to speak to a supervisor during business hours on weekdays from 8:00 AM to 4:00 PM.</p> <p>On weekends, evenings/ nights and holidays, please call (860) 509-8000 and ask to speak to the on-call duty officer.</p> <p>Telephone messages regarding routine questions may be left on (860) 509-7492.</p>	<p>Preliminary information about the event is to be submitted immediately on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>The Reportable Event is to be completed on the website within seventy-two hours</p> <p>A Summary Submission Form is to be completed on the website within five working days after the incident. Information relevant to the reportable event is to be provided including the outcome of the facility's investigation and findings, significant changes in the status of affected individuals and corrective action that has been implemented.</p> <p>Follow-up reports may be attached as often as necessary to inform the Department of any additional relevant information.</p>

Reportable Event Contact Information

Class B

Class B	Event that indicates an outbreak of disease or foodborne outbreaks, a complaint of patient abuse or an event that involves an abusive act to a patient by any person including verbal, mental, sexual or physical attack on a patient that may include the infliction of injury, unreasonable confinement, intimidation, or punishment	<p>Immediate notification of DPH by initiation of a Reportable Event on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>In accordance with the Code of Federal Regulations 483.12(c)(1), the facility must ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment including injuries of unknown source and misappropriation of resident property are reported to the Department immediately but not later than two hours after the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury or not later than twenty-four hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>If you wish to speak to the Department regarding a Class B incident that you determine to be of an urgent nature, please call (860) 509-7400 and ask to speak to a supervisor during business hours on weekdays from 8:00 AM to 4:00 PM.</p> <p>On weekends, evenings/ nights and holidays, please call (860) 509-8000 and ask to speak to the on-call duty officer.</p> <p>Telephone messages regarding routine questions may be left on (860) 509-7492.</p>	<p>Preliminary information about the event is to be submitted immediately on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>The Reportable Event is to be completed on the website within seventy-two hours.</p> <p>A Summary Submission Form is to be completed within five working days after the incident. Information relevant to the reportable event is to be provided including the outcome of the facility's investigation and findings, significant changes in the status of affected individuals and corrective action that has been implemented.</p> <p>Follow-up reports may be attached and are to be submitted as often as necessary to inform the Department of any additional relevant information.</p> <p>Outbreak information is to be updated weekly. Updates shall include current line lists and the total number of patients affected, any hospitalizations, any patients in critical condition, any deaths and the total number of employees affected. A final line list with a summary is to be submitted when the outbreak is resolved.</p>
---------	--	---	---

Reportable Event Contact Information

Class C

Classification	Description	DPH Contact Information	Reportable Event
Class C	Event including but not limited to loss of emergency electrical generator power, loss of heat, loss of water system that will result in the evacuation of one (1) or more patients within or outside of the facility and all fires regardless of whether services are disrupted.	<p>Immediate notification of DPH by initiation of a Reportable Event on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>For any fire and/or any incident that requires evacuation of one (1) or more residents within or outside the facility and any other Class C incident that you determine to be of an urgent nature, please call (860) 509-7400 and ask to speak to a supervisor during business hours on weekdays from 8:00 AM to 4:00 PM.</p> <p>On weekends, evenings/ nights and holidays, please call (860) 509-8000 and ask to speak to the on-call duty officer.</p> <p>Telephone messages regarding routine questions may be left on (860) 509-7492.</p>	<p>Preliminary information about the event is to be submitted immediately on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>The Reportable Event is to be completed on the website within seventy-two hours.</p> <p>A Summary Submission Form is to be completed within five working days after the incident. Information relevant to the reportable event is to be provided including the outcome of the facility's investigation and findings, significant changes in the status of affected individuals and corrective action that has been implemented.</p> <p>Follow-up reports may be attached and are to be submitted as often as necessary to inform the Department of any additional relevant information.</p>

Reportable Event Contact Information

Class D

Class D	Event that has caused or resulted in a serious injury or significant change in a patient's condition, an event that involves medication error(s) of clinical significance which for the purpose of this classification shall mean an event that adversely alters a patient's mental or physical condition	Reportable Event is to be completed within seventy-two hours on the DPH FLIS Events website: https://dphflisevents.ct.gov	Reportable Event is to be completed within seventy-two hours on the DPH FLIS Events website: https://dphflisevents.ct.gov A Summary Submission Form is to be completed within five working days after the incident. Information relevant to the reportable event is to be provided including the outcome of the facility's investigation and findings, significant changes in the status of affected individuals and corrective action that has been implemented. Follow-up reports may be attached and are to be submitted as often as necessary to inform the Department of any additional relevant information.
---------	---	---	--

Reportable Event Contact Information

Class E

Class E	Event that has caused or resulted in minor injury, distress or discomfort to a patient.	Notification of the Department is not required.	Written report of event at time of occurrence or discovery is to be maintained on file at the facility for review by the Department
---------	---	---	---

Key Questions to Answer

- Who?
- What?
- Where?
- When?
- Why?
- How?

Scenario Examples

- A resident had a choking event that required the Heimlich maneuver
- Two residents are involved in a fist fight

Who?

- Identify resident's name in initiated reports
- Resident to resident altercations
 - A separate report must be submitted for each resident involved

What?

- Explain what happened

- Provide as many details as possible
- Examples:
 - **Choking**- provide the resident's diet order *at the time* of the choking and *after* the choking
 - **Resident to resident altercation**- include the both residents' cognition, what happened/provoked, any previous history and any injuries

Where?

- Again, provide as many details as possible

- Examples:

- **Choking-** in the dining room, in the resident's room, lobby
- **Resident to resident altercation** – in the dining room, a resident's room, lobby

When?

- Include both when the event occurred and when the facility became aware of the incident
- Examples:
 - **Choking:** time of incident
 - **Resident to resident altercation:** time of incident and time when facility first became aware of altercation

Why?

- To the best of your knowledge explain why event occurred
- Examples:
 - **Choking**- family member brought in caramels
 - **Resident to resident altercation**- resident sat in another resident's seat in the dining room

How?

- What interventions has the facility implemented to prevent reoccurrence?
- Examples:
 - **Choking-** Family members were educated on resident's diet orders
 - **Resident to resident altercation-** Residents were assigned different dining rooms

Staff to Resident Abuse

- When filing an initial report of allegations of staff to resident abuse, please indicate what actions the facility has taken to protect the safety of all residents

Details! Details! Details!

- The details help give us a clear understanding of what happened and what interventions were put into place to prevent reoccurrence

Messages

- If you have not received an answer to a message you have sent us, call 860-509-7492

Outbreaks

- Even one case of flu is considered an outbreak and must be reported to FLIS, the Epidemiology Program or calling (860) 509-7994 and the appropriate local health department.

Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2020

As required by Conn. Gen. Stat. §19a-2a and Conn. Agencies Regs. §19a-36-A2, the Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings. The list of Reportable Diseases, Emergency Illnesses and Health Conditions has two parts: (A) reportable diseases; and (B) reportable emergency illnesses and conditions. An advisory committee, consisting of public health officials, clinicians, and laboratorians, contribute to the annual process. There are 2 additions and 1 removal from the healthcare provider list, and 1 addition and 2 modifications to the laboratory list. No changes have been made to emergency illnesses or health conditions.

Reportable disease and laboratory reporting forms are on the DPH "Forms" webpage at: <https://portal.ct.gov/DPH/Communications/Forms/Forms>.

Changes to the List of Reportable Diseases, Emergency Illnesses and Health Conditions

Part A: Reportable Diseases

E-cigarette or vaping product use associated lung injury (EVALI)

Provider reporting of lung injury associated with e-cigarette or vaping product use has been added as a Category 2 finding. This change is made to contribute to national surveillance with a goal of understanding the epidemiology and causes of these injuries, and to inform public health control and prevention measures. Additional information: <https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Vaping>.

In this issue...	Page #
Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings - Changes for 2020	1
List of Reportable Diseases, Emergency Illnesses and Health Conditions - 2020	2
List of Reportable Laboratory Findings - 2020	3
Persons Required to Report Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings	4

Hepatitis C, Perinatal Infection

Provider reporting of perinatal Hepatitis C infection has been added. Perinatal hepatitis C was added to the Centers for Disease Control and Prevention National Notifiable Conditions list in 2018. This addition will allow DPH to characterize the prevalence of perinatal HCV in Connecticut.

Carbon Monoxide Poisoning

Provider reporting of carbon monoxide (CO) poisoning has been removed. This change is being made to reduce the reporting burden for CO by providers. CO will remain a laboratory reportable finding to the DPH for only those laboratories with electronic reporting capabilities.

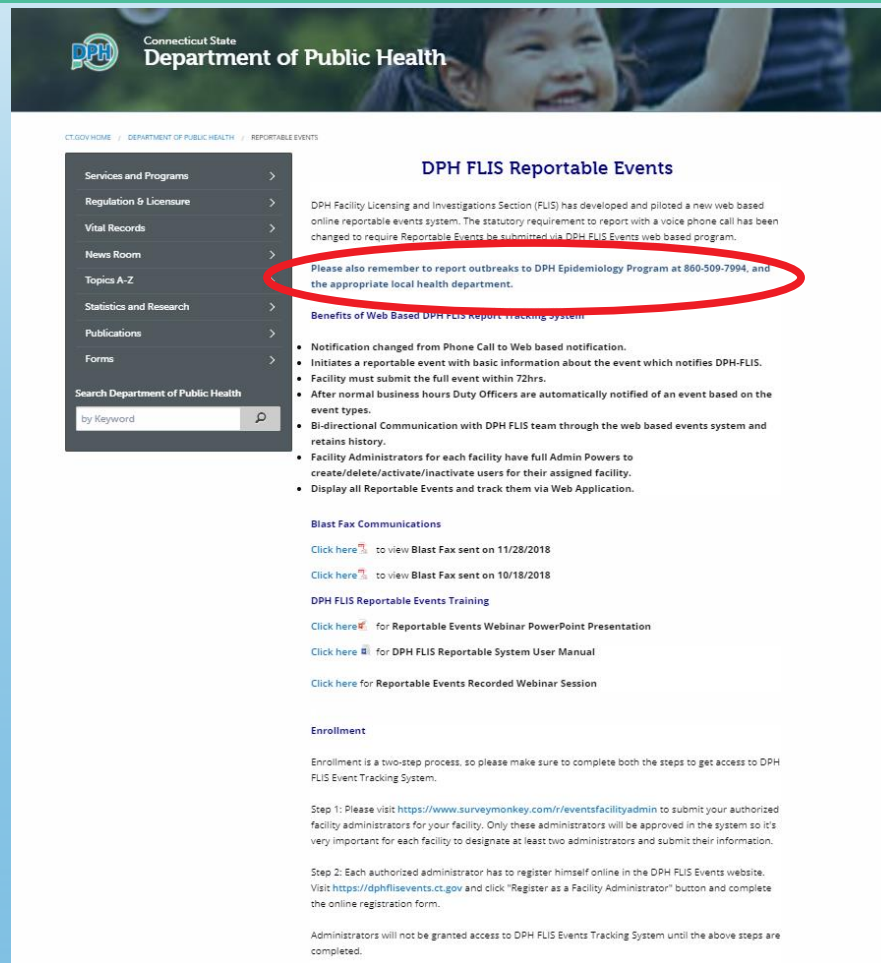
Changes to the List of Reportable Laboratory Findings

Respiratory Syncytial Virus

Laboratory reporting of respiratory syncytial virus (RSV) has been added. The DPH has been funded to conduct RSV surveillance to investigate the burden among and characteristics of children and adults hospitalized with RSV. Laboratories with electronic reporting capabilities to DPH are required to report all positive RSV reports to DPH. Laboratories in the process of ELR onboarding may be contacted periodically by DPH staff for electronic line lists of positive RSV reports.

(Continued on page 4)

<https://portal.ct.gov/DPH/Facility-Licensing--Investigations/Facility-Licensing--Investigations-Section-FLIS/Reportable-Events>



The screenshot shows the "DPH FLIS Reportable Events" webpage. On the left is a dark sidebar with a menu containing: Services and Programs, Regulation & Licensure, Vital Records, News Room, Topics A-Z, Statistics and Research, Publications, and Forms. Below the menu is a search bar labeled "Search Department of Public Health" with a placeholder "by Keyword". The main content area has a header "Connecticut State Department of Public Health" and a sub-header "DPH FLIS Reportable Events". The text states: "DPH Facility Licensing and Investigations Section (FLIS) has developed and piloted a new web based online reportable events system. The statutory requirement to report with a voice phone call has been changed to require Reportable Events be submitted via DPH FLIS Events web based program." A red circle highlights the following text: "Please also remember to report outbreaks to DPH Epidemiology Program at 860-509-7994, and the appropriate local health department." Below this is a section titled "Benefits of Web Based DPH FLIS Reportable Tracking System" with a bulleted list of features. Further down are links for "Blast Fax Communications" (sent 11/28/2018 and 10/18/2018), "DPH FLIS Reportable Events Training" (Webinar PowerPoint Presentation and User Manual), and "Enrollment" (a two-step process for facility administrators).

CT.GOV HOME / DEPARTMENT OF PUBLIC HEALTH / REPORTABLE EVENTS

DPH FLIS Reportable Events

DPH Facility Licensing and Investigations Section (FLIS) has developed and piloted a new web based online reportable events system. The statutory requirement to report with a voice phone call has been changed to require Reportable Events be submitted via DPH FLIS Events web based program.

Please also remember to report outbreaks to DPH Epidemiology Program at 860-509-7994, and the appropriate local health department.

Benefits of Web Based DPH FLIS Reportable Tracking System

- Notification changed from Phone Call to Web based notification.
- Initiates a reportable event with basic information about the event which notifies DPH-FLIS.
- Facility must submit the full event within 72hrs.
- After normal business hours Duty Officers are automatically notified of an event based on the event types.
- Bi-directional Communication with DPH FLIS team through the web based events system and retains history.
- Facility Administrators for each facility have full Admin Powers to create/delete/activate/inactivate users for their assigned facility.
- Display all Reportable Events and track them via Web Application.

Blast Fax Communications

[Click here](#) to view Blast Fax sent on 11/28/2018

[Click here](#) to view Blast Fax sent on 10/18/2018

DPH FLIS Reportable Events Training

[Click here](#) for Reportable Events Webinar PowerPoint Presentation

[Click here](#) for DPH FLIS Reportable System User Manual

[Click here](#) for Reportable Events Recorded Webinar Session

Enrollment

Enrollment is a two-step process, so please make sure to complete both the steps to get access to DPH FLIS Event Tracking System.

Step 1: Please visit <https://www.surveymonkey.com/r/eventsfacilityadmin> to submit your authorized facility administrators for your facility. Only these administrators will be approved in the system so it's very important for each facility to designate at least two administrators and submit their information.

Step 2: Each authorized administrator has to register himself online in the DPH FLIS Events website. Visit <https://dphflisevents.ct.gov> and click "Register as a Facility Administrator" button and complete the online registration form.

Administrators will not be granted access to DPH FLIS Events Tracking System until the above steps are completed.

Outbreaks

- Weekly reports need to include:
 - # of residents currently affected
 - Any hospitalizations
 - Any deaths
 - # of staff affected
 - Line list
 - Information should be attached in the summary section of the reportable event

Outbreaks

- Once an outbreak is resolved, complete the summary and attach the final line list with the total number of residents affected, hospitalizations, deaths and number of staff affected

Summary

- When in doubt, report!
- Allegations of abuse must include what information you gathered during the investigation that led to the allegation being substantiated or unsubstantiated

Summary

- All resident to resident altercations must be reported whether or not there was intent to harm
- Duty officer is available after hours during holidays, evenings and weekends; can be reached at **860-509-8000**

Summary

- Managers receive messages 24 hours a day regarding reportable events, and may reach out to you with questions regarding reported events.

Summary

- If your internet is down and you are unable to report online
 - Between 8:00 a.m. and 4:00 p.m. call **860-509-7400**
 - After hours including weekends and holidays, call the duty officer at **860-509-8000**

Thank you!

- Thank you for your cooperation.
- Any questions?

Deficiency Count Region 1

[Go To: Report Select Page](#)

Deficiency Count Report

Complaint and Standard Surveys

Selection Criteria

Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities - Medicare Only, Nursing Facilities (NFs) - Medicaid Only

Display Uncorrected Deficiencies Only: No

Percent by Row: No

Survey Focus: Health


Year Type: Year: Quarter: Percent by Row: ☐ [View All States](#)

Deficiency Count Report

Region	Deficiencies by Scope & Severity											Total
	B	C	D	E	F	G	H	I	J	K	L	
(I) Boston	398	112	4,548	1,112	176	330	21	0	63	27	0	6,787
Connecticut	124	29	1,384	298	16	84	0	0	8	4	0	1,947
Maine	66	10	275	152	5	4	3	0	0	1	0	516
Massachusetts	119	21	2,420	517	104	224	13	0	36	21	0	3,475
New Hampshire	54	9	147	43	3	5	0	0	1	0	0	262
Rhode Island	25	20	185	40	32	9	5	0	3	0	0	319
Vermont	10	23	137	62	16	4	0	0	15	1	0	268
(II) New York	209	44	3,166	821	111	58	0	0	16	8	8	4,441
(III) Philadelphia	340	386	10,703	3,691	630	357	6	0	84	34	14	16,245
(IV) Atlanta	170	246	9,861	2,066	758	451	18	0	557	104	27	14,258
(V) Chicago	301	1,090	23,320	5,402	2,957	1,406	21	0	338	78	41	34,954
(VI) Dallas	268	261	6,156	7,651	1,400	348	88	0	237	165	30	16,604
(VII) Kansas City	233	279	7,256	3,208	1,046	336	1	0	142	22	16	12,539
(VIII) Denver	20	43	2,893	1,363	352	202	33	0	10	8	1	4,925
(IX) San Francisco	704	61	12,732	4,294	629	374	27	10	32	52	33	18,948
(X) Seattle	19	37	4,571	1,470	366	423	30	0	60	14	7	6,997
National Total	2,662	2,559	85,206	31,078	8,425	4,285	245	10	1,539	512	177	136,698

[Save as PDF...](#) [Save as Excel...](#)

Citation Frequency CT



S&C QCOR
[Home](#) | [Help](#) | [Resources](#) | [FAQs](#) | [Site Map](#)
[Go to Text-Only Version](#)

Go To: [Report Select Page](#)

Citation Frequency Report

Selection Criteria

Begin Year: 2019
End Year: 2019
Display Options: Display all results
Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only
State: Connecticut
Survey Focus: Health

Year Type: Year: Quarter:

Citation Frequency Report

State	Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.			Connecticut Active Providers=216	Total Number of Surveys=497	
	F0689	Free of Accident Hazards/Supervision/Devices	171	48.6%	34.4%
	F0684	Quality of Care	159	46.8%	32.0%
	F0880	Infection Prevention & Control	86	35.6%	17.3%
	F0842	Resident Records - Identifiable Information	72	24.5%	14.5%
	F0600	Free from Abuse and Neglect	65	20.8%	13.1%
	F0580	Notify of Changes (Injury/Decline/Room, etc.)	65	19.4%	13.1%
	F0692	Nutrition/Hydration Status Maintenance	64	20.8%	12.9%
	F0812	Food Procurement, Store/Prepare/Serve Sanitary	62	25.9%	12.5%
	F0550	Resident Rights/Exercise of Rights	59	20.4%	11.9%
	F0609	Reporting of Alleged Violations	58	20.8%	11.7%
	F0578	Request/Refuse/Discontinue Treatment; Form/late Adv Dir	55	23.1%	11.1%
	F0656	Develop/Implement Comprehensive Care Plan	54	20.4%	10.9%
	F0761	Label/Store Drugs and Biologicals	51	20.4%	10.3%
	F0584	Safe/Clean/Comfortable/Homelike Environment	44	17.6%	8.9%
	F0657	Care Plan Timing and Revision	43	13.9%	8.7%
	F0610	Investigate/Prevent/Correct Alleged Violation	42	14.4%	8.5%
	F0758	Free from Unnec Psychotropic Meds/PRN Use	38	15.3%	7.6%

Citation Frequency Region 1



Go To: [Report Select Page](#)

Citation Frequency Report

Selection Criteria

Begin Year: 2019
End Year: 2019
Display Options: Display all results
Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only
Region: I BOSTON
Survey Focus: Health

Year Type: **Year:** **Quarter:**

Citation Frequency Report

Region	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Tag #				
Totals represent the # of providers and surveys that meet the selection criteria specified above.		(1) Boston Active Providers=903	Total Number of Surveys=2554	
F0689	Free of Accident Hazards/Supervision/Devices	392	31.2%	15.3%
F0656	Develop/Implement Comprehensive Care Plan	339	30.8%	13.3%
F0880	Infection Prevention & Control	293	29.8%	11.5%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	278	28.3%	10.9%
F0761	Label/Store Drugs and Biologicals	257	26.1%	10.1%
F0684	Quality of Care	249	19.7%	9.7%
F0842	Resident Records - Identifiable Information	247	22.0%	9.7%
F0658	Services Provided Meet Professional Standards	232	22.9%	9.1%
F0600	Free from Abuse and Neglect	179	14.8%	7.0%
F0550	Resident Rights/Exercise of Rights	177	17.6%	6.9%
F0609	Reporting of Alleged Violations	174	16.6%	6.8%
F0758	Free from Unnec Psychotropic Meds/PRN Use	161	16.7%	6.3%
F0584	Safe/Clean/Comfortable/Homelike Environment	155	16.1%	6.1%
F0657	Care Plan Timing and Revision	138	12.7%	5.4%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	131	11.1%	5.1%
F0692	Nutrition/Hydration Status Maintenance	127	11.6%	5.0%
F0641	Accuracy of Assessments	124	12.8%	4.9%

Top Ten Region 1



Go To: [Report Select Page](#)

Citation Frequency Report

Selection Criteria

Begin Year: 2019
End Year: 2019
Display Options: Display all results
Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only
Region: I BOSTON
Survey Focus: Health

Year Type: Year: Quarter:

Citation Frequency Report

Region	Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.			(I) Boston Active Providers=903	Total Number of Surveys=2554	
	F0689	Free of Accident Hazards/Supervision/Devices	392	31.2%	15.3%
	F0656	Develop/Implement Comprehensive Care Plan	339	30.8%	13.3%
	F0880	Infection Prevention & Control	293	29.8%	11.5%
	F0812	Food Procurement, Store/Prepare/Serve Sanitary	278	28.3%	10.9%
	F0761	Label/Store Drugs and Biologicals	257	26.1%	10.1%
	F0684	Quality of Care	249	19.7%	9.7%
	F0842	Resident Records - Identifiable Information	247	22.0%	9.7%
	F0658	Services Provided Meet Professional Standards	232	22.9%	9.1%
	F0600	Free from Abuse and Neglect	179	14.8%	7.0%
	F0550	Resident Rights/Exercise of Rights	177	17.6%	6.9%
	F0609	Reporting of Alleged Violations	174	16.6%	6.8%
	F0758	Free from Unnec Psychotropic Meds/PRN Use	161	16.7%	6.3%
	F0584	Safe/Clean/Comfortable/Homelike Environment	155	16.1%	6.1%
	F0657	Care Plan Timing and Revision	138	12.7%	5.4%
	F0580	Notify of Changes (Injury/Decline/Room, etc.)	131	11.1%	5.1%
	F0692	Nutrition/Hydration Status Maintenance	127	11.6%	5.0%
	F0641	Accuracy of Assessments	124	12.8%	4.9%

Top Ten Connecticut

S&C QCOR

https://qcor.cms.gov/report241.jsp?which=0&report=report241.jsp

To see favorites here, select ☆ then ☆, and drag to the Favorites Bar folder. Or import from another browser. [Import favorites](#)

[Go to Text-Only Version](#)

Go To: [Report Select Page](#)

Citation Frequency Report

Selection Criteria

Begin Year: 2019
End Year: 2019
Display Options: Display top 25 tags
Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only
State: Connecticut
Survey Focus: Health

Year Type: **Year:** **Quarter:**

Citation Frequency Report

State	Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.			Connecticut Active Providers=216 Total Number of Surveys=497		
	F0689	Free of Accident Hazards/Supervision/Devices	171	48.6%	34.4%
	F0684	Quality of Care	159	46.8%	32.0%
	F0880	Infection Prevention & Control	86	35.6%	17.3%
	F0842	Resident Records - Identifiable Information	72	24.5%	14.5%
	F0600	Free from Abuse and Neglect	65	20.8%	13.1%
	F0580	Notify of Changes (Injury/Decline/Room, etc.)	65	19.4%	13.1%
	F0692	Nutrition/Hydration Status Maintenance	64	20.8%	12.9%
	F0812	Food Procurement, Store/Prepare/Serve Sanitary	62	25.9%	12.5%
	F0550	Resident Rights/Exercise of Rights	59	20.4%	11.9%
	F0609	Reporting of Alleged Violations	58	20.8%	11.7%
	F0578	Request/Refuse/Discontinue Trmt; Formlike Adv Dir	55	23.1%	11.1%
	F0656	Develop/Implement Comprehensive Care Plan	54	20.4%	10.9%
	F0761	Label/Store Drugs and Biologicals	51	20.4%	10.3%
	F0584	Safe/Clean/Comfortable/Homelike Environment	44	17.6%	8.9%
	F0657	Care Plan Timing and Revision	43	13.9%	8.7%
	F0610	Investigate/Prevent/Correct Alleged Violation	42	14.4%	8.5%
	F0758	Free from Unnec Psychotropic Meds/PRN Use	38	15.3%	7.6%
	F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	36	13.9%	7.2%
	F0658	Services Provided Meet Professional Standards	33	12.0%	6.6%
	F0688	Increase/Prevent Decrease in ROM/Mobility	28	11.6%	5.6%

Type here to search

7:48 AM
02/11/2020

Citation Frequency G or greater



[Go To: Report Select Page](#)

Citation Frequency Report

Selection Criteria

Begin Year: 2019
End Year: 2019
Display Options: Display all results
Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only
State: Connecticut
Scope and Severity: Greater than or Equal to G
Survey Focus: Health

Year Type: **Year:** **Quarter:**

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Connecticut Active Providers=216	Total Number of Surveys=86	
F0689	Free of Accident Hazards/Supervision/Devices	56	17.1%	65.1%
F0690	Free from Abuse and Neglect	12	4.6%	14.0%
F0760	Residents are Free of Significant Med Errors	10	2.8%	11.6%
F0684	Quality of Care	3	1.4%	3.5%
F0678	Cardio-Pulmonary Resuscitation (CPR)	2	0.9%	2.3%
F0805	Food in Form to Meet Individual Needs	2	0.9%	2.3%
F0880	Infection Prevention & Control	2	0.9%	2.3%
F0550	Resident Rights/Exercise of Rights	2	0.5%	2.3%
F0658	Services Provided Meet Professional Standards	2	0.5%	2.3%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	2	0.9%	2.3%
F0688	Increase/Prevent Decrease in ROM/Mobility	1	0.5%	1.2%
F0692	Nutrition/Hydration Status Maintenance	1	0.5%	1.2%
F0604	Right to be Free from Physical Restraints	1	0.5%	1.2%

[Save as PDF...](#) [Save as Excel...](#)

[Change Criteria](#)

Immediate Jeopardy

“Immediate Jeopardy means a situation in which the provider’s noncompliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death to a resident.”

KEY COMPONENTS OF IMMEDIATE JEOPARDY

3-06-19

Noncompliance: An entity has failed to meet one or more federal health, safety, and/or quality regulations;

AND

Serious Adverse Outcome or Likely Serious Adverse Outcome: As a result of the identified noncompliance, serious injury, serious harm, serious impairment or death has occurred, is occurring, or is likely to occur to one or more identified recipients at risk;

AND

Need for Immediate Action: The noncompliance creates a need for immediate corrective action by the provider/supplier to prevent serious injury, serious harm, serious impairment or death from occurring or recurring.

Key Changes in the Core Appendix Q

- **Likelihood instead of potential** – The previous version of Appendix Q suggested that a potential for serious harm might constitute immediate jeopardy. Core Appendix Q makes it clear that in order to cite immediate jeopardy in situations where recipients have not already suffered serious injury, harm, impairment or death, the nature and/or extent of the identified noncompliance creates a likelihood (reasonable expectation) that such harm will occur if not corrected, not simply the potential for that level of harm to occur.
- **Culpability has been removed** – The previous version of Appendix Q made culpability a required component to cite immediate jeopardy. Because the regulatory definitions of immediate jeopardy do not require a finding of culpability, that requirement has been removed and has been replaced with the key component of noncompliance, since the definitions of immediate jeopardy require noncompliance to be the cause of the serious injury, harm, impairment or death, or the likelihood thereof.

Key Changes in the Core Appendix Q

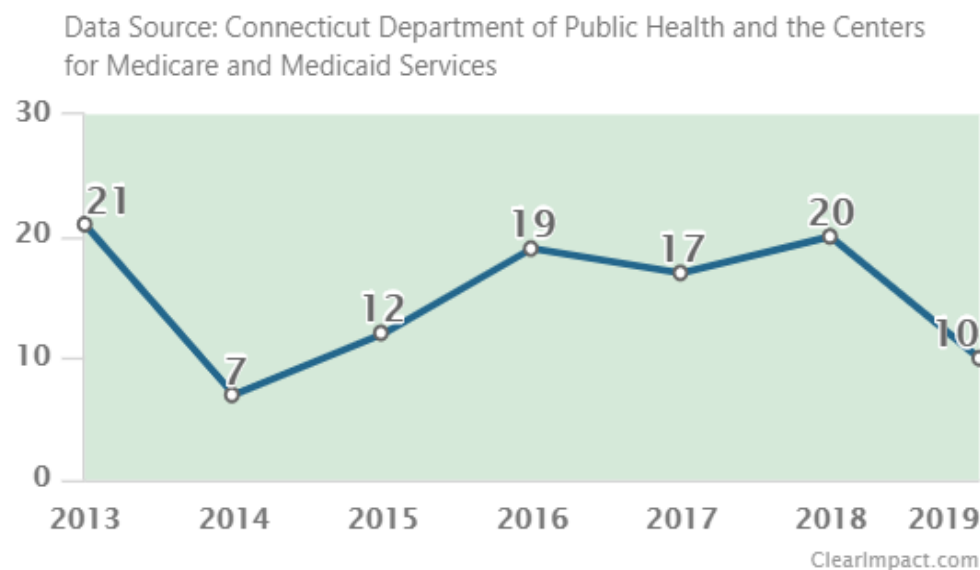
- **Psychosocial harm** – Core Appendix Q includes a section instructing surveyors to consider whether noncompliance has caused or made likely serious mental or psychosocial harm to recipients. In situations where the psychosocial outcome to the recipient may be difficult to determine or incongruent with what would be expected, the guidance instructs surveyors to use the reasonable person concept to make that determination. The reasonable person approach considers how a reasonable person in the recipient's position would be impacted by the noncompliance (i.e. consider if a reasonable person in a similar situation could be expected to experience a serious psychosocial adverse outcome as a result of the same noncompliance).

Immediate Jeopardy 2019

Deficiencies by Scope & Severity												
Region	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	348	96	4,017	945	161	276	10	0	56	11	0	5,920
Connecticut	99	25	1,201	248	12	66	0	0	5	5	0	1,661
Maine	74	6	284	125	6	2	0	0	0	2	0	499
Massachusetts	92	22	2,082	430	96	193	10	0	29	3	0	2,957
New Hampshire	43	6	152	46	3	5	0	0	2	0	0	257
Rhode Island	31	18	180	49	28	3	0	0	5	0	0	314
Vermont	9	19	118	47	16	7	0	0	15	1	0	232

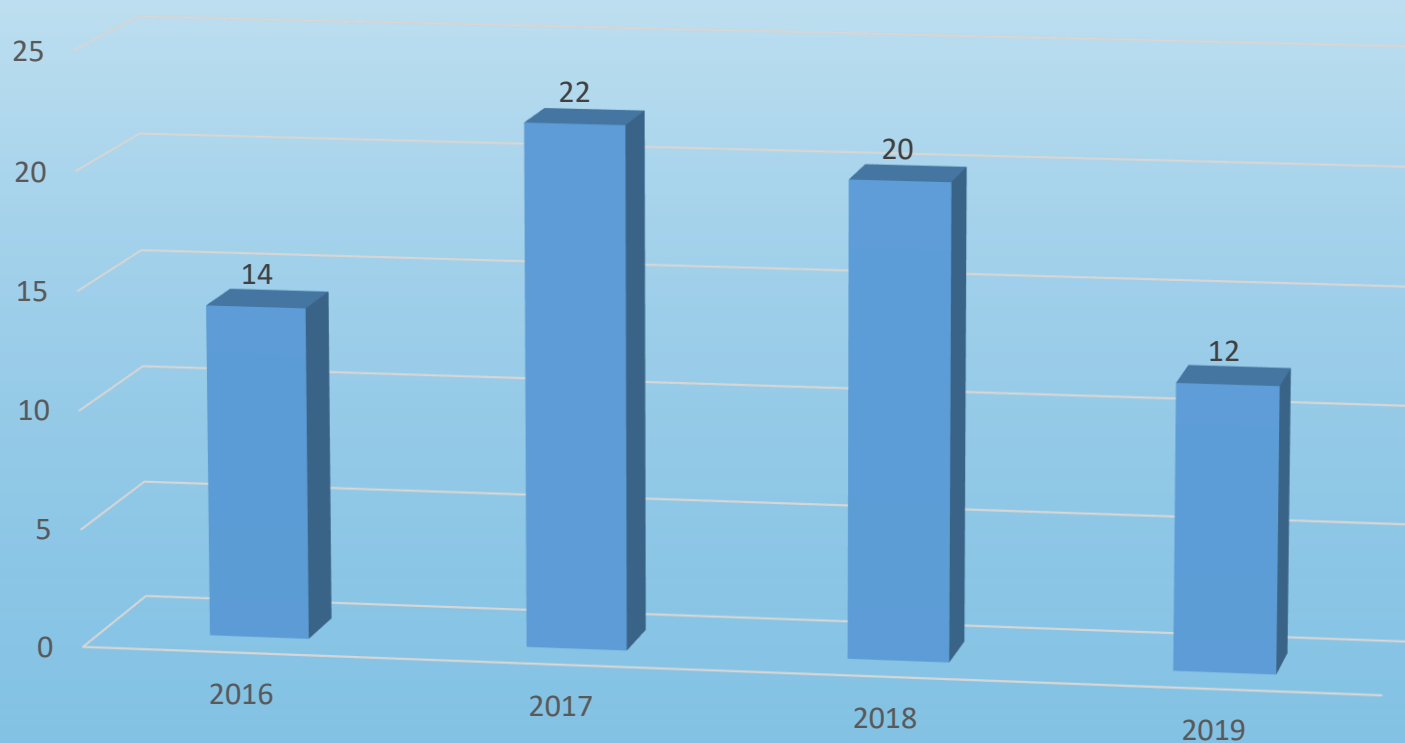
Immediate Jeopardy

*3/6/19 changes were made to Appendix Q



2018	20	—	↗	1
2017	17	—	↘	1
2016	19	—	↗	2
2015	12	—	↗	1
2014	7	—	↘	2
2013	21	—	↘	1
2012	22	—	↗	1
2011	19	—	→	1

Immediate Jeopardy



Immediate Jeopardy Breakdown

- Accident/Hazards 3
- Infection Prevention 2
- Quality of Care 2
- Significant Med Errors 2
- CPR 1
- Food in form to meet individual needs 1
- Free from abuse/neglect 1

- Failed to initiate CPR immediately
 - Failed to use the AED
- Medication error, Methotrexate received QD x 13 days instead of weekly
 - Methadone medication error
- Inadequate supervision, resident touched 4 residents and had a hx of inappropriate touching
- Incorrect food consistency, resident choked and required hospitalization

- Failed to provide treatment in accordance with advance directives, did not send resident to hospital with a change in condition
- Elopement
- Elopement
- Elopement- death
- In adequate glucometer cleaning

SOAR Reports

SOAR Select Performance Measures: 01/2019 - 12/2019 Connecticut

Item #	Measure	NATIONAL Current 12 Month Period (Except 0% Target for Items 3, 16, 17, 18a)	REGIONAL Current 12 Month Period	STATE Current 12 Month Period * Yellow = Low, Green = High for 8 starred items	STATE Quarter 3 2019	STATE Quarter 2 2019	Additional Detail (Click On Link)
	Effectiveness Identifying Quality Concerns						
1*	Average number of deficiencies (2567 citations)	6.8	6.2	6.7	7.0	6.5	Select Performance Measures - Surveys
2*	Percent of deficiency free surveys	6.8%	10.1%	0.0%	0.0%	0.0%	Select Performance Measures - Surveys
3	Percent of surveys in facilities rated as one star in staffing or quality that are deficiency free	SHOULD BE ZERO	9.4%	0.0%	0.0%	0.0%	Select Performance Measures - Surveys
4*	Percent of surveys identifying G, H or I scope and severity (2567 cites)	8.7%	11.9%	19.1%	15.6%	21.6%	Select Performance Measures - Surveys
5*	Percent of surveys identifying J, K or L scope and severity (2567 cites)	2.8%	0.9%	1.2%	0.0%	2.0%	Select Performance Measures - Surveys

SOAR Reports

SOAR Select Performance Measures: 01/2019 - 12/2019 Connecticut

Item #	Measure	NATIONAL Current 12 Month Period (Except 0% Target for Items 3, 16, 17, 18a)	REGIONAL Current 12 Month Period	STATE Current 12 Month Period * Yellow = Low, Green = High for 8 starred items	STATE Quarter 3 2019	STATE Quarter 2 2019	Additional Detail (Click On Link)
6	Percent of surveys where 2 or more deficiencies were excluded from the 2567	20.2%	26.5%	30.9%	37.8%	29.4%	Potential Citation Screen - Surveys Tab
7	Percent of IDR/IIDR tags downgraded (lower scope and severity) or removed via IDR/IIDR process	30.4%	34.8%	28.7%	22.7%	32.1%	IDR/IIDR - Surveys Tab
8	Percent of facilities rated as one star in staffing cited for sufficient nursing staff (F725)	3.7%	0.0%	0.0%	0.0%	0.0%	Select Performance Measures - Surveys
9	Sample size - Percent of surveys with 4 or more residents than the target sample size	14.2%	6.1%	3.6%	3.8%	3.9%	Select Performance Measures - Surveys
10	Sample size - Percent of surveys under the target sample size	6.4%	4.2%	9.4%	7.5%	9.8%	Select Performance Measures - Surveys Tab

SOAR Reports

SOAR Select Performance Measures: 01/2019 - 12/2019 Connecticut

Item #	Measure	NATIONAL Current 12 Month Period (Except 0% Target for Items 3, 16, 17, 18a)	REGIONAL Current 12 Month Period	STATE Current 12 Month Period * Yellow = Low, Green = High for 8 starred items	STATE Quarter 3 2019	STATE Quarter 2 2019	Additional Detail (Click On Link)
11	Sample size - Percent of surveys when IP was equal to or less than target sample size	4.6%	1.4%	1.0%	0.0%	2.0%	Select Performance Measures - Surveys Tab
12	Average number of investigations per survey	51	57	43	41	43	Select Performance Measures - Surveys Tab
13	Percent of investigations that led to potential citations	15.7%	13.0%	14.5%	15.8%	13.9%	Select Performance Measures - Surveys Tab
14	Number of care areas with a high FI and low potential cite rate (41 total)	1.5	4.3	1	0	0	Investigations-SurveyLevel Tab
15a	Number of mandatory facility tasks with low potential cite rate (9 total)	2.1	4.3	3	4	6	FacilityTasks-MandatoryAvg Tab
15b	Number of triggered facility tasks with low potential cite rate (3 total, Resident Assessment excluded)	0.3	0.7	0	1	0	FacilityTasks-TriggeredAvg Tab
16	Percent of surveys where 1 or more Mandatory Tasks Not Investigated	SHOULD BE ZERO	5.5%	1.6%	0.0%	2.0%	FacilityTasks-MandatorySurveys Tab
17	Percent of surveys where 1 or more Triggered Tasks Not Investigated (exclude Resident Assessment)	SHOULD BE ZERO	4.7%	1.7%	0.0%	2.9%	FacilityTasks-TriggeredSurveys Tab

SOAR Reports

Item #	Measure	NATIONAL Current 12 Month Period (Except 0% Target for Items 3, 16, 17, 18a)	REGIONAL Current 12 Month Period	STATE Current 12 Month Period * Yellow = Low, Green = High for 8 starred items	STATE Quarter 3 2019	STATE Quarter 2 2019	Additional Detail (Click On Link)
	Efficiency						
18a	Percent of overdue surveys (months since last survey: 16 months or more; for more detail, see https://qcor.cms.gov/ , Nursing Homes Overdue Survey Report)	SHOULD BE ZERO	1.2%	0.0%	N/A	N/A	Overdue Surveys Report on QCOR
18b	Percent of required off-hour/staggered surveys completed (fiscal year)	166%	67%	100%	N/A	N/A	Off Hour Surveys
18c	Percent of required weekend surveys completed (fiscal year)	121%	29%	50%	N/A	N/A	Off Hour Surveys
19	Survey Time: Pre survey hours	4.2	3.7	4.6	4.4	4.4	Select Performance Measures - Surveys
20a*	Survey Time: Onsite hours (1 - 48 census)	82.9	70.3	82.6	82.9	79.0	Select Performance Measures - Surveys
20b*	Survey Time: Onsite hours (49 - 95 census)	113.1	100.2	113.1	123.1	108.2	Select Performance Measures - Surveys
20c*	Survey Time: Onsite hours (96 - 174 census)	137.2	128.9	133.4	133.4	133.7	Select Performance Measures - Surveys
20d*	Survey Time: Onsite hours (175+ census)	176.2	160.9	158.0	124.0	165.5	Select Performance Measures - Surveys
21	Survey Time: Post survey hours	23.0	13.9	5.3	5.2	5.3	Select Performance Measures - Surveys
22	Average number of Resident Complaints/FRLs	2.3	2.1	2.3	2.1	2.5	Complaints Surveys

Admission, Transfer, Discharge

Number of times cited in FY2019

- F622-2 (transfer and dc requirements)
- F623-17 (notice)
- F624-0 (safe discharge)

Late Adopters

Number of times cited in FY2019

- F605 (free from chemical restraints) 0
- F744 (treatment/service for dementia) 9
- F758 (free from unnecessary drugs) 38

Phase 3 requirements

Although Phase 3 requirements have gone into effect beginning 11/28/19, interpretive guidance is not yet available

Phase 3 Tags

- **F699:** Trauma-informed Care
- **F866:** QAPI/QAA Data Collection and Monitoring
- **F882:** Infection Preventionist Qualifications/Role
- **F895:** Compliance and Ethics Program
- **F940:** Training Requirements, General
- **F941:** Communication Training
- **F942:** Resident's Rights Training
- **F944:** QAPI Training
- **F945:** Infection Control Training
- **F946:** Compliance and Ethics Training
- **F949:** Behavioral Health Training

Methadone in Nursing Home Update



Connecticut Department of Public Health



Connecticut General Statutes

Sec. 19a-495c. Methadone delivery and related substance use treatment services to persons in a nursing home facility. A substance abuse treatment facility licensed as an institution pursuant to section 19a-490 and providing medication-assisted treatment for opioid addiction shall be permitted to provide methadone delivery and related substance use treatment services to persons in a nursing home facility licensed pursuant to section 19a-493. The Department of Public Health may allow the delivery of methadone and related substance use treatment services to a nursing home facility if the Commissioner of Public Health determines that such delivery would not endanger the health, safety or welfare of any patient. No such delivery shall be conducted unless a substance abuse treatment facility proposing the delivery of methadone and related substance use treatment services has made a request for such delivery in a form and manner prescribed by the commissioner and the commissioner has approved such request. Upon approving a request, the commissioner may impose conditions that assure the health, safety or welfare of any patient. The commissioner may revoke the approval of a request upon a finding that the health, safety or welfare of any patient has been jeopardized.

(P.A. 16-66, S. 4.)

(Return to
Chapter
Table of
Contents)

(Return to
List of
Chapters)

(Return to
List of
Titles)

Medication Assisted Treatment for Individuals Residing in a Nursing Home

BLAST FAX 2019-17

TO: Chronic and Convalescent Nursing Home Administrators

FROM: Barbara Cass, R.N., Branch Chief *BSC*
Healthcare Quality and Safety Branch
410 Capitol Avenue
Hartford, Connecticut, 06134

DATE: September 4, 2019

SUBJECT: Medication Assisted Treatment for Individuals Residing in a Nursing Home.

The Facility Licensing and Investigations Section has convened a workgroup to explore the availability of medication assisted treatment in nursing homes and identify challenges and/or gaps that may create disruptions to continuity of care for individuals who may be receiving medication assisted treatment for a substance use disorder.

The Code of Federal Regulations, §483.40 behavioral health services directs that “each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident’s whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.”

Medication Assisted Treatment for Individuals Residing in a Nursing Home

Blast Fax 2019-17

Page 2

The Regulations of the Connecticut State Agencies, section Sec. 19a-495c. Methadone delivery and related substance use treatment services to persons in a nursing home facility provides that a “substance abuse treatment facility licensed as an institution pursuant to section 19a-490 and providing medication-assisted treatment for opioid addiction shall be permitted to provide methadone delivery and related substance use treatment services to persons in a nursing home facility licensed pursuant to section 19a-493. The Department of Public Health may allow the delivery of methadone and related substance use treatment services to a nursing home facility if the Commissioner of Public Health determines that such delivery would not endanger the health, safety or welfare of any patient. No such delivery shall be conducted unless a substance abuse treatment facility proposing the delivery of methadone and related substance use treatment services has made a request for such delivery in a form and manner prescribed by the commissioner and the commissioner has approved such request. Upon approving a request, the commissioner may impose conditions that assure the health, safety or welfare of any patient. The commissioner may revoke the approval of a request upon a finding that the health, safety or welfare of any patient has been jeopardized.

Working with stakeholders, the Department has made progress in the care and treatment of persons with substance use disorders, however, we recognize that this work needs to continue. As we plan future work, we are asking nursing homes to complete the survey monkey that has been created to gain a better understanding of any unmet needs there may be.

LTC GUIDANCE

1. Nursing home needs to assess their needs for onsite/ satellite delivery of Methadone according to the percent of residents who are receiving methadone of their total census. Consideration to length of stay of the resident reflective of facility developed guidelines should be given for resident(s) who may be admitted for a short stay. For example, a resident who is admitted for a short term stay may remain with their community provider.
2. Identifying key leadership (Medical Director, Administrator and Director of Nurses as applicable) at the substance abuse provider agency and nursing homes who will be champions.
3. Collaboration with hospitals to share nursing home expectations for potential patients/residents pre-hospital discharge.
4. Develop an educational program in collaboration with SA agency if possible to provide training for staff on addiction/medication assisted treatment.
5. Develop a nursing home guidance document and written agreement for patient/resident that explains the process for on-site medication delivery/self-administration.
6. Develop a Memorandum of Understanding or agreement with both the nursing home and the SA Agency to ensure accountability and quality of care.
7. Assess adequate secure storage in the facility to store the "methadone take home bottles" for each resident receiving medication assisted treatment.

LTC GUIDANCE

8. Identify confidential spaces (one space as a back-up) in the nursing home for the SA agency to conduct the clinical assessments and individual/group sessions.
9. Develop a Memorandum of Understanding or agreement with both the nursing home and the SA Agency to ensure accountability and quality of care.
10. SA agency needs to contact DPH and complete the required forms to add the nursing home as a satellite to the licensed SA Agency. All required forms will be available electronically and submitted electronically. Submissions shall include
 - a. Resumes of the key staff providing the services at both the nursing homes and the SA agency to included but not be limited to the physician conducting the intakes, nurse(s), staff providing counseling services;
 - b. Policy and procedures from both the nursing home and SA agency for service delivery
11. An inspection will be conducted by DPH Inspection activities shall include the following:
 - a. Review of the physical spaces for service delivery to ensure resident/patient confidentiality;
 - b. Review of policy and procedures operationalized by both the NH and the SA;

LTC GUIDANCE

- c. Chain of custody of methadone to include, but not be limited to delivery, storage of take home bottles;
 - d. Medication reconciliation practices;
 - e. Review of resident/patient self-administration of medication assessment;
 - f. Observation of resident/patient
12. Pursuant to a successful inspection the license will be issued to the SA agency designating the nursing home and their physical location as a satellite of the SA Agency. The inspection will include
13. Establish schedule for delivery of methadone and counseling services.
14. Collaboration with nursing home and SA agency to educate staff and patient/residents regarding the protocols associated with methadone service delivery.
15. Refer new patient/resident to the SA agency for an assessment for the appropriateness of methadone administration. Patients who have a relationship with a SA agency

Memorandum of Understanding
Between
Leeway, Inc.
And
Chemical Abuse Services Agency, Inc. d/b/a MAAS

This Memorandum of Understanding (MOU) sets forth the terms and understanding between Leeway, Inc. and the Chemical Abuse Services Agency, Inc. (CASA) d/b/a Multicultural Ambulatory Addiction Services (MAAS)

This understanding is based on a need to provide patient centered, accessible care to MAT patients while they are rehabilitating. The purpose is to reduce the negative impact of transporting non-ambulatory residents or rehab patients to an outpatient MAT site.

Both agencies agree there is a need for this collaboration and agree to the following terms.

Purpose

The MOU will establish a collaborative relationship between MAAS and Leeway. The goal of the this collaborative is to enhance patient care by managing patients between both organizations through referrals, coordinated co-location of services and onsite integration.

Memorandum of Understanding Between Leeway, Inc. And Chemical Abuse Services Agency, Inc. d/b/a MAAS

The above goals will be accomplished by undertaking the following activities:

1. MAAS will provide outpatient behavioral health services at Leeway New Haven.
2. Leeway will refer patients to MAAS for MAT while residing in Leeway.
3. MAAS will initiate evaluation and all necessary components for admission to MAT
4. MAAS will provide prompt access when requested for evaluation of Leeway patients referred for methadone;
5. Both agencies will follow a transportation/chain of custody protocol adhering to all federal, local and state regulations
6. Both agencies will utilize site nurse coordinators to ensure smooth transitions for patients between organizations.

Funding

This MOU does not indicate a commitment of funding in any way.

Duration

This MOU is at-will and may be modified by mutual consent of authorized officials from Leeway and CASA/MAAS. This MOU shall become effective upon signature by the authorized officials from Leeway and CASA/MAAS and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the event of a planned termination of agreement, both parties agree to a smooth transition for all patients involved, prior to termination of agreement. In the absence of mutual agreement by the authorized officials from Leeway and CASA/MAAS this MOU shall end on 12/21/19.



Memorandum of Understanding Between Leeway, Inc. And Chemical Abuse Services Agency, Inc. d/b/a MAAS

Contact Information:

For Leeway

Jay Katz

Administrator

40 Albert Street

New Haven, CT 06511

Phone: 203-865-0068

Email: jkatz@leeway.net

J. Katz

5/30/19

For Chemical Abuse Services Agency, Inc.

Kristin Bonilla

Associate Director, CASA, Inc. d/b/a MAAS

426 East Street, New Haven, CT 06511

Phone: 203-495-7710

Email: kbonilla@casaincct.org

Kristin Bonilla (5/30/19)

Kristin Bonilla

Associate Director, CASA, Inc.

Justification

The rationale for doing this

- Clients would not have travel between the two locations
- This would afford the client the ability to heal in a proper environment
- Not to travel in extreme weather
- Not be exposed to the general population at the clinic with a potentially compromised immune system and lastly
- Clients (whom there are multiple of) with mobility issues would not have to travel.
- There would be a reduction in expenses in personnel with travel time
- The clients can concentrate fully on rehabilitation and can have all relevant services provided to them in their primary environment

Chain of Custody



CHAIN OF CUSTODY RELEASE FORM

DATE BOTTLES RECIEVED: _____

NUMBER OF BOTTLES RECEIVED: _____

DOSE: _____

DISPENSING-NURSE-SIGNATURE: _____

LEEWAY STAFF (PICK UP): _____

LEEWAY CHARGE NURSE (RECEIVING): _____

DATE	PATIENT SIGNATURE	#OF BOTTLES LEFT	NURSE SIGNATURE

Chain of Custody

CHEMICAL ABUSE SERVICES AGENCY, INC
MULTICULTURAL AMBULATORY ADDICTION SERVICES



Methadone Chain of Custody Part II

Client Name: _____ Medication/Dose: _____

DATE	Client Signature	Name Staff Observing Self Administration

Waivers for the Regulations of the CT State Agencies

BLAST FAX 2019-16

TO: Private Freestanding Facilities for the Care or Treatment of Substance Abusive or Dependent Persons

FROM: Barbara Cass, R.N., Branch Chief *BSC*
Healthcare Quality and Safety Branch
410 Capitol Avenue
Hartford, Connecticut, 06134

DATE: August 29, 2019

SUBJECT: Waivers for the Regulations of the Connecticut State Agencies, Section 19a-495-570 (m) Service Operations (5) Physical Examinations.

The Regulations of the Connecticut State Agencies, Section 19a-495-570(m)(5) directs the following:

- (i) Each client shall receive within twenty-four (24) hours of admission a medical history and physical examination, by a physician, physician's assistant or registered nurse practitioner. Any physical examination that is performed by a physician assistant or registered nurse practitioner shall be dated and countersigned by a physician within seventy-two (72) hours signifying his or her review of and concurrence with the findings, and
- (ii) Each client shall receive within 72 hours of admission, diagnostic tests as determined by the physician, in the case of a recently hospitalized patient being admitted to the facility, a comprehensive history and physical was conducted when hospitalized.

Waivers for the Regulations of the CT State Agencies

Blast Fax 2019-16

Page 2

We are aware that in some cases this regulation has impacted the ability for individuals to receive care for their substance use disorder in a timely manner and potentially impacting access to care and/or treatment outcomes.

Please be advised that Connecticut General Statutes, Sec. 19a-495(c) provides, “The commissioner may waive any provisions of the regulations affecting an institution, as defined in section 19a-490, if the commissioner determines that such waiver would not endanger the health, safety or welfare of any patient or resident. The commissioner may impose conditions, upon granting the waiver, that assure the health, safety and welfare of patients or residents, and may revoke the waiver upon a finding that the health, safety or welfare of any patient or resident has been jeopardized. The commissioner shall not grant a waiver that would result in a violation of the Fire Safety Code or State Building Code. The commissioner may adopt regulations, in accordance with chapter 54, establishing procedures for an application for a waiver pursuant to this subsection.”

Waivers for the Regulations of the CT State Agencies

PLEASE REVIEW THE FOLLOWING CONSIDERATIONS

The following information must be included in the waiver request:

- Specific section of the public health code you are requesting a waiver for
- Reason for the request, including the type and degree of hardship (on the resident/patient/client)
- Specific relief requested
- How you will meet the intent of the regulation and the needs of the clients/patients/residents
- Any documentation to support your request

The considerations regarding the approval will be as follows:

- Must apply in writing and include the specific regulations for which the waiver is requested;
- Reason for requesting the waiver;
- Impact to Health, Life and Safety;
- What measures will be taken to ensure that there is no impact to quality and/or the spirit of the regulatory requirement, for example, a history and physical had been completed during the recent hospital admission or admission to a skilled nursing facility and is consistent with the patient presentation; if the patient had been admitted to the hospital/skilled nursing facility with an infectious disease, DPH would need to see evidence that the patient had been treated and the issues had been resolved; and
- Documents provided, i.e. policy and procedures that will drive the process.

Sample Waiver Request

I am writing to you on behalf of [NAME OF FACILITY] to formally request a waiver in accordance with Connecticut General Statutes, Section 19a-495 (c) with regards to the Regulations of the Connecticut State Agencies, Section 19a-495-570 (m) Service Operations (5) Physical Examinations.

While the regulation directs the following: “Each client shall receive within 24 hours of admission a medical history and physical examination, by a physician, physician’s assistant or registered nurse practitioner. Any physical examination that is performed by a physician assistant or registered nurse practitioner shall be dated and countersigned by a physician within 72 hours signifying his or her review of and concurrence with the findings and (ii) Each client shall receive within 72 hours of admission, diagnostic tests as determined by the physician, in the case of a recently hospitalized patient being admitted to the facility, a comprehensive history and physical was conducted when hospitalized. Requesting a history and physical as directed by the Regulations of the Connecticut State Agencies, section 19a-495-570(m)(5) does not promote efficiencies nor is it cost effective. Additionally, a large number of patients/clients/individuals admitted to the program do not have a primary physician and/or a medical home This waiver request is specific to a client who has had a recent, within the last thirty (30) days, admission and discharge from an acute care hospital or a skilled nursing facility and during such admission had a comprehensive history and physical completed in the last thirty days which will be on file in the client’s clinical record at the facility. Should there be any reason to suggest there has been a change in condition from the history and physical recently completed, [NAME OF FACILITY] will ensure that appropriate referrals have been made to update the history and physical on file.

Please see the enclosed policy and procedures that reflect the process for obtaining history and physicals for individuals admitted to the program, which includes, but is not limited to individuals admitted after a recent hospitalization or admission to a skilled nursing facility and procedures regarding new clients who may have had a recent hospitalization/admission to a skilled nursing facility but present with a significant change that does not align with the history and physical on file.

Sincerely,

IJ SNF

- Unannounced visits were made to the facility on XXXX by a representative of the Facility Licensing & Investigations Section for the purpose conducting an investigation.
- Immediate Jeopardy was identified on XXXX for noncompliance with F 760 for failing to verify physician orders following a readmission and failed to ensure that staff followed the five rights of medication administration which resulted in a significant medication error.
- The Administrator and the Director of Nurse's were notified verbally on 11/6/19 that Immediate Jeopardy conditions existed under F 760.
- Additionally, The IJ template was provided to the DNS on 11/7/19.
- Immediate Jeopardy was abated on 11/7/19 following implementation of an immediate action plan which included nursing staff in-service education on the five rights of medication administration, Methadone dose clarification and signs/symptoms of possible methadone overdose.

SNF Tags

760 Residents are free of any significant medication errors.

- Based on observations, interviews, review of clinical records, and review of facility documentation for one of three sampled Residents (Resident #1) reviewed for medication administration, the facility failed to verify physician orders following an acute care hospitalization, failed to follow the five rights of medication administration which resulted in a significant medication error, and a finding of Immediate Jeopardy.

SNF Tags

684 Quality of care

- Based on review of clinical records, review of facility documentation, observations, and interview for one of three sampled Residents (Resident #1) reviewed for quality of care/services, the facility failed to ensure the resident resumed prescribed Methadone maintenance timely, and failed to administer emergency medication in accordance with physician's orders, and failed to ensure facility staff were provided with on-going in-service education related to methadone maintenance treatment risks and use of Narcan (emergency medication to reverse the effects of a opioid overdose) and for three of three sampled Residents (R #1, #2, and #3) reviewed for quality of care/services, the facility failed to ensure physician orders for Methadone maintenance were consistently verified for dosing accuracy.

SNF Tags

***841 The medical director is responsible for-
Implementation of resident care policies; and The
coordination of medical care in the facility.***

- Based on review of clinical records, facility documentation, and interview for three of three sampled Residents (R #1, #2, and #3) reviewed for quality of care/services, the facility failed to ensure policies were developed, approved by the medical director, and implemented to meet the needs of the Residents.

SNF Tags

880 The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

- Based on observation, review of facility documentation, and interviews for three of three sampled Residents (Resident #1, #2, and #3) reviewed for quality of care/services, the facility failed to ensure infection prevention controls for Methadone delivery to the facility were implemented.

CMS Memo dated August 17, 2018 QSO-18-24-ESRD

Home Dialysis services in a Long Term Care Facility:

All chronic dialysis patients receiving dialysis services must be under the care of a certified ESRD facility to have their outpatient care and treatments reimbursed by Medicare

CMS Memo dated August 17, 2018 QSO-18-24-ESRD

- There must be a written agreement between an ESRD facility and the LTC facility in order for the ESRD facility to administer hemodialysis in the SNF.
- This contract must be readily accessible for surveyor review.

CMS Memo dated August 17, 2018 QSO-18-24-ESRD

New concept in CT.

Office Conference with DPH, ESRD provider, and LTC provider to discuss proposal for the initiation of hemodialysis in the SNF to ensure applicable federal/state laws followed.

State Operations Manual Chapter 2

State Operations Manual, Chapter 2,
updated to reflect:

Hemodialysis in LTC Section 2271-A. This
reiterates CMS Memo

LTC F-Tag 698

- Nursing Home Regulations were updated to reflect hemodialysis and/or peritoneal dialysis.
- F-698 responsibilities for the provision of services.
- ESRD surveyor will review dialysis care & services not the LTC surveyor.

Contact Information

Cheryl.davis@ct.gov

kim.hriceniak@ct.gov

Donna.ortelle@ct.gov

Denise.foley@ct.gov

Alice.martinez@ct.gov

Questions



American College of Health Care Administrators

Donna Ortelle, RN, MSN, Section Chief

Kim Hriceniak, R.N., P.H.S.M.

Alice Martinez, R.N., S.N.C.

Denise Foley, R.N.

February 14, 2020

AGENDA

1. Positions
2. QSO Letters
3. Reportable Events
4. ISTW to QSEP
5. Methadone in LTC
6. Phase 3 LTC Survey
7. Infection Control
 - a. Novel Coronavirus
 - b. Precautions
8. Immediate Jeopardy
9. Citations

AGENDA cont'd

9. Pre-Licensure Consent Orders
10. Top 10 Deficiencies
11. SOAR Report
12. STAR Ratings
13. Late Adopters
 - a. CMS Enforcement Remedies
14. Discharge Tags
15. LGBTQ+
16. ESRD in LTC

FLIS Positions

- Nurse Consultants (15 positions)
 - Meghan Edson-Sawyer
 - Rebecca Harris
 - Millicent Reynolds
 - Cynthia Hale
 - Laura Boggio
 - Constance Vumback
- BFSI – Trevor Riggs, Joe Kingston
- Processing Technician - Henry Trejos
- Health Program Associate - in process
- Office Assistant – 2 positions in process
- Lab Consultant - 2 positions in process

Year 2022

Succession Planning.....

20-02 Updates to the Nursing Home Compare Website and the Five Star Quality Rating System

QSO Letters (formally S+C)

- CMS is removing the quality measures related to residents' reported experience with pain from the Nursing Home Compare website and the Five Star Rating System.
- Updating the thresholds for quality measure ratings, according to the plan introduced in CMS Memorandum QSO-19-08-NH, in which the thresholds will be updated every six months. The first update will take place April 2020.

20-09 Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness (2019-nCoV)

- Information Regarding Patients with Possible Coronavirus Illness: the U.S. Centers for Disease Control and Prevention (CDC) has issued information on the respiratory illness caused by the 2019 Novel Coronavirus (2019-nCoV). Links to these documents are provided.
- Healthcare Facility Expectations: CMS strongly urges the review of CDC's guidance and encourages facilities to review their own infection prevention and control policies and practices to prevent the spread of infection.

20-01 Consumer Alerts added to the Nursing Home Compare website and the Five Star Quality Rating System

Abuse Indicator –CMS is updating the Nursing Home Compare website to make it easier for consumers to identify facilities with instances of non-compliance related to abuse.



20-03 Updates and Initiatives to Ensure Safety and Quality in Nursing Homes

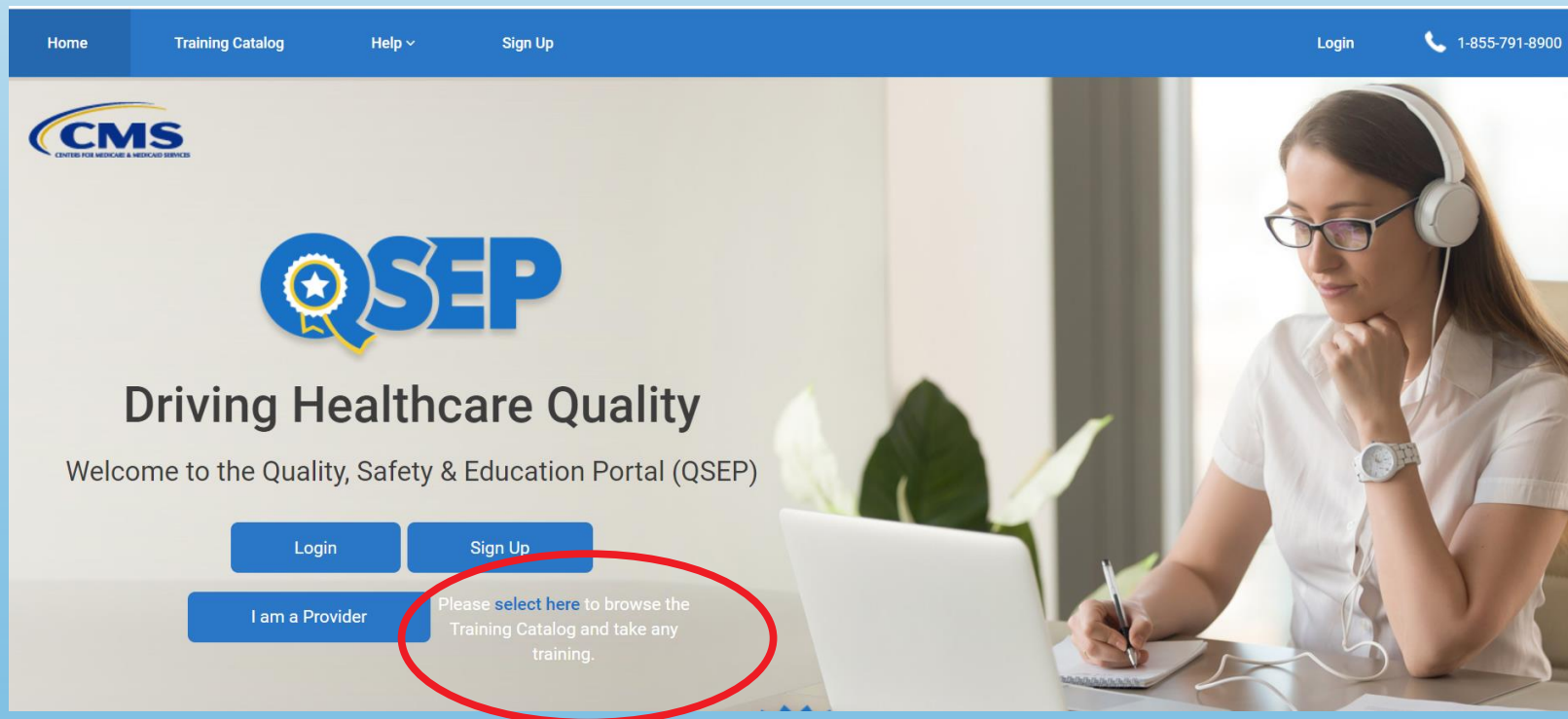
- Phase 3 Interpretive Guidance: CMS will be releasing updated Interpretive Guidance and training for the Requirements for Participation for Long-Term Care (LTC) Facilities. However, this guidance will not be released by the November 28, 2019 implementation date of the regulations. We will be releasing the guidance in the second quarter of calendar year 2020, along with information on training and implementing related changes to The Long Term Care Survey Process (LTCSP). While the regulations will be effective, our ability to survey for compliance with these requirements will be limited until the Interpretive Guidance is released.
- Medicare and Medicaid Programs; Revision of Requirements for Long-Term Care Facilities: Arbitration Agreements: On July 18, 2019, the Department of Health and Human Services (HHS) published a final rule establishing requirements related to the use of binding arbitration agreements. This final rule amends the requirements that Long-Term Care (LTC) facilities must meet to participate with Medicare and Medicaid.
- Actions to Improve Infection Prevention and Control in LTC Facilities: CMS has created a nursing home antibiotic stewardship program training; updated the Nursing Home Infection Control Worksheet as a self-assessment tool for facilities; and is reminding facilities of available infection control resources.
- Release of Toolkit 3, “Guide to Improving Nursing Home Employee Satisfaction”: CMS has created a toolkit that helps facilities improve employee satisfaction.

19-19 ALL Revisions to Appendix Q, Guidance on Immediate Jeopardy

Revised guidance to reinsert language referring criminal acts to law enforcement

Quality, Safety, and Education Portal (QSEP) formally ISTW

<https://qsep.cms.gov/welcome.aspx>



Training Catalogue




Select Training Plan



Trainings

Currently viewing: Long Term Care (LTC)

Go to: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Name	Duration	Action
A		
Alzheimer's and Related Dementia – Part I (The Medical Perspective)	1 hr., 50 mins.	Launch 
Alzheimer's and Related Dementia – Part II (The Surveyor's Perspective)	2 hrs., 30 mins.	Launch 
Antibiotic Stewardship Program for Nursing Home Providers	4 hrs.	Launch
ASPEN Overview	Variable	Launch 

B

Citations Timeframes

NOTIFICATION OF ELECTION TO CONTEST CITATION

If the licensee wishes to contest this Citation, the administrator or his designee must within five days, excluding Saturdays, Sundays and holidays, of receipt of the Citation by the licensee, shall **verbally** notify the Supervising Nurse Consultant who signed the citation by contacting the FLIS.

Verbal contact must be made with a Supervising Nurse Consultant when electing to contest a citation.

Citation Timeframes

- Informal conference opportunity
- Not later than **five** business days after the informal conference, DPH will notify licensee of DPH determination which can be
 - **Vacate the citation**
 - **Sustain the citation with or without modifications**
- **If DPH sustains the citation, licensee has five** business days after the decision to request a formal hearing
- Thereafter, DPH schedules hearing- no time specified when it must be held
- After hearing, DPH issues final order based on findings of fact, affirming, modifying or vacating the citation.

Citation Penalties

Nursing Home

Class A \$20,000

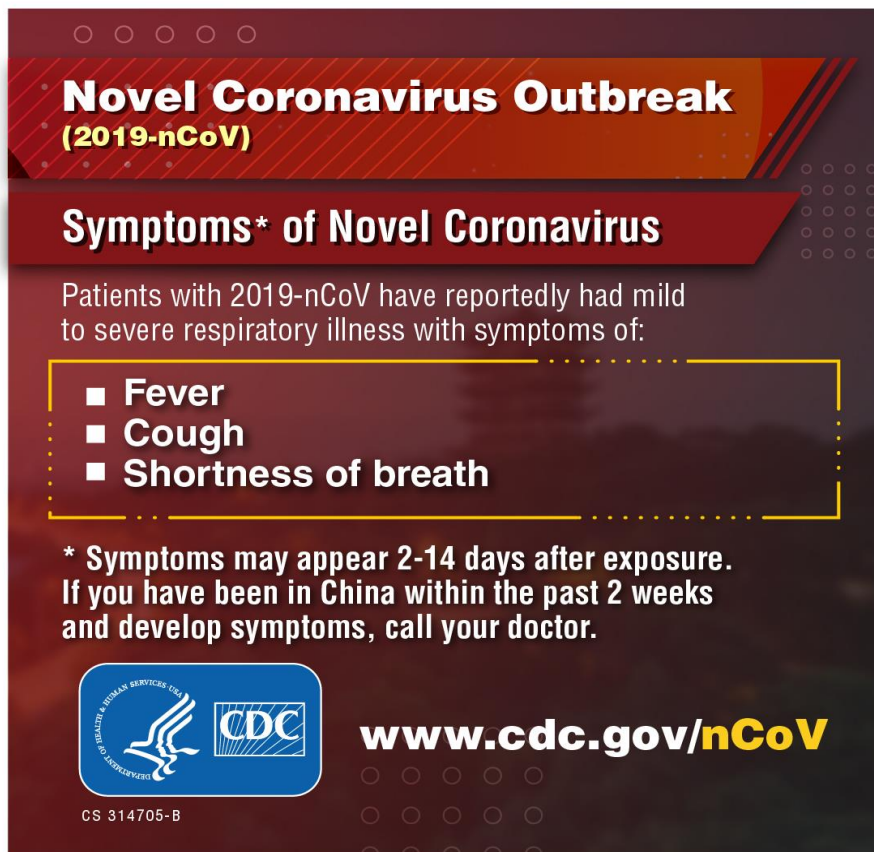
Class B \$10,000

RCH

Class A \$5,000

Class B \$3,000

Novel Coronavirus





**Novel Coronavirus Outbreak
(2019-nCoV)**

Symptoms* of Novel Coronavirus

Patients with 2019-nCoV have reportedly had mild to severe respiratory illness with symptoms of:

- Fever
- Cough
- Shortness of breath

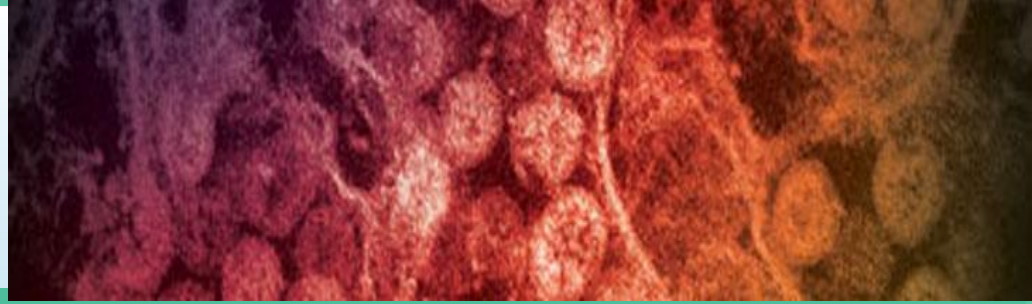
* Symptoms may appear 2-14 days after exposure. If you have been in China within the past 2 weeks and develop symptoms, call your doctor.

  www.cdc.gov/nCoV

CS 314705-B

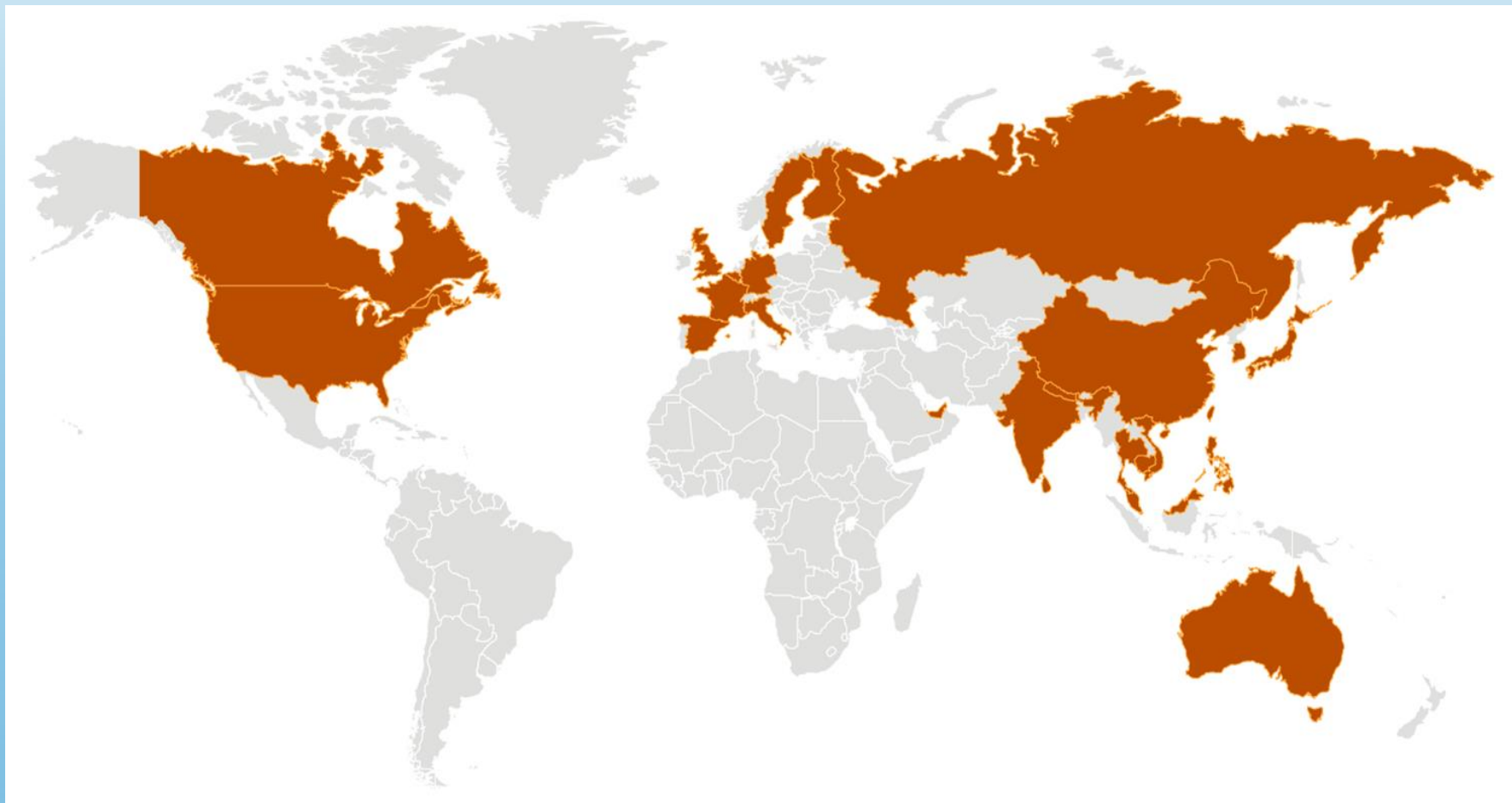
CDC believes at this time that symptoms of 2019-nCoV may appear in as few as 2 days or as long as 14 after exposure. This is based on what has been seen previously as the incubation period of MERS viruses.

MERS



Middle East Respiratory Syndrome (MERS) is viral respiratory illness that is new to humans. It was first reported in Saudi Arabia in 2012 and has since spread to several other countries, including the United States. Most people infected with MERS-CoV developed severe respiratory illness, including fever, cough, and shortness of breath. Many of them have died.

Novel (new) coronavirus first identified in Wuhan, Hubei Province, China. Chinese authorities identified the new coronavirus, which has resulted in thousands of confirmed cases in China, including cases outside Wuhan City. Additional cases have been identified in a growing number of other [international locations](#), including [the United States](#).



CDC Test Kit



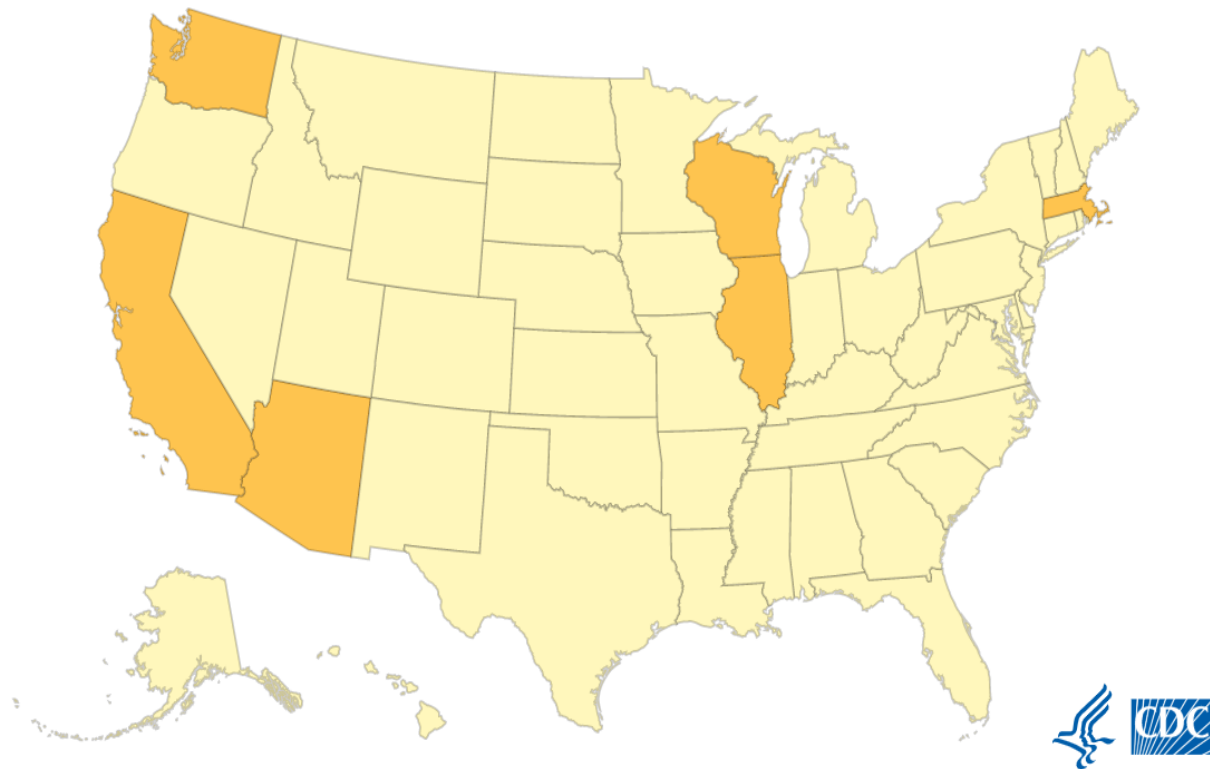
- January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “[public health emergency of international concern](#)[external icon](#)” (PHEIC).
- January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to 2019-nCoV.
- January 31, the President of the United States signed a presidential “[Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus](#)[external icon](#)”. These measures were announced at a [press briefing by members of the President’s Coronavirus Task Force](#)[external icon](#).
- February 2, 2020 at 5pm, the U.S. government suspended entry of foreign nationals who have been in China within the past 14 days.

People Under Investigation (PUI) in the United States*† as of 2/12/2020

Positive	14
Negative	347
Pending ^s	66
Total	427

States with confirmed 2019nCoV Cases

States with confirmed 2019-nCoV cases



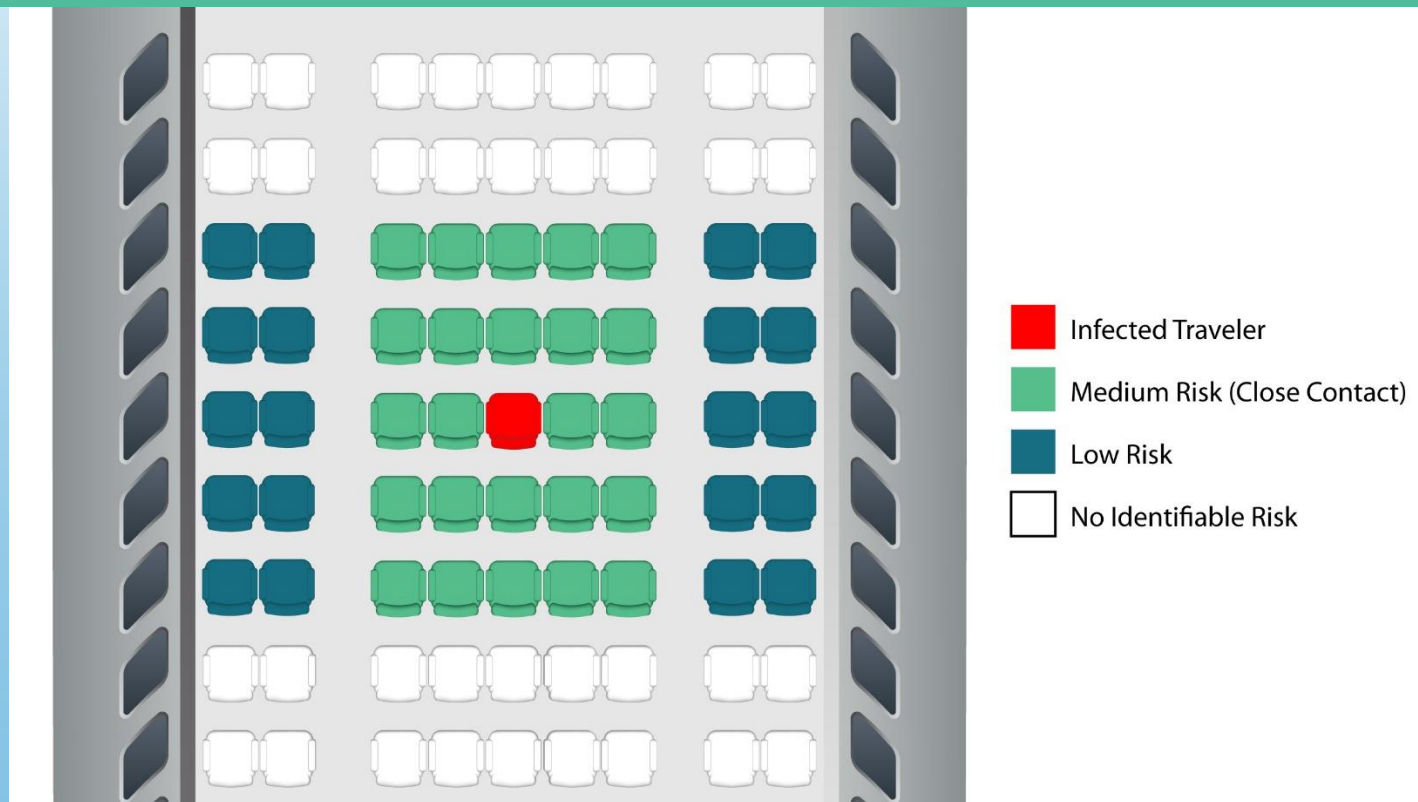
CDC Recommends

- While the immediate risk of this new virus to the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat: It's currently flu and respiratory disease season and CDC recommends getting a flu vaccine, taking everyday preventive actions to help stop the spread of germs, and taking flu antivirals if prescribed.
- If you are a healthcare provider, be on the look-out for people who recently traveled from China and have fever and respiratory symptoms.
- If you are a healthcare provider caring for a 2019-nCoV patient or a public health responder, please take care of yourself and follow recommended infection control procedures.
- For people who have had close contact with someone infected with 2019-nCoV who develop symptoms, contact your healthcare provider, and tell them about your symptoms and your exposure to a 2019-nCoV patient.
- For people who are ill with 2019-nCoV, please follow CDC guidance on how to reduce the risk of spreading your illness to others. This guidance is on the CDC website.

Exposure

Most often, spread from person-to-person happens during close exposure to a person infected with 2019-nCoV. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs, similar to how influenza viruses and other respiratory pathogens spread. These droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs. It is currently unclear if a person can get 2019-nCoV by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

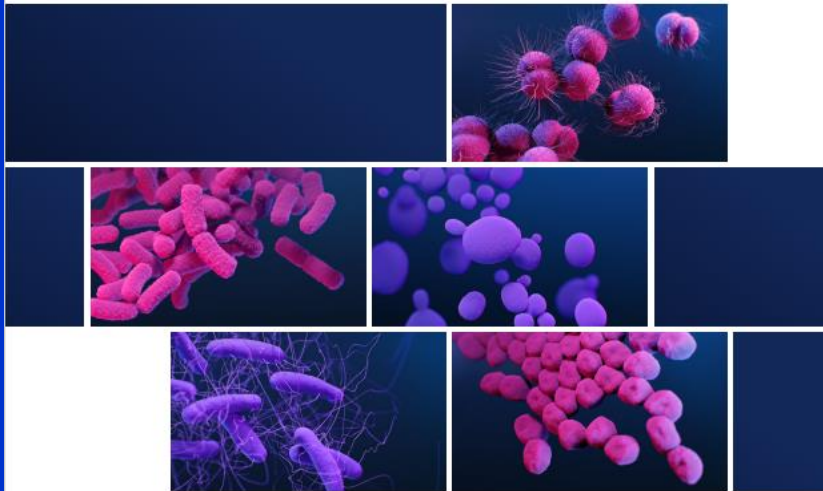
Exposure Risk Categories



Sample seating chart for a 2019-nCoV aircraft contact investigation showing risk levels based on distance from the infected traveler.

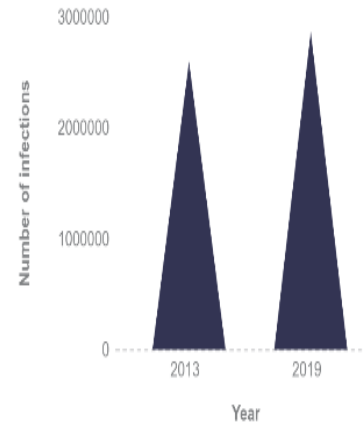
ANTIBIOTIC RESISTANCE THREATS IN THE UNITED STATES

2019

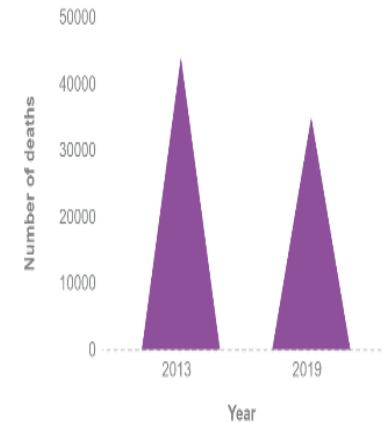


U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Infections



Deaths



* 2013 numbers represent the updated estimates contained in the 2019 report

The report lists 18 antibiotic-resistant bacteria and fungi (it does not include viruses and parasites) into three categories based on level of concern to human health – urgent, serious, and concerning – in addition it also places three pathogens on the 'watch list':

<https://www.cdc.gov/drugresistance/biggest-threats.html>

Antibiotic Resistant (AR) Threats in the US: 2019

- In 2013, CDC published the first AR Threats Report.
- In November 2019, CDC released “*Antibiotic Resistance Threats in the United States, 2019*” (2019 AR Threats Report).
- 2019 data shows that burden of antibiotic-resistance threats in US was greater than initially understood.
- 2.8 million antibiotic-resistant infections occur in US annually
- > 35,000 people die as a result

Containment Strategy Responding to Emerging Antimicrobial Resistance Threats





January 2019



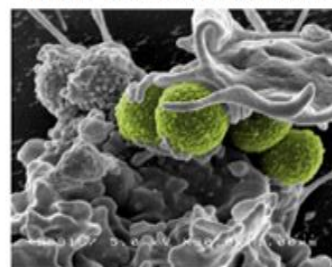
CDC releases Interim Guidance for a Public Health Response to Contain Novel or Targeted Multi-drug-resistant Organisms (MDROs)

<https://www.cdc.gov/hai/containment/guidelines.html>



July 29, 2019

Gram-positive organisms



MRSA: Interaction of MRSA (green, spherical) with a human white blood cell.

Gram-negative organisms



Klebsiella pneumoniae: Interaction of a human WBC (blue) with multidrug-resistant *Klebsiella pneumoniae* bacteria (pink, rod-shaped)

Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

July 29, 2019

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Accessible version: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>



Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)

Updated: July 26, 2019

Note: This Interim Guidance was updated on July 26, 2019 to clarify its current intended use as part of a Containment Response⁴. Future updates are anticipated to address potential for application of this approach outside of a Containment Response.

Implementation of Contact Precautions, as described in the CDC [Guideline for Isolation Precautions](https://www.cdc.gov/infectioncontrol/guidelines/isolation/) (<https://www.cdc.gov/infectioncontrol/guidelines/isolation/>), is perceived to create challenges for nursing homes trying to balance the use of personal protective equipment (PPE) and room restriction to prevent MDRO transmission with residents' quality of life. Thus, current practice in many nursing homes is to implement Contact Precautions only when residents are infected with an MDRO and on treatment. Focusing only on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization, which can persist for long periods of time (e.g., months), and result in the silent spread of MDROs. With the need for an effective response to the detection of serious antibiotic resistance threats, there is growing evidence that current implementation of Contact Precautions in nursing homes is not adequate for prevention of MDRO transmission.

This document is intended to provide guidance for PPE use and room restriction in nursing homes for preventing transmission of novel or targeted MDROs, including as part of a public health [containment response](https://www.cdc.gov/hai/containment/index.html) (<https://www.cdc.gov/hai/containment/index.html>). This guidance introduces a new approach called Enhanced Barrier Precautions, which falls between Standard and Contact Precautions, and requires gown and glove use for certain residents during specific high-contact resident care activities^{2,3} that have been found to increase risk for MDRO transmission.

This document is not intended for use in acute care or long-term acute care hospitals and does not replace existing guidance regarding use of Contact Precautions for other pathogens (e.g., *Clostridioides difficile*, norovirus) in nursing homes.

As of July 2019, Novel or Targeted MDROs are defined as:

- Pan-resistant organisms,
- Carbapenemase-producing enterobacteriaceae,
- Carbapenemase-producing *Pseudomonas* spp.,
- Carbapenemase-producing *Acinetobacter baumannii*, and
- *Candida auris*

Page 1 of 6



Further updates are anticipated!!!

Why was the Guidance needed for Containment?

- Focusing only on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization
- MDRO colonization prevalence is high within the NH and LTAC setting, far exceeding published reports in acute care hospitals.
- Data demonstrate the importance of NH/LTACs as a dominant MDRO reservoir in the healthcare system.
- Urgent need to engage NH/LTAC facilities in the effort to improve regional burden of colonization and infection with MDROs.

MRSA Transmission to Gowns and Gloves of HCW during Care of Colonized Residents

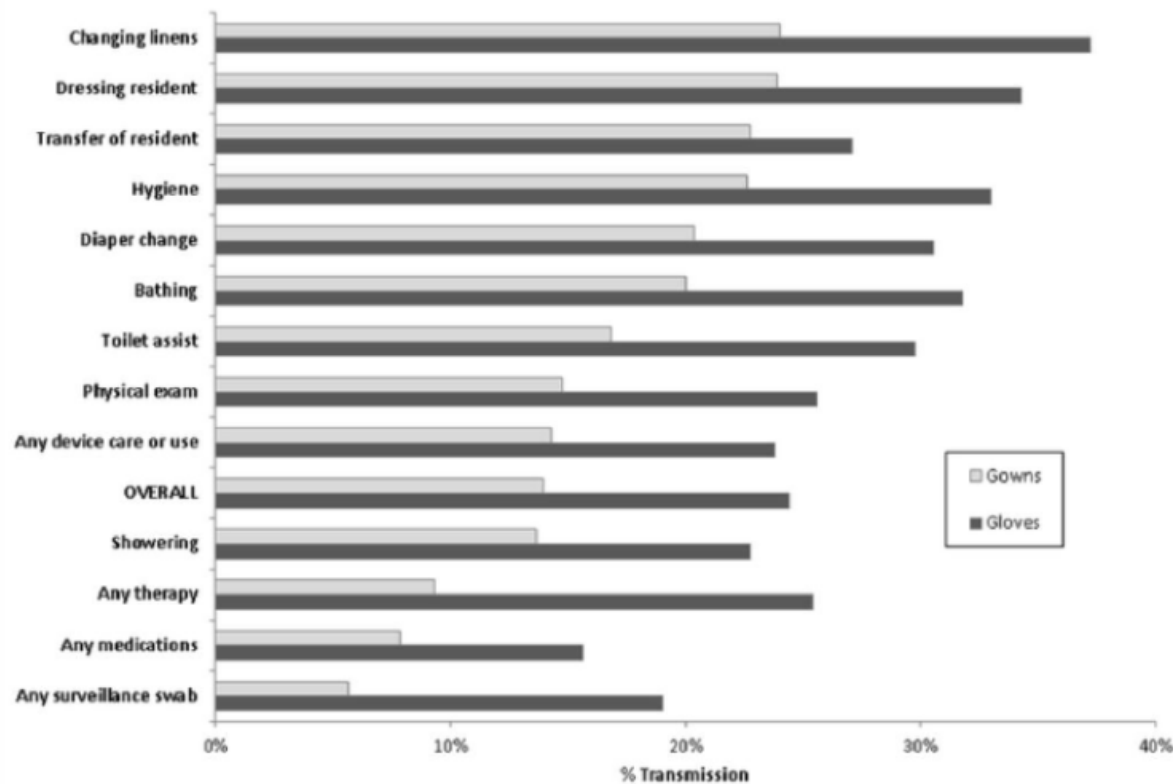
■ Highest Risk:

- Dressing
- Transferring
- Providing hygiene
- Changing linens
- Toileting

■ Lowest Risk:

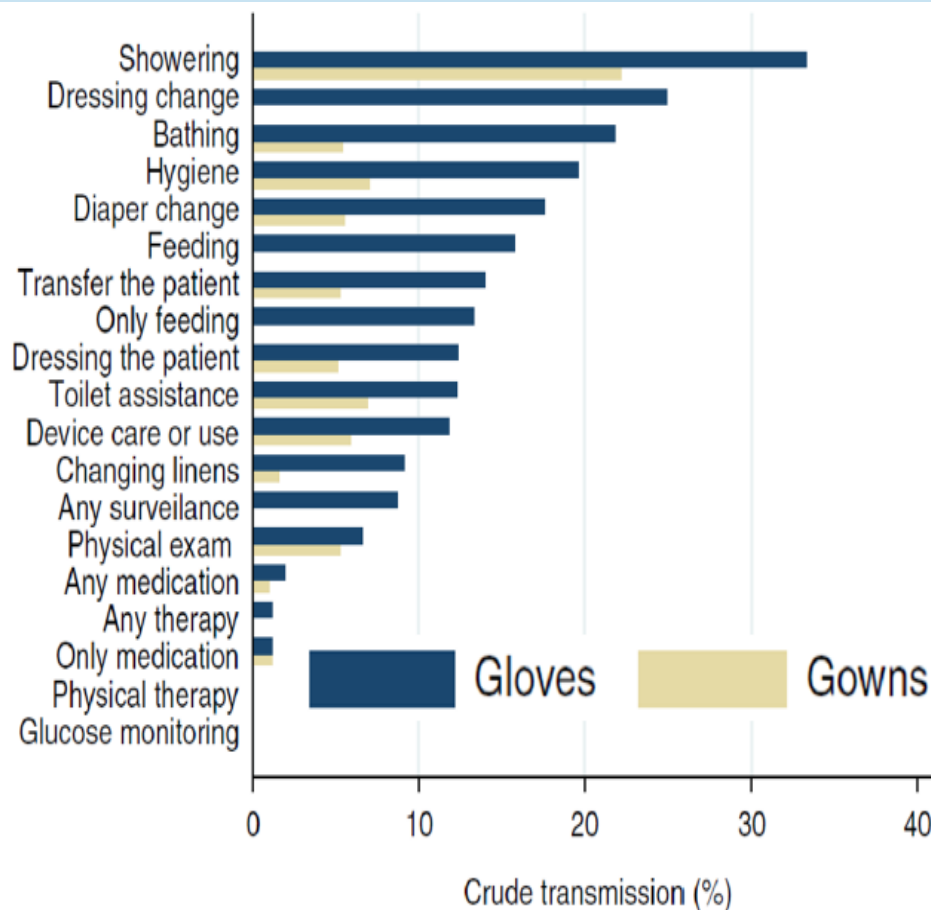
- Giving Meds
- Glucose monitoring

Roghmann et al. Infect Control Hosp Epidemiol.
2015 September; 36(9): 1050-1057



Resistant Gram-negative Bacteria Transmission to Gowns and Gloves of HCW during Care of Colonized Residents

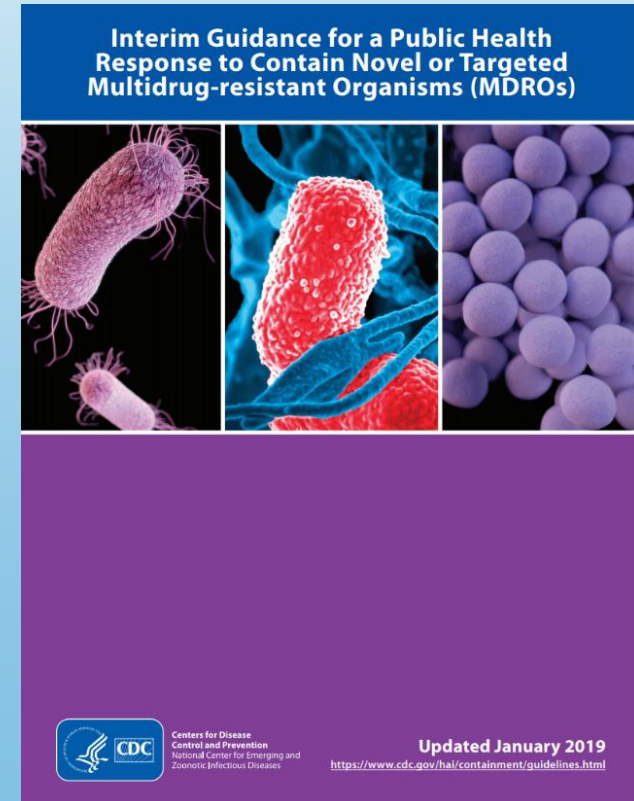
- **Highest Risk:**
 - Showering
 - Hygiene
 - Toileting
 - Wound dressing changes
- **Lowest Risk:**
 - Assist feeding
 - Giving meds
 - Glucose monitoring



Blanco et al. Infect Control Hosp Epidemiol (2018), 39, 1425-1430

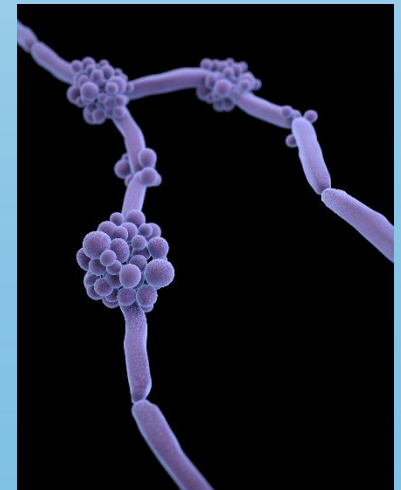
MDRO Containment Strategy in CT

- **Rapid identification**
- **Infection control assessments**
- **Colonization screenings (when appropriate)**
- **Coordinated response between facilities**
- **Continue assessments & colonization screenings until spread controlled.**



Antibiotic Resistance (AR) Reporting and Testing in CT

- ***Candida auris*** (fungus)
- **Carbapenem-resistant organisms (bacteria)**
 - Carbapenem-resistant Enterobacteriaceae (CRE)
 - Carbapenem-resistant *Acinetobacter baumannii* (CRAB)
 - Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
- **Other resistant bacteria**
 - Vancomycin-resistant *Staphylococcus aureus* & *S. epidermidis* (VRSA & VRSE)
 - Methicillin-resistant *Staphylococcus aureus* (MRSA)



MDRO Risk Factors in Post-Acute Care Population

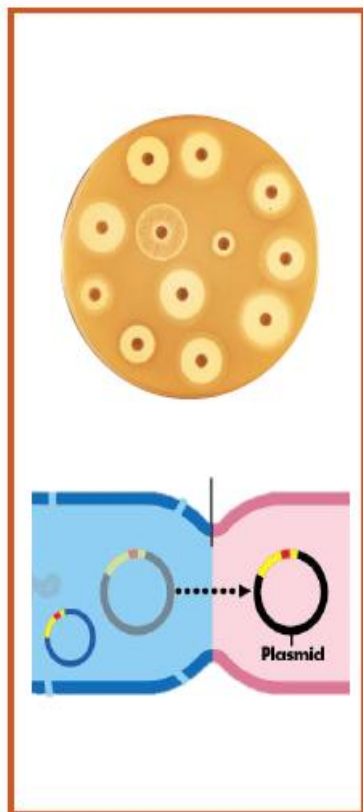
- Indwelling medical devices (e.g., urinary catheter, PEG tube, tracheostomy/vents, central line)
- Presence of wounds or decubitus ulcers
- Antibiotic use in prior 3 months, particularly fluoroquinolones
- Recent hospitalization
- Comorbid medical conditions
- Increased functional dependence



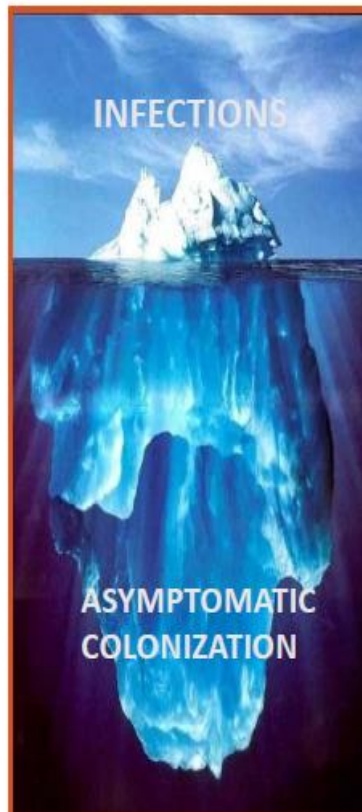
Prolonged length of stay in these facilities also increases opportunities for spread and acquisition

Characteristics of Emerging AR in Healthcare Settings

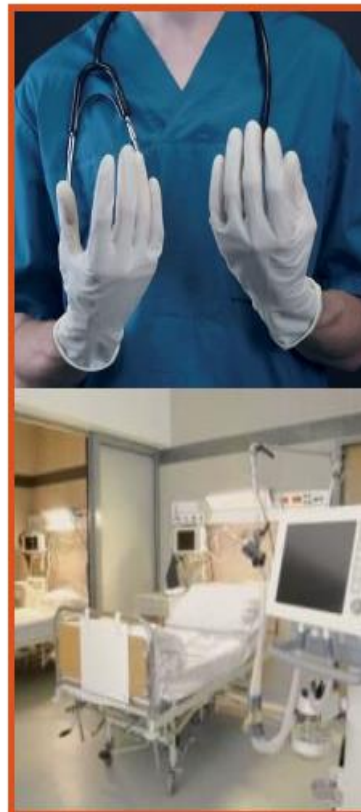
Resistance



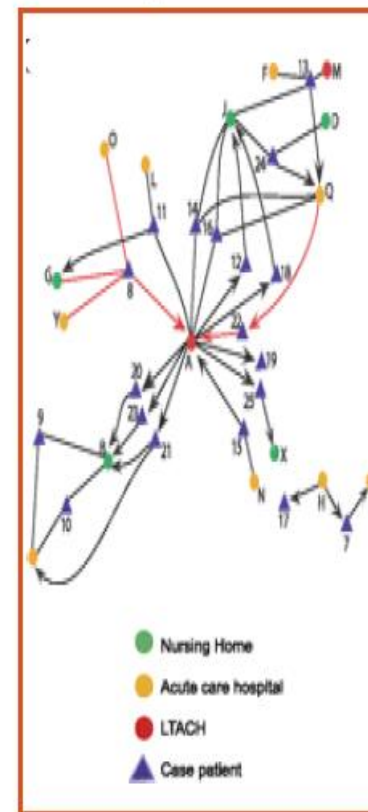
Detection



Transmission

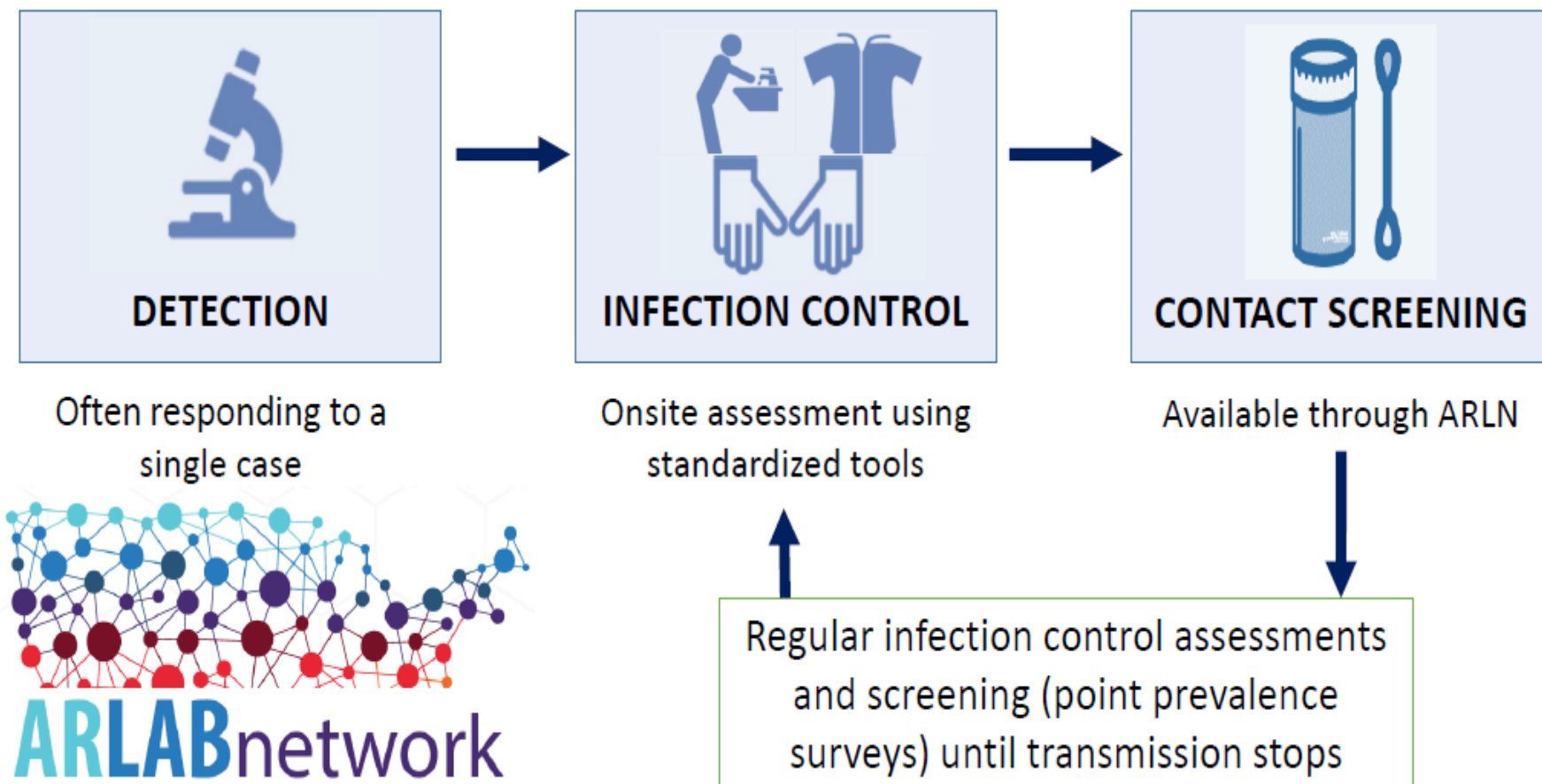


Spread



Containment Strategy

Systemic public health response to slow the spread of emerging AR



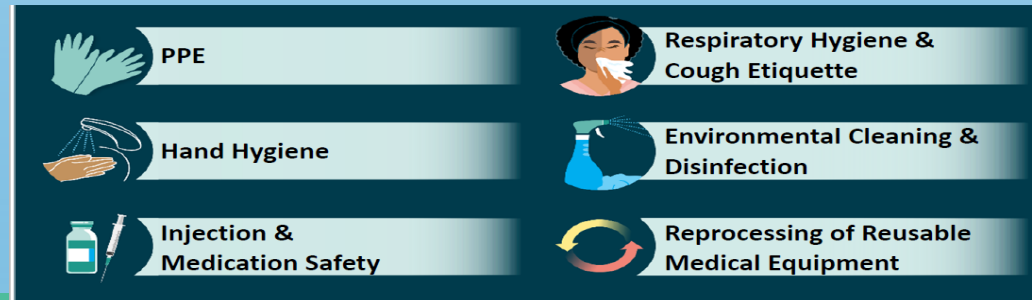
Common Infection Control Challenges Identified

- Gaps in adherence to hand hygiene, limited access to alcohol-based hand rubs inside and outside of resident rooms
- Limited access to personal protective equipment (PPE) and minimal use of Contact Precautions
- Improper product selection, use and frequency to reduce environmental surface contamination within shared rooms
- Inadequate cleaning/disinfection of equipment shared between residents
- Incomplete communication of MDRO history or risk factors during facility transfers

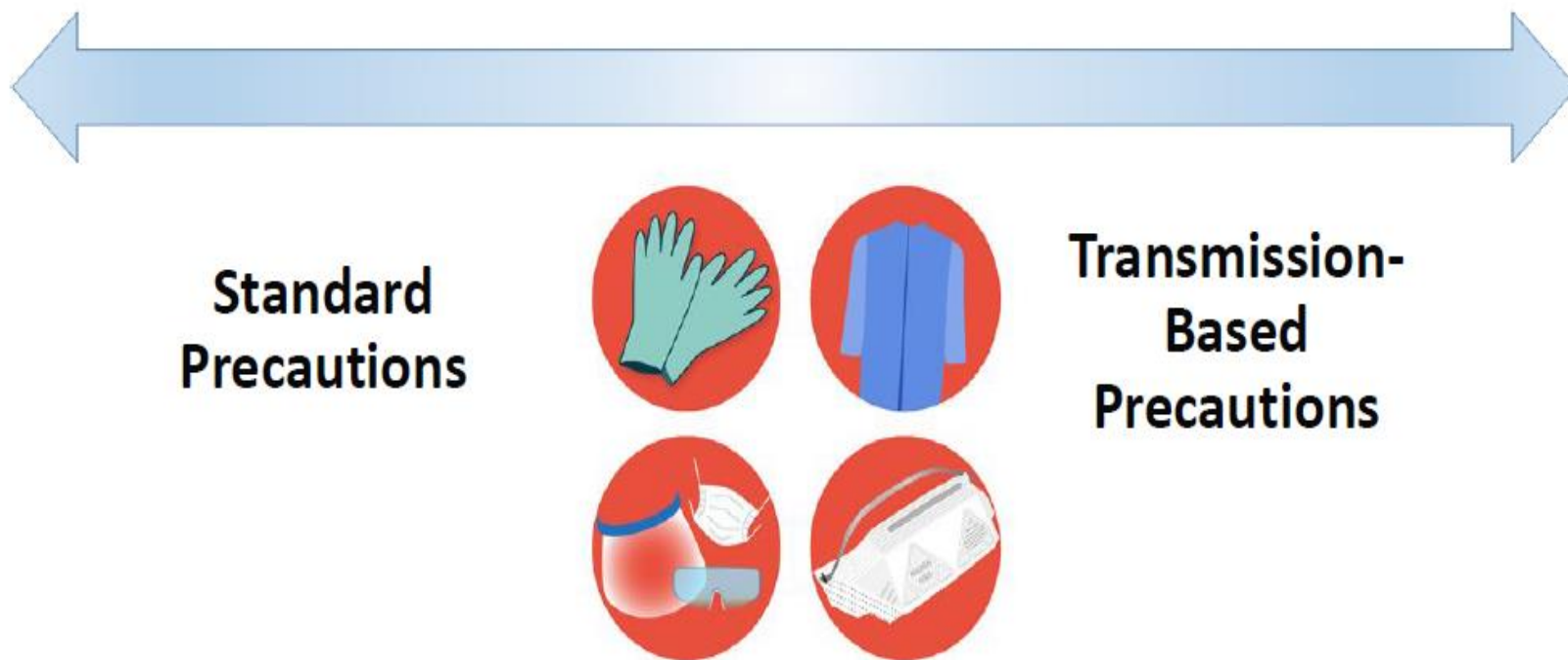
Description of Existing Precautions

Standard Precautions:

- For all residents, regardless of transmission risk or MDRO status
- Hand hygiene before and after touching any resident.
 - ABHG is preferred over soap & water.
 - Soap & water if concern for over C diff or Norovirus
- Use of Gown, Gloves or Masks based on resident interaction or potential exposure to blood, body fluids, and/or infectious material



Personal Protective Equipment (PPE) & Precautions



Transmission Based Existing Precautions

STOP CONTACT PRECAUTIONS STOP
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

 Put on gloves before room entry. Discard gloves before room exit.

 Put on gown before room entry. Discard gown before room exit.
Do not wear the same gown and gloves for the care of more than one person.

 Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

© 2014 CDC
 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

STOP DROPLET PRECAUTIONS STOP
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

 Make sure their eyes, nose and mouth are fully covered before room entry.

OR

 Remove face protection before room exit.

© 2014 CDC
 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

STOP AIRBORNE PRECAUTIONS STOP
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

 Put on a fit-tested N-95 or higher level respirator before room entry.

Remove respirator after exiting the room and closing the door.

 Door to room must remain closed.

© 2014 CDC
 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Transmission-Based Precautions

(<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>)

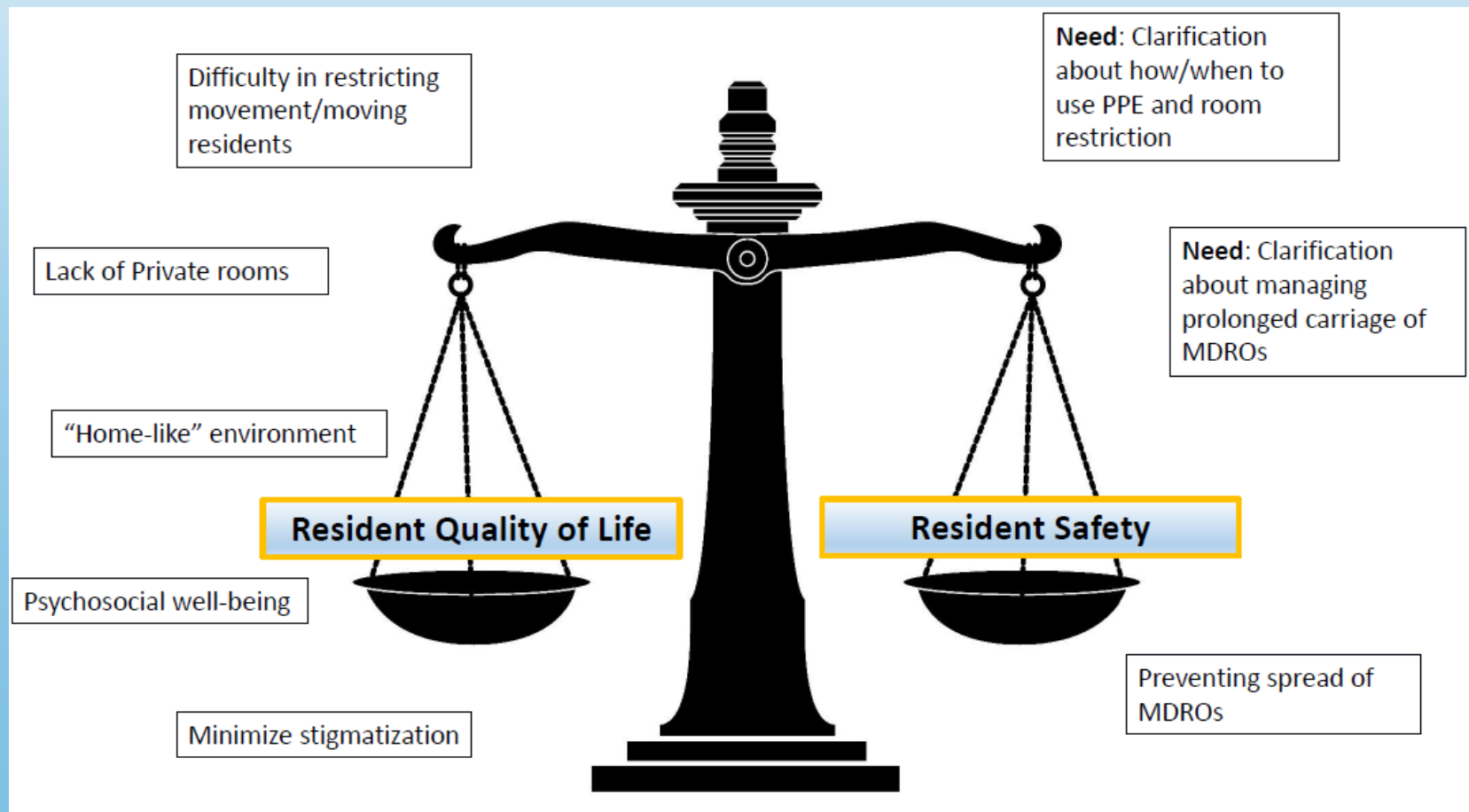
Description of Existing Precautions

Contact Precautions:

- Perform hand hygiene
- Gown and gloves upon room entry
- Dedicated equipment
- Private room
- Room restriction



Difficulty in Applying Transmission-Based Precautions for MDROs in Nursing Home



Enhanced Barrier Precautions (EBP): Guidance for facilities during AR Containment



The screenshot shows the CDC website's 'Healthcare-associated Infections (HAI)' section. The main heading is 'Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)'. A sidebar on the left lists navigation options: 'Healthcare-associated Infections (HAI)', 'HAI Data', 'Types of Infections', 'Diseases and Organisms', 'Preventing HAIs', 'Containment Strategy' (selected), 'What Can Be Done', 'Guidelines', 'Case Studies', and 'PPE in Nursing Homes'. The main content area includes a 'Print version' link for a 4-page PDF, a paragraph about the challenges of PPE use in nursing homes, and a 'Guideline for Isolation Precautions' link. A right sidebar titled 'On This Page' lists: 'Description of Existing Precautions', 'Description of New Precautions', 'Summary of PPE Use and Room Restriction', 'Implementation', and 'References'.

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Enhanced Barrier Precautions (EBP):

Guidance for facilities during AR Containment

STOP

ENHANCED BARRIER PRECAUTIONS

STOP

EVERYONE MUST:

Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

Wear gloves and a gown for the following High-Contact Resident Care Activities.

- Dressing
- Bathing/Showering
- Transferring
- Changing Linens
- Providing Hygiene
- Changing briefs or assisting with toileting
- Device care or use:
 - central line, urinary catheter, feeding tube, tracheostomy
- Wound Care: any skin opening requiring a dressing

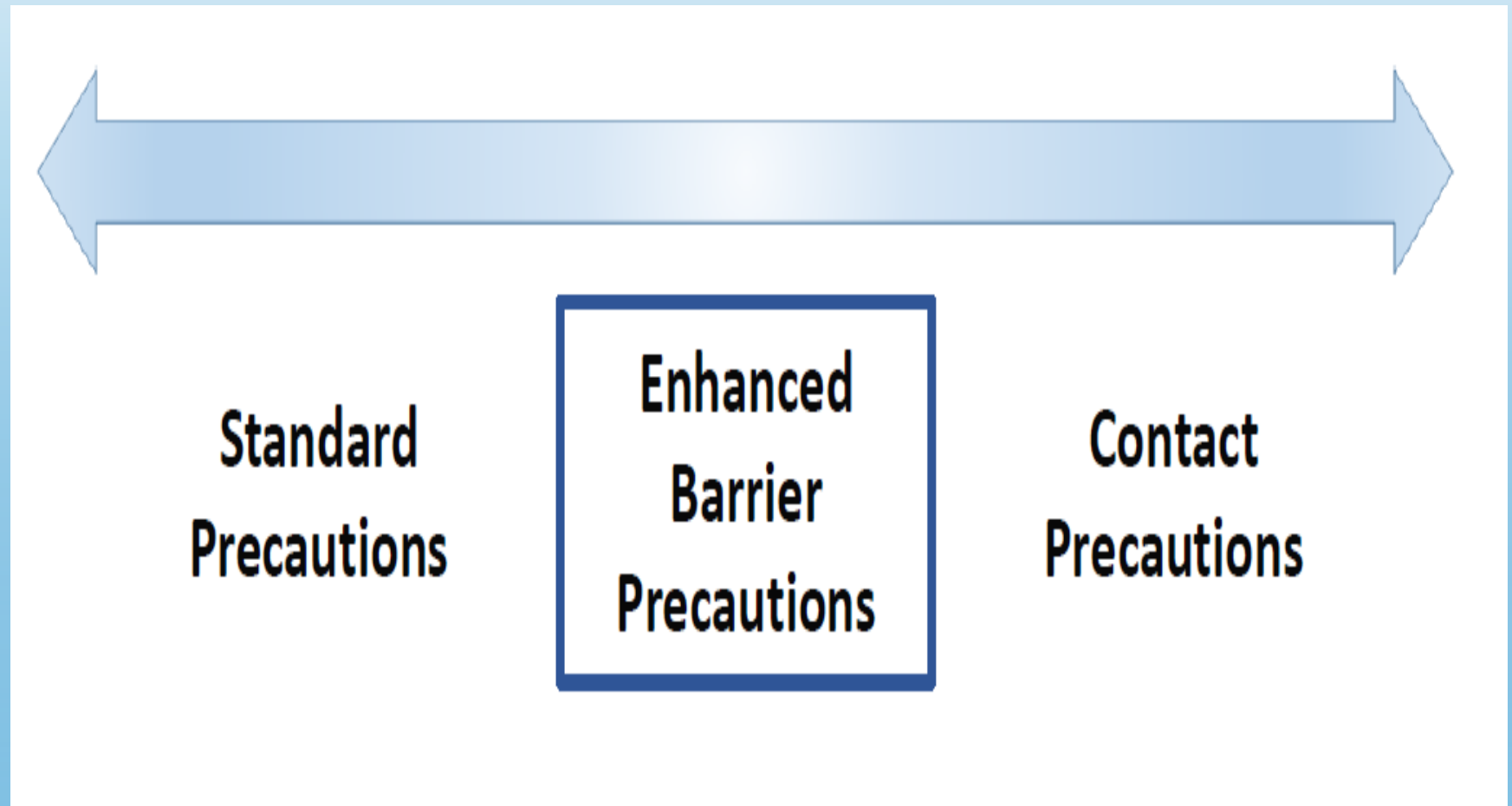
Do not wear the same gown and gloves for the care of more than one person.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

“Enhanced Barrier Precautions expand the use of PPE beyond situations in which exposure to blood and body fluids is anticipated

and refer to the **use of gown and gloves during high-contact resident care activities** that provide opportunities for transfer of MDROs to staff hands and clothing.”

Personal Protective Equipment (PPE) & Precautions



Description of New Precautions

Enhanced Barrier Precautions:

- Falls between Standard and Contact Precautions
- Expand use of PPE beyond situation in which exposure to blood & body fluid is anticipated
- Refers to use of gown and glove during high contact resident care activities that provides opportunities for transfer of MDROs to staff hands and clothing
- Intended to be a long-term strategy for gown/glove use for duration of resident's stay.
- If medical device or wound exposure are gone, can transition from EBP back to standard precautions.

Description of New Precautions

Enhanced Barrier Precautions:

- Examples of High-Contact Resident Care activities that **require** Gown and Glove Use include:
 - Dressing
 - Bathing/showering
 - Transferring
 - Providing hygiene
 - Changing linens
 - Changing briefs or assisting with toileting
 - Device care or use: Central line, urinary catheter, feeding tube, tracheostomy/ventilator
 - Wound care: any skin opening requiring a dressing



Description of New Precautions

Enhanced Barrier Precautions should be used for all residents with any of the following:

- **Infection or colonization with a novel or targeted MDRO** (as of July 2019) defined as:
 - Pan-resistant organisms,
 - Carbapenemase-producing Enterobacteriaceae,
 - Carbapenemase-producing *Pseudomonas* spp.,
 - Carbapenemase-producing *Acinetobacter baumannii*,
 - *Candida auris*
- **Wounds and/or indwelling medical devices (e.g. central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status** residing in an at-risk area
- When Contact Precautions do not apply

Application of Enhanced Barrier Precautions vs. Contact Precautions

Enhanced Barrier Precautions

Applies to:

All residents with any of the following:

- Infection or colonization with a novel or targeted MDRO *when Contact Precautions do not apply.*
- Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status

Facilities may consider applying Enhanced Barrier Precautions to residents infected or colonized with other epidemiologically-important MDROs based on facility policy.

Contact Precautions

Applies to:

All residents infected or colonized with a novel or targeted multidrug-resistant in specific situations:

- Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained
- On units or in facilities where ongoing transmission is documented or suspected

For infections (e.g., C. difficile, norovirus, scabies) and other conditions where Contact Precautions is recommended

See Appendix A – Type and Duration of Precautions Recommended for Selected Infections and Conditions of the CDC Guideline for Isolation Precautions

Required PPE for Enhanced Barrier Precautions vs. Contact Precautions

Enhanced Barrier Precautions

Applies to:

Gloves and gown prior to the high-contact care activity

Note:

- *Does not require single-room*
- *Does not require restrictions of movement/participation within facility policy.*

Contact Precautions

Applies to:

Gloves and gown

Note:

- *Includes consideration for single room or cohorting*
- *Includes restriction of movement and participation in group activities within the facility*

PPE Use in Enhanced Barrier Precautions vs. Contact Precautions

Enhanced Barrier Precautions

PPE used for these situations:

During high-contact resident care activities:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

Contact Precautions

PPE used for these situations:

Any room entry

When To Initiate EBP: **Immediately**



Post Clear Signage Outside Door

- Indicate type of precautions and required PPE
- For EBP, indicate high-contact resident care activities



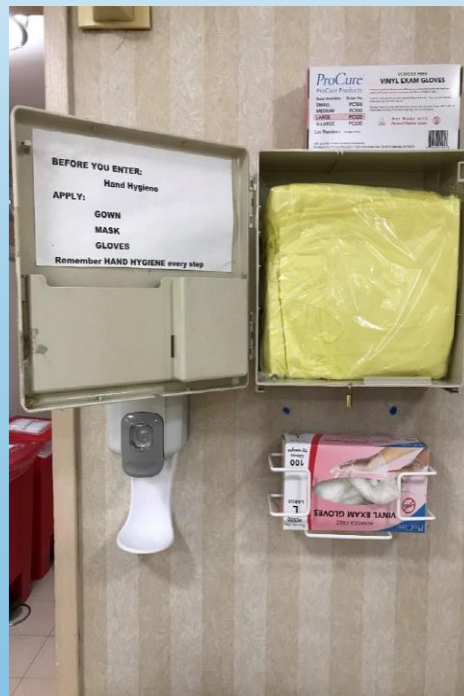
Signage Clarification with CT DPH FLIS – CMS

When a resident is placed on Transmission Precautions...

- Clearly identify the type of precautions and the appropriate PPE to be used;
- Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway identifying the CDC category of transmission-based precautions (e.g. contact, droplet, or airborne), instructions for use of PPE, and/or instructions to see the nurse before entering. Ensure that signage also complies with residents' rights to confidentiality and privacy;
- Make PPE readily available near the entrance to the resident's room;
- Don appropriate PPE upon entry into the environment (e.g., room or cubicle) of resident on transmission-based precautions (e.g., contact precautions);
- Use disposable or dedicated noncritical resident-care equipment (e.g., blood pressure cuff, bedside commode). If noncritical equipment is shared between residents, it will be cleaned and disinfected following manufacturer's instructions with an EPA-registered disinfectant after use;
- Clean and disinfect objects and environmental surfaces that are touched frequently (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) with an EPA-registered disinfectant for healthcare use at least daily and when visibly soiled; and
- Provide education to residents (to the degree possible/consistent with the resident's capacity) and their representatives or visitors on the use of transmission-based precautions.

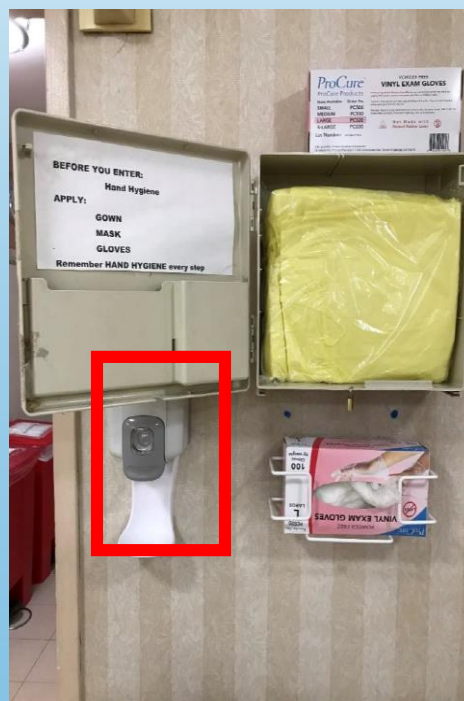
The Set-up: Personal Protective Equipment

- PPE, including gowns and gloves, should be available **immediately outside** of resident room
- Plan for restocking
- Position a trash can inside resident room and near exit for discarding PP!!



The Set-up: Hand Hygiene

- Ensure access to alcohol-based hand rub at every resident room
- Ideally located both inside and outside of room
- Make performing hand hygiene easy!!!



Cleaning & Disinfection of Shared Equipment



- Ensure access to cleaning supplies/wipes
- Contact Precautions requires dedicated equipment

Auditing Practices and Education

- Incorporate periodic monitoring and assessment of adherence to determine need for additional training and education



Gaps in Infection Prevention Practices Identified during LTC ICAR Visits

1. Hand Hygiene-
 - CDC - preferential use of ABHG over soap & water, except when hands visibly soiled, or C diff or Norovirus
2. Personal Protective Equipment (PPE)
 - Donning and Doffing
3. Injection Safety
 - Disinfection of Glucometer
 - Multi-dose vials
4. Environmental Cleaning
 - Proper steps in cleaning/disinfecting room

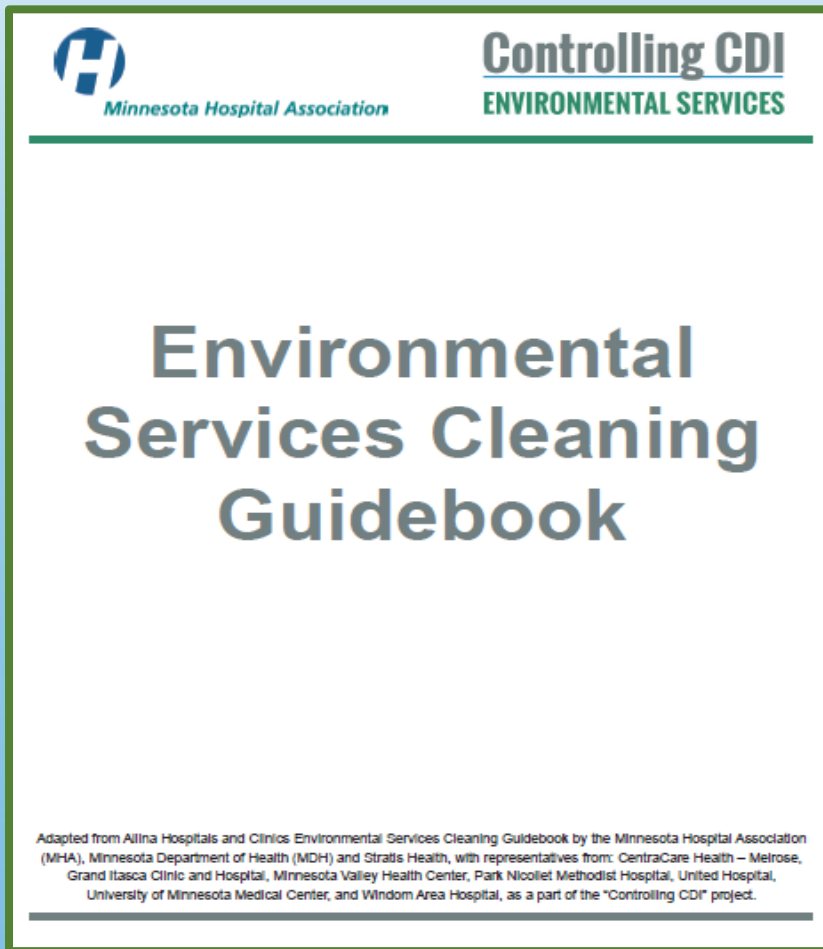
Environmental Cleaning is a Fundamental Principle of Infection Prevention

1. Is an EPA approved disinfectant being used?
2. What is dwell (contact or wet) time for disinfectant?
3. Is the dwell time being followed?
4. Protocol for cleaning and disinfection techniques? Ex. High-touch surfaces, # cloths
5. Training of EC staff?
6. Audits and Observations?

Nosocomial Pathogens Can Survive on Inanimate Surfaces for Prolonged Period

1. MRSA and VRE have been shown to persist on dry surfaces for several weeks to months.
2. *C. difficile* spores have been shown to survive in the environment for as long as 5 months.
3. A multi-hospital study of blood glucose meters found that 30% were contaminated with blood.
4. Hepatitis B virus has been demonstrated to remain infectious in dried blood on environmental surfaces for at least 7 days

Gaps in Infection Prevention Practices: Environmental Cleaning

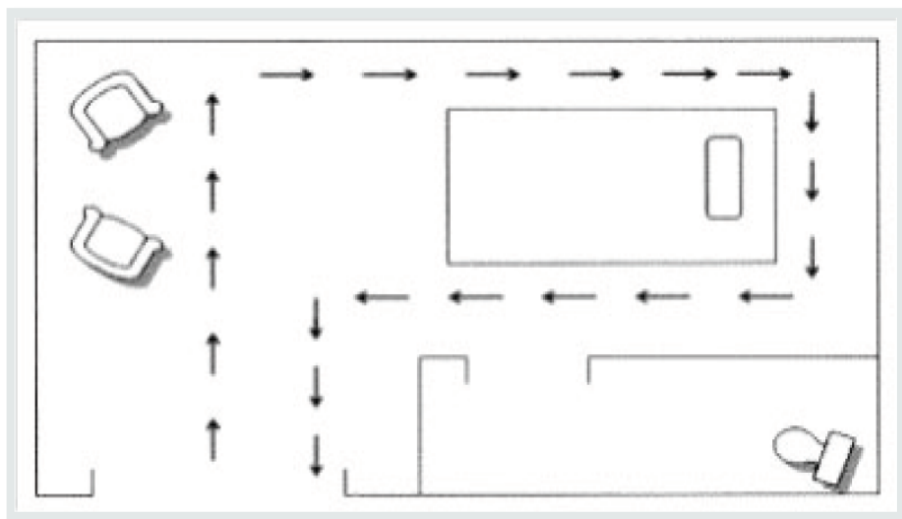


<https://mnhospitals.org>

Everybody attending today
should download this
guidebook and use for EVS
policies, protocols and
trainings.

Environmental Cleaning: Room Cleaning Path

Room cleaning path example

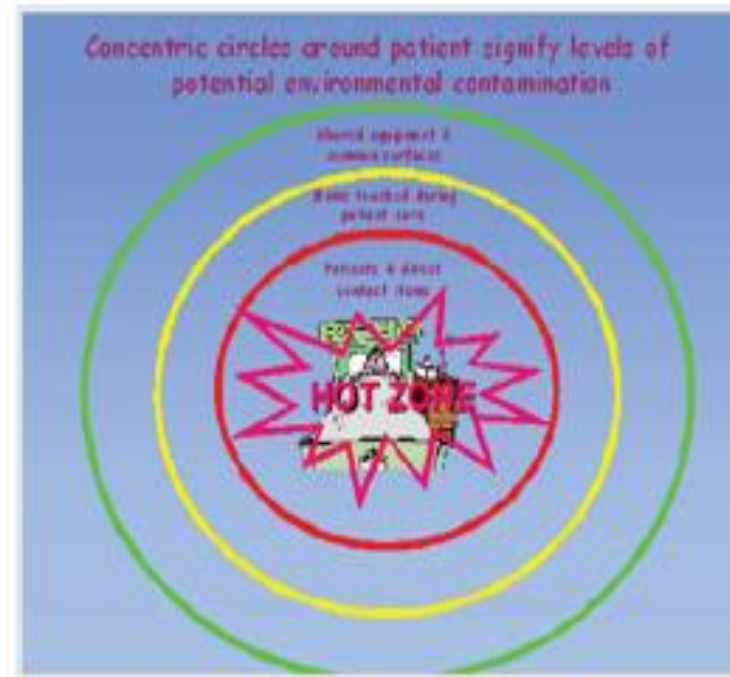


A consistent room cleaning path must be established.

1. Disinfect bed using a minimum of one BLUE rag.
2. Starting back at the door use a fresh BLUE rag, begin disinfecting the rest of patient room following a clockwise path. Change rags as needed to assure proper saturation and avoid cross contamination (approximately 3-4 rags).
3. Using 2-3 bathroom rags disinfect the restroom and always finish with the toilet.

Note: Each hospital is to set standards regarding cloth colors, product selection and number of cloths used per room.

Hotzone



The equipment and areas closest to the patient are the most contaminated and considered the "hot zone." As you move further from the patient, surfaces are less contaminated. Starting with the bed will allow adequate contact time with the disinfectant. Once the hot zone has been cleaned and disinfected, take a fresh cleaning rag and work clockwise from cleaner to dirtier (green to yellow ring on the diagram).

Environmental Cleaning:

Patient Room/Bathroom High Touch Areas

Patient room high touch areas



Bed hand rails



Nurse call box



Telephone



Telephone



Bedside table



Patient chair



Room door handles -
interior and exterior



Light switches



Computer keyboards



In-room sinks

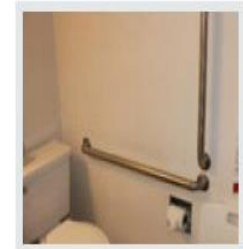
Patient restroom high touch areas



Toilet seat



Toilet handle



Toilet handle rails



Bathroom sink



Restroom light switch



Restroom door handle
- interior and exterior

Environmental Cleaning: Equipment Specific Cleaning Instructions

Bed – empty



- ☐ Raise bed to highest level.
- ☐ Raise the head and foot of the mattress.
- ☐ Wipe down mattress- top, sides and bottom
- ☐ Wipe down any pillows.
- ☐ Raise and wipe all handrails
- ☐ Wipe down foot and headboard. Remove footboard if applicable.
- ☐ Wipe exposed bed frame, springs or bed panels.
- ☐ Wipe the base and wheels of the bed.
- ☐ Lower head and foot of mattress to horizontal.

Beside wall fixtures



- ☐ Wipe all fixtures near head of the bed.
- ☐ Be careful not to set off code blue alarm.

Bedside table



- ☐ Wipe down top and sides of the table.
- ☐ Open and wipe inside of drawers.

Door handles



- ☐ Wipe the door handle and surrounding area
- ☐ Make sure to wipe inside and outside door handles in the patient room and rest room.

IV pole



- ☐ Wipe off keyboard cover and mouse
- ☐ If no keyboard cover, wipe keyboard using super sanicleth wiper.
- ☐ Wipe off computer case and cords.
- ☐ Dust monitor. If needed, use damp (water) paper towel to remove spots.
- ☐ Wipe all support arms for computer.

Linen hamper



- ☐ Wipe down frame and cover (if present)
- ☐ Allow to air dry before replacing bag.

Mirrors



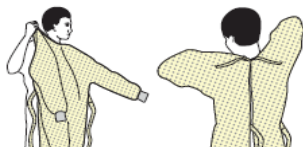
- ☐ Clean mirrors with glass cleaner and paper towels.

Personal Protective Equipment: Donning and Doffing

Donning PPE

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



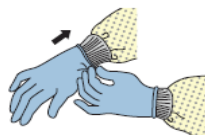
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



**USE SAFE WORK PRACTICES TO PROTECT YOURSELF
AND LIMIT THE SPREAD OF CONTAMINATION**

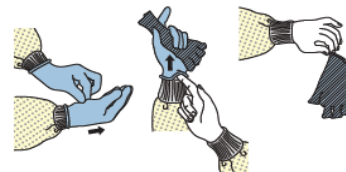
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



Removing PPE

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

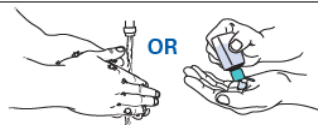


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



Reportable Events 2019

Class A	158
Class B	6,213
Class C	278
<u>Class D</u>	<u>2,396</u>
<i>Total</i>	<i>9,045</i>

Reportable Event Contact Information

Class A

<i>Classification</i>	<i>Description</i>	<i>DPH Contact Information</i>	<i>Reportable Event</i>
Class A	Event that has caused or resulted in a patient's death or presents an immediate danger of death or serious harm	<p>Immediate notification of DPH by initiation of a Reportable Event on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>If you wish to speak to the Department regarding a Class A incident that you determine to be of an urgent nature, please call (860) 509-7400 and ask to speak to a supervisor during business hours on weekdays from 8:00 AM to 4:00 PM.</p> <p>On weekends, evenings/ nights and holidays, please call (860) 509-8000 and ask to speak to the on-call duty officer.</p> <p>Telephone messages regarding routine questions may be left on (860) 509-7492.</p>	<p>Preliminary information about the event is to be submitted immediately on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>The Reportable Event is to be completed on the website within seventy-two hours</p> <p>A Summary Submission Form is to be completed on the website within five working days after the incident. Information relevant to the reportable event is to be provided including the outcome of the facility's investigation and findings, significant changes in the status of affected individuals and corrective action that has been implemented.</p> <p>Follow-up reports may be attached as often as necessary to inform the Department of any additional relevant information.</p>

Reportable Event Contact Information

Class B

Class B	Event that indicates an outbreak of disease or foodborne outbreaks, a complaint of patient abuse or an event that involves an abusive act to a patient by any person including verbal, mental, sexual or physical attack on a patient that may include the infliction of injury, unreasonable confinement, intimidation, or punishment	<p>Immediate notification of DPH by initiation of a Reportable Event on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>In accordance with the Code of Federal Regulations 483.12(c)(1), the facility must ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment including injuries of unknown source and misappropriation of resident property are reported to the Department immediately but not later than two hours after the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury or not later than twenty-four hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>If you wish to speak to the Department regarding a Class B incident that you determine to be of an urgent nature, please call (860) 509-7400 and ask to speak to a supervisor during business hours on weekdays from 8:00 AM to 4:00 PM.</p> <p>On weekends, evenings/ nights and holidays, please call (860) 509-8000 and ask to speak to the on-call duty officer.</p> <p>Telephone messages regarding routine questions may be left on (860) 509-7492.</p>	<p>Preliminary information about the event is to be submitted immediately on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>The Reportable Event is to be completed on the website within seventy-two hours.</p> <p>A Summary Submission Form is to be completed within five working days after the incident. Information relevant to the reportable event is to be provided including the outcome of the facility's investigation and findings, significant changes in the status of affected individuals and corrective action that has been implemented.</p> <p>Follow-up reports may be attached and are to be submitted as often as necessary to inform the Department of any additional relevant information.</p> <p>Outbreak information is to be updated weekly. Updates shall include current line lists and the total number of patients affected, any hospitalizations, any patients in critical condition, any deaths and the total number of employees affected. A final line list with a summary is to be submitted when the outbreak is resolved.</p>
---------	--	---	---

Reportable Event Contact Information

Class C

Classification	Description	DPH Contact Information	Reportable Event
Class C	Event including but not limited to loss of emergency electrical generator power, loss of heat, loss of water system that will result in the evacuation of one (1) or more patients within or outside of the facility and all fires regardless of whether services are disrupted.	<p>Immediate notification of DPH by initiation of a Reportable Event on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>For any fire and/or any incident that requires evacuation of one (1) or more residents within or outside the facility and any other Class C incident that you determine to be of an urgent nature, please call (860) 509-7400 and ask to speak to a supervisor during business hours on weekdays from 8:00 AM to 4:00 PM.</p> <p>On weekends, evenings/ nights and holidays, please call (860) 509-8000 and ask to speak to the on-call duty officer.</p> <p>Telephone messages regarding routine questions may be left on (860) 509-7492.</p>	<p>Preliminary information about the event is to be submitted immediately on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>The Reportable Event is to be completed on the website within seventy-two hours.</p> <p>A Summary Submission Form is to be completed within five working days after the incident. Information relevant to the reportable event is to be provided including the outcome of the facility's investigation and findings, significant changes in the status of affected individuals and corrective action that has been implemented.</p> <p>Follow-up reports may be attached and are to be submitted as often as necessary to inform the Department of any additional relevant information.</p>

Reportable Event Contact Information

Class D

Class D	Event that has caused or resulted in a serious injury or significant change in a patient's condition, an event that involves medication error(s) of clinical significance which for the purpose of this classification shall mean an event that adversely alters a patient's mental or physical condition	Reportable Event is to be completed within seventy-two hours on the DPH FLIS Events website: https://dphflisevents.ct.gov	Reportable Event is to be completed within seventy-two hours on the DPH FLIS Events website: https://dphflisevents.ct.gov A Summary Submission Form is to be completed within five working days after the incident. Information relevant to the reportable event is to be provided including the outcome of the facility's investigation and findings, significant changes in the status of affected individuals and corrective action that has been implemented. Follow-up reports may be attached and are to be submitted as often as necessary to inform the Department of any additional relevant information.
---------	---	---	--

Reportable Event Contact Information

Class E

Class E	Event that has caused or resulted in minor injury, distress or discomfort to a patient.	Notification of the Department is not required.	Written report of event at time of occurrence or discovery is to be maintained on file at the facility for review by the Department
---------	---	---	---

Key Questions to Answer

- Who?
- What?
- Where?
- When?
- Why?
- How?

Scenario Examples

- A resident had a choking event that required the Heimlich maneuver
- Two residents are involved in a fist fight

Who?

- Identify resident's name in initiated reports
- Resident to resident altercations
 - A separate report must be submitted for each resident involved

What?

- Explain what happened

- Provide as many details as possible
- Examples:
 - **Choking**- provide the resident's diet order *at the time* of the choking and *after* the choking
 - **Resident to resident altercation**- include the both residents' cognition, what happened/provoked, any previous history and any injuries

Where?

- Again, provide as many details as possible

- Examples:

- **Choking-** in the dining room, in the resident's room, lobby
- **Resident to resident altercation** – in the dining room, a resident's room, lobby

When?

- Include both when the event occurred and when the facility became aware of the incident
- Examples:
 - **Choking:** time of incident
 - **Resident to resident altercation:** time of incident and time when facility first became aware of altercation

Why?

- To the best of your knowledge explain why event occurred
- Examples:
 - **Choking**- family member brought in caramels
 - **Resident to resident altercation**- resident sat in another resident's seat in the dining room

How?

- What interventions has the facility implemented to prevent reoccurrence?
- Examples:
 - **Choking-** Family members were educated on resident's diet orders
 - **Resident to resident altercation-** Residents were assigned different dining rooms

Staff to Resident Abuse

- When filing an initial report of allegations of staff to resident abuse, please indicate what actions the facility has taken to protect the safety of all residents

Details! Details! Details!

- The details help give us a clear understanding of what happened and what interventions were put into place to prevent reoccurrence

Messages

- If you have not received an answer to a message you have sent us, call 860-509-7492

Outbreaks

- Even one case of flu is considered an outbreak and must be reported to FLIS, the Epidemiology Program or calling (860) 509-7994 and the appropriate local health department.

Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2020

As required by Conn. Gen. Stat. §19a-2a and Conn. Agencies Regs. §19a-36-A2, the Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings. The list of Reportable Diseases, Emergency Illnesses and Health Conditions has two parts: (A) reportable diseases; and (B) reportable emergency illnesses and conditions. An advisory committee, consisting of public health officials, clinicians, and laboratorians, contribute to the annual process. There are 2 additions and 1 removal from the healthcare provider list, and 1 addition and 2 modifications to the laboratory list. No changes have been made to emergency illnesses or health conditions.

Reportable disease and laboratory reporting forms are on the DPH "Forms" webpage at: <https://portal.ct.gov/DPH/Communications/Forms/Forms>.

Changes to the List of Reportable Diseases, Emergency Illnesses and Health Conditions

Part A: Reportable Diseases

E-cigarette or vaping product use associated lung injury (EVALI)

Provider reporting of lung injury associated with e-cigarette or vaping product use has been added as a Category 2 finding. This change is made to contribute to national surveillance with a goal of understanding the epidemiology and causes of these injuries, and to inform public health control and prevention measures. Additional information: <https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Vaping>.

In this issue...	Page #
Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings - Changes for 2020	1
List of Reportable Diseases, Emergency Illnesses and Health Conditions - 2020	2
List of Reportable Laboratory Findings - 2020	3
Persons Required to Report Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings	4

Hepatitis C, Perinatal Infection

Provider reporting of perinatal Hepatitis C infection has been added. Perinatal hepatitis C was added to the Centers for Disease Control and Prevention National Notifiable Conditions list in 2018. This addition will allow DPH to characterize the prevalence of perinatal HCV in Connecticut.

Carbon Monoxide Poisoning

Provider reporting of carbon monoxide (CO) poisoning has been removed. This change is being made to reduce the reporting burden for CO by providers. CO will remain a laboratory reportable finding to the DPH for only those laboratories with electronic reporting capabilities.

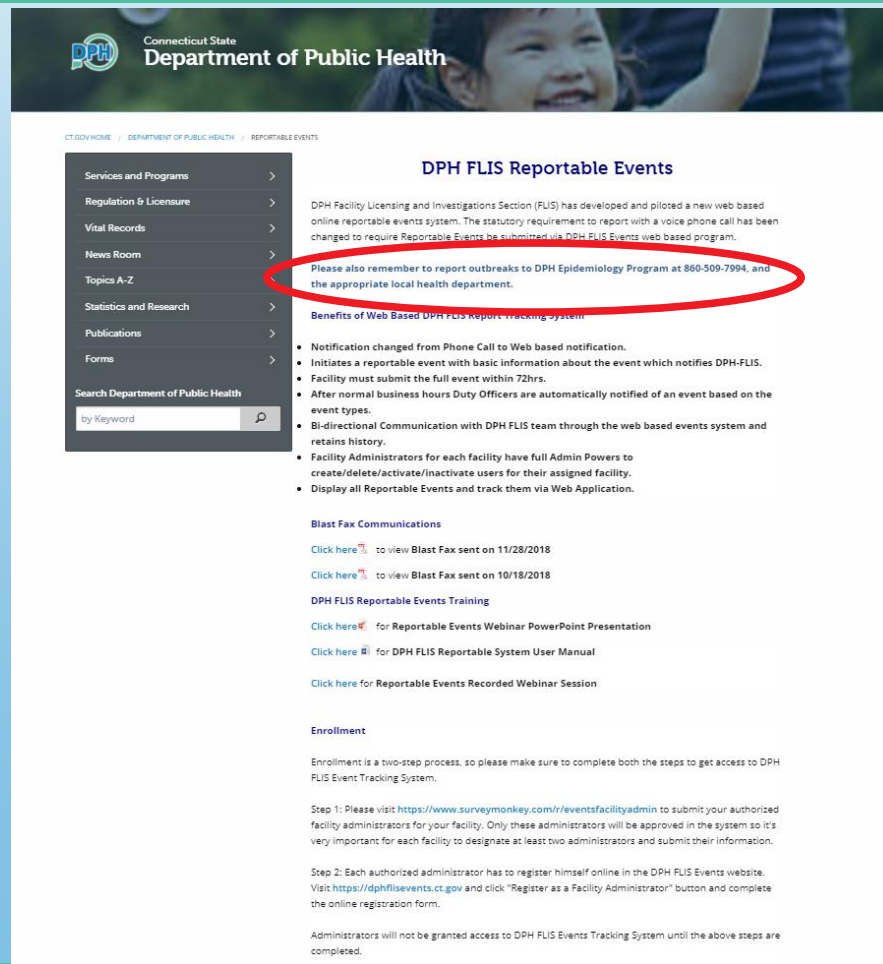
Changes to the List of Reportable Laboratory Findings

Respiratory Syncytial Virus

Laboratory reporting of respiratory syncytial virus (RSV) has been added. The DPH has been funded to conduct RSV surveillance to investigate the burden among and characteristics of children and adults hospitalized with RSV. Laboratories with electronic reporting capabilities to DPH are required to report all positive RSV reports to DPH. Laboratories in the process of ELR onboarding may be contacted periodically by DPH staff for electronic line lists of positive RSV reports.

(Continued on page 4)

<https://portal.ct.gov/DPH/Facility-Licensing--Investigations/Facility-Licensing--Investigations-Section-FLIS/Reportable-Events>



The screenshot shows the "DPH FLIS Reportable Events" webpage. On the left is a dark sidebar with a menu containing: Services and Programs, Regulation & Licensure, Vital Records, News Room, Topics A-Z, Statistics and Research, Publications, and Forms. Below the menu is a search bar labeled "Search Department of Public Health" with a placeholder "by Keyword". The main content area has a header "Connecticut State Department of Public Health" and a sub-header "DPH FLIS Reportable Events". The text states: "DPH Facility Licensing and Investigations Section (FLIS) has developed and piloted a new web based online reportable events system. The statutory requirement to report with a voice phone call has been changed to require Reportable Events be submitted via DPH FLIS Events web based program." A red circle highlights the following text: "Please also remember to report outbreaks to DPH Epidemiology Program at 860-509-7994, and the appropriate local health department." Below this is a section titled "Benefits of Web Based DPH FLIS Reportable Tracking System" with a bulleted list of features. Further down are links for "Blast Fax Communications" (sent 11/28/2018 and 10/18/2018), "DPH FLIS Reportable Events Training" (Webinar PowerPoint Presentation and User Manual), and "Enrollment" (a two-step process for facility administrators).

CT.GOV HOME / DEPARTMENT OF PUBLIC HEALTH / REPORTABLE EVENTS

DPH FLIS Reportable Events

DPH Facility Licensing and Investigations Section (FLIS) has developed and piloted a new web based online reportable events system. The statutory requirement to report with a voice phone call has been changed to require Reportable Events be submitted via DPH FLIS Events web based program.

Please also remember to report outbreaks to DPH Epidemiology Program at 860-509-7994, and the appropriate local health department.

Benefits of Web Based DPH FLIS Reportable Tracking System

- Notification changed from Phone Call to Web based notification.
- Initiates a reportable event with basic information about the event which notifies DPH-FLIS.
- Facility must submit the full event within 72hrs.
- After normal business hours Duty Officers are automatically notified of an event based on the event types.
- Bi-directional Communication with DPH FLIS team through the web based events system and retains history.
- Facility Administrators for each facility have full Admin Powers to create/delete/activate/inactivate users for their assigned facility.
- Display all Reportable Events and track them via Web Application.

Blast Fax Communications

[Click here](#) to view Blast Fax sent on 11/28/2018

[Click here](#) to view Blast Fax sent on 10/18/2018

DPH FLIS Reportable Events Training

[Click here](#) for Reportable Events Webinar PowerPoint Presentation

[Click here](#) for DPH FLIS Reportable System User Manual

[Click here](#) for Reportable Events Recorded Webinar Session

Enrollment

Enrollment is a two-step process, so please make sure to complete both the steps to get access to DPH FLIS Event Tracking System.

Step 1: Please visit <https://www.surveymonkey.com/r/eventsfacilityadmin> to submit your authorized facility administrators for your facility. Only these administrators will be approved in the system so it's very important for each facility to designate at least two administrators and submit their information.

Step 2: Each authorized administrator has to register himself online in the DPH FLIS Events website. Visit <https://dphflisevents.ct.gov> and click "Register as a Facility Administrator" button and complete the online registration form.

Administrators will not be granted access to DPH FLIS Events Tracking System until the above steps are completed.

Outbreaks

- Weekly reports need to include:
 - # of residents currently affected
 - Any hospitalizations
 - Any deaths
 - # of staff affected
 - Line list
 - Information should be attached in the summary section of the reportable event

Outbreaks

- Once an outbreak is resolved, complete the summary and attach the final line list with the total number of residents affected, hospitalizations, deaths and number of staff affected

Summary

- When in doubt, report!
- Allegations of abuse must include what information you gathered during the investigation that led to the allegation being substantiated or unsubstantiated

Summary

- All resident to resident altercations must be reported whether or not there was intent to harm
- Duty officer is available after hours during holidays, evenings and weekends; can be reached at **860-509-8000**

Summary

- Managers receive messages 24 hours a day regarding reportable events, and may reach out to you with questions regarding reported events.

Summary

- If your internet is down and you are unable to report online
 - Between 8:00 a.m. and 4:00 p.m. call **860-509-7400**
 - After hours including weekends and holidays, call the duty officer at **860-509-8000**

Thank you!

- Thank you for your cooperation.
- Any questions?

Deficiency Count Region 1

[Go To: Report Select Page](#)

Deficiency Count Report

Complaint and Standard Surveys

Selection Criteria

Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities - Medicare Only, Nursing Facilities (NFs) - Medicaid Only

Display Uncorrected Deficiencies Only: No

Percent by Row: No

Survey Focus: Health


Year Type: Year: Quarter: Percent by Row: ☐ [View All States](#)

Deficiency Count Report

Region	Deficiencies by Scope & Severity											Total
	B	C	D	E	F	G	H	I	J	K	L	
(I) Boston	398	112	4,548	1,112	176	330	21	0	63	27	0	6,787
Connecticut	124	29	1,384	298	16	84	0	0	8	4	0	1,947
Maine	66	10	275	152	5	4	3	0	0	1	0	516
Massachusetts	119	21	2,420	517	104	224	13	0	36	21	0	3,475
New Hampshire	54	9	147	43	3	5	0	0	1	0	0	262
Rhode Island	25	20	185	40	32	9	5	0	3	0	0	319
Vermont	10	23	137	62	16	4	0	0	15	1	0	268
(II) New York	209	44	3,166	821	111	58	0	0	16	8	8	4,441
(III) Philadelphia	340	386	10,703	3,691	630	357	6	0	84	34	14	16,245
(IV) Atlanta	170	246	9,861	2,066	758	451	18	0	557	104	27	14,258
(V) Chicago	301	1,090	23,320	5,402	2,957	1,406	21	0	338	78	41	34,954
(VI) Dallas	268	261	6,156	7,651	1,400	348	88	0	237	165	30	16,604
(VII) Kansas City	233	279	7,256	3,208	1,046	336	1	0	142	22	16	12,539
(VIII) Denver	20	43	2,893	1,363	352	202	33	0	10	8	1	4,925
(IX) San Francisco	704	61	12,732	4,294	629	374	27	10	32	52	33	18,948
(X) Seattle	19	37	4,571	1,470	366	423	30	0	60	14	7	6,997
National Total	2,662	2,559	85,206	31,078	8,425	4,285	245	10	1,539	512	177	136,698

[Save as PDF...](#) [Save as Excel...](#)

Citation Frequency CT



S&C QCOR

[Home](#) | [Help](#) | [Resources](#) | [FAQs](#) | [Site Map](#)

[Go to Text-Only Version](#)

Go To: [Report Select Page](#)

Citation Frequency Report

Selection Criteria

Begin Year: 2019
End Year: 2019
Display Options: Display all results
Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only
State: Connecticut
Survey Focus: Health

Year Type: Year: Quarter:

Citation Frequency Report

State	Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.			Connecticut Active Providers=216	Total Number of Surveys=497	
	F0689	Free of Accident Hazards/Supervision/Devices	171	48.6%	34.4%
	F0684	Quality of Care	159	46.8%	32.0%
	F0880	Infection Prevention & Control	86	35.6%	17.3%
	F0842	Resident Records - Identifiable Information	72	24.5%	14.5%
	F0600	Free from Abuse and Neglect	65	20.8%	13.1%
	F0580	Notify of Changes (Injury/Decline/Room, etc.)	65	19.4%	13.1%
	F0692	Nutrition/Hydration Status Maintenance	64	20.8%	12.9%
	F0812	Food Procurement, Store/Prepare/Serve Sanitary	62	25.9%	12.5%
	F0550	Resident Rights/Exercise of Rights	59	20.4%	11.9%
	F0609	Reporting of Alleged Violations	58	20.8%	11.7%
	F0578	Request/Refuse/Discontinue Treatment; Form/late Adv Dir	55	23.1%	11.1%
	F0656	Develop/Implement Comprehensive Care Plan	54	20.4%	10.9%
	F0761	Label/Store Drugs and Biologicals	51	20.4%	10.3%
	F0584	Safe/Clean/Comfortable/Homelike Environment	44	17.6%	8.9%
	F0657	Care Plan Timing and Revision	43	13.9%	8.7%
	F0610	Investigate/Prevent/Correct Alleged Violation	42	14.4%	8.5%
	F0758	Free from Unnec Psychotropic Meds/PRN Use	38	15.3%	7.6%

Citation Frequency Region 1



Go To: [Report Select Page](#)

Citation Frequency Report

Selection Criteria

Begin Year: 2019
End Year: 2019
Display Options: Display all results
Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only
Region: I BOSTON
Survey Focus: Health

Year Type: **Year:** **Quarter:**

Citation Frequency Report

Region	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Tag #				
Totals represent the # of providers and surveys that meet the selection criteria specified above.		(1) Boston Active Providers=903	Total Number of Surveys=2554	
F0689	Free of Accident Hazards/Supervision/Devices	392	31.2%	15.3%
F0656	Develop/Implement Comprehensive Care Plan	339	30.8%	13.3%
F0880	Infection Prevention & Control	293	29.8%	11.5%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	278	28.3%	10.9%
F0761	Label/Store Drugs and Biologicals	257	26.1%	10.1%
F0684	Quality of Care	249	19.7%	9.7%
F0842	Resident Records - Identifiable Information	247	22.0%	9.7%
F0658	Services Provided Meet Professional Standards	232	22.9%	9.1%
F0600	Free from Abuse and Neglect	179	14.8%	7.0%
F0550	Resident Rights/Exercise of Rights	177	17.6%	6.9%
F0609	Reporting of Alleged Violations	174	16.6%	6.8%
F0758	Free from Unnec Psychotropic Meds/PRN Use	161	16.7%	6.3%
F0584	Safe/Clean/Comfortable/Homelike Environment	155	16.1%	6.1%
F0657	Care Plan Timing and Revision	138	12.7%	5.4%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	131	11.1%	5.1%
F0692	Nutrition/Hydration Status Maintenance	127	11.6%	5.0%
F0641	Accuracy of Assessments	124	12.8%	4.9%

Top Ten Region 1



Go To: [Report Select Page](#)

Citation Frequency Report

Selection Criteria

Begin Year: 2019
End Year: 2019
Display Options: Display all results
Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only
Region: I BOSTON
Survey Focus: Health

Year Type: Year: Quarter:

Citation Frequency Report

Region	Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.			(I) Boston Active Providers=903	Total Number of Surveys=2554	
	F0689	Free of Accident Hazards/Supervision/Devices	392	31.2%	15.3%
	F0656	Develop/Implement Comprehensive Care Plan	339	30.8%	13.3%
	F0880	Infection Prevention & Control	293	29.8%	11.5%
	F0812	Food Procurement, Store/Prepare/Serve Sanitary	278	28.3%	10.9%
	F0761	Label/Store Drugs and Biologicals	257	26.1%	10.1%
	F0684	Quality of Care	249	19.7%	9.7%
	F0842	Resident Records - Identifiable Information	247	22.0%	9.7%
	F0658	Services Provided Meet Professional Standards	232	22.9%	9.1%
	F0600	Free from Abuse and Neglect	179	14.8%	7.0%
	F0550	Resident Rights/Exercise of Rights	177	17.6%	6.9%
	F0609	Reporting of Alleged Violations	174	16.6%	6.8%
	F0758	Free from Unnec Psychotropic Meds/PRN Use	161	16.7%	6.3%
	F0584	Safe/Clean/Comfortable/Homelike Environment	155	16.1%	6.1%
	F0657	Care Plan Timing and Revision	138	12.7%	5.4%
	F0580	Notify of Changes (Injury/Decline/Room, etc.)	131	11.1%	5.1%
	F0692	Nutrition/Hydration Status Maintenance	127	11.6%	5.0%
	F0641	Accuracy of Assessments	124	12.8%	4.9%

Top Ten Connecticut

S&C QCOR

https://qcor.cms.gov/report241.jsp?which=0&report=report241.jsp

To see favorites here, select ☆ then ☆, and drag to the Favorites Bar folder. Or import from another browser. [Import favorites](#)

[Go to Text-Only Version](#)

Go To: [Report Select Page](#)

Citation Frequency Report

Selection Criteria

Begin Year: 2019
End Year: 2019
Display Options: Display top 25 tags
Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only
State: Connecticut
Survey Focus: Health

Year Type: **Year:** **Quarter:**

Citation Frequency Report

State	Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.			Connecticut Active Providers=216 Total Number of Surveys=497		
	F0689	Free of Accident Hazards/Supervision/Devices	171	48.6%	34.4%
	F0684	Quality of Care	159	46.8%	32.0%
	F0880	Infection Prevention & Control	86	35.6%	17.3%
	F0842	Resident Records - Identifiable Information	72	24.5%	14.5%
	F0600	Free from Abuse and Neglect	65	20.8%	13.1%
	F0580	Notify of Changes (Injury/Decline/Room, etc.)	65	19.4%	13.1%
	F0692	Nutrition/Hydration Status Maintenance	64	20.8%	12.9%
	F0812	Food Procurement, Store/Prepare/Serve Sanitary	62	25.9%	12.5%
	F0550	Resident Rights/Exercise of Rights	59	20.4%	11.9%
	F0609	Reporting of Alleged Violations	58	20.8%	11.7%
	F0578	Request/Refuse/Discontinue Trmt; Formlike Adv Dir	55	23.1%	11.1%
	F0656	Develop/Implement Comprehensive Care Plan	54	20.4%	10.9%
	F0761	Label/Store Drugs and Biologicals	51	20.4%	10.3%
	F0584	Safe/Clean/Comfortable/Homelike Environment	44	17.6%	8.9%
	F0657	Care Plan Timing and Revision	43	13.9%	8.7%
	F0610	Investigate/Prevent/Correct Alleged Violation	42	14.4%	8.5%
	F0758	Free from Unnec Psychotropic Meds/PRN Use	38	15.3%	7.6%
	F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	36	13.9%	7.2%
	F0658	Services Provided Meet Professional Standards	33	12.0%	6.6%
	F0688	Increase/Prevent Decrease in ROM/Mobility	28	11.6%	5.6%

Type here to search

7:48 AM
02/11/2020

Citation Frequency G or greater



[Go To: Report Select Page](#)

Citation Frequency Report

Selection Criteria

Begin Year: 2019
End Year: 2019
Display Options: Display all results
Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only
State: Connecticut
Scope and Severity: Greater than or Equal to G
Survey Focus: Health

Year Type: **Year:** **Quarter:**

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Connecticut Active Providers=216	Total Number of Surveys=86	
F0689	Free of Accident Hazards/Supervision/Devices	56	17.1%	65.1%
F0690	Free from Abuse and Neglect	12	4.6%	14.0%
F0760	Residents are Free of Significant Med Errors	10	2.8%	11.6%
F0684	Quality of Care	3	1.4%	3.5%
F0678	Cardio-Pulmonary Resuscitation (CPR)	2	0.9%	2.3%
F0805	Food in Form to Meet Individual Needs	2	0.9%	2.3%
F0880	Infection Prevention & Control	2	0.9%	2.3%
F0550	Resident Rights/Exercise of Rights	2	0.5%	2.3%
F0658	Services Provided Meet Professional Standards	2	0.5%	2.3%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	2	0.9%	2.3%
F0688	Increase/Prevent Decrease in ROM/Mobility	1	0.5%	1.2%
F0692	Nutrition/Hydration Status Maintenance	1	0.5%	1.2%
F0604	Right to be Free from Physical Restraints	1	0.5%	1.2%

[Save as PDF...](#) [Save as Excel...](#)

[Change Criteria](#)

Immediate Jeopardy

“Immediate Jeopardy means a situation in which the provider’s noncompliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death to a resident.”

KEY COMPONENTS OF IMMEDIATE JEOPARDY

3-06-19

Noncompliance: An entity has failed to meet one or more federal health, safety, and/or quality regulations;

AND

Serious Adverse Outcome or Likely Serious Adverse Outcome: As a result of the identified noncompliance, serious injury, serious harm, serious impairment or death has occurred, is occurring, or is likely to occur to one or more identified recipients at risk;

AND

Need for Immediate Action: The noncompliance creates a need for immediate corrective action by the provider/supplier to prevent serious injury, serious harm, serious impairment or death from occurring or recurring.

Key Changes in the Core Appendix Q

- **Likelihood instead of potential** – The previous version of Appendix Q suggested that a potential for serious harm might constitute immediate jeopardy. Core Appendix Q makes it clear that in order to cite immediate jeopardy in situations where recipients have not already suffered serious injury, harm, impairment or death, the nature and/or extent of the identified noncompliance creates a likelihood (reasonable expectation) that such harm will occur if not corrected, not simply the potential for that level of harm to occur.
- **Culpability has been removed** – The previous version of Appendix Q made culpability a required component to cite immediate jeopardy. Because the regulatory definitions of immediate jeopardy do not require a finding of culpability, that requirement has been removed and has been replaced with the key component of noncompliance, since the definitions of immediate jeopardy require noncompliance to be the cause of the serious injury, harm, impairment or death, or the likelihood thereof.

Key Changes in the Core Appendix Q

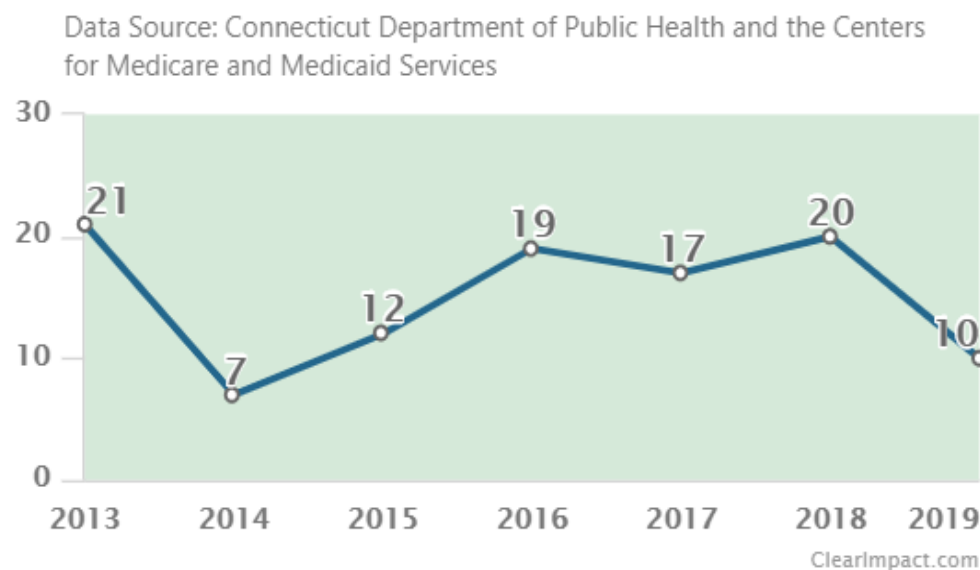
- **Psychosocial harm** – Core Appendix Q includes a section instructing surveyors to consider whether noncompliance has caused or made likely serious mental or psychosocial harm to recipients. In situations where the psychosocial outcome to the recipient may be difficult to determine or incongruent with what would be expected, the guidance instructs surveyors to use the reasonable person concept to make that determination. The reasonable person approach considers how a reasonable person in the recipient's position would be impacted by the noncompliance (i.e. consider if a reasonable person in a similar situation could be expected to experience a serious psychosocial adverse outcome as a result of the same noncompliance).

Immediate Jeopardy 2019

Deficiencies by Scope & Severity												
Region	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	348	96	4,017	945	161	276	10	0	56	11	0	5,920
Connecticut	99	25	1,201	248	12	66	0	0	5	5	0	1,661
Maine	74	6	284	125	6	2	0	0	0	2	0	499
Massachusetts	92	22	2,082	430	96	193	10	0	29	3	0	2,957
New Hampshire	43	6	152	46	3	5	0	0	2	0	0	257
Rhode Island	31	18	180	49	28	3	0	0	5	0	0	314
Vermont	9	19	118	47	16	7	0	0	15	1	0	232

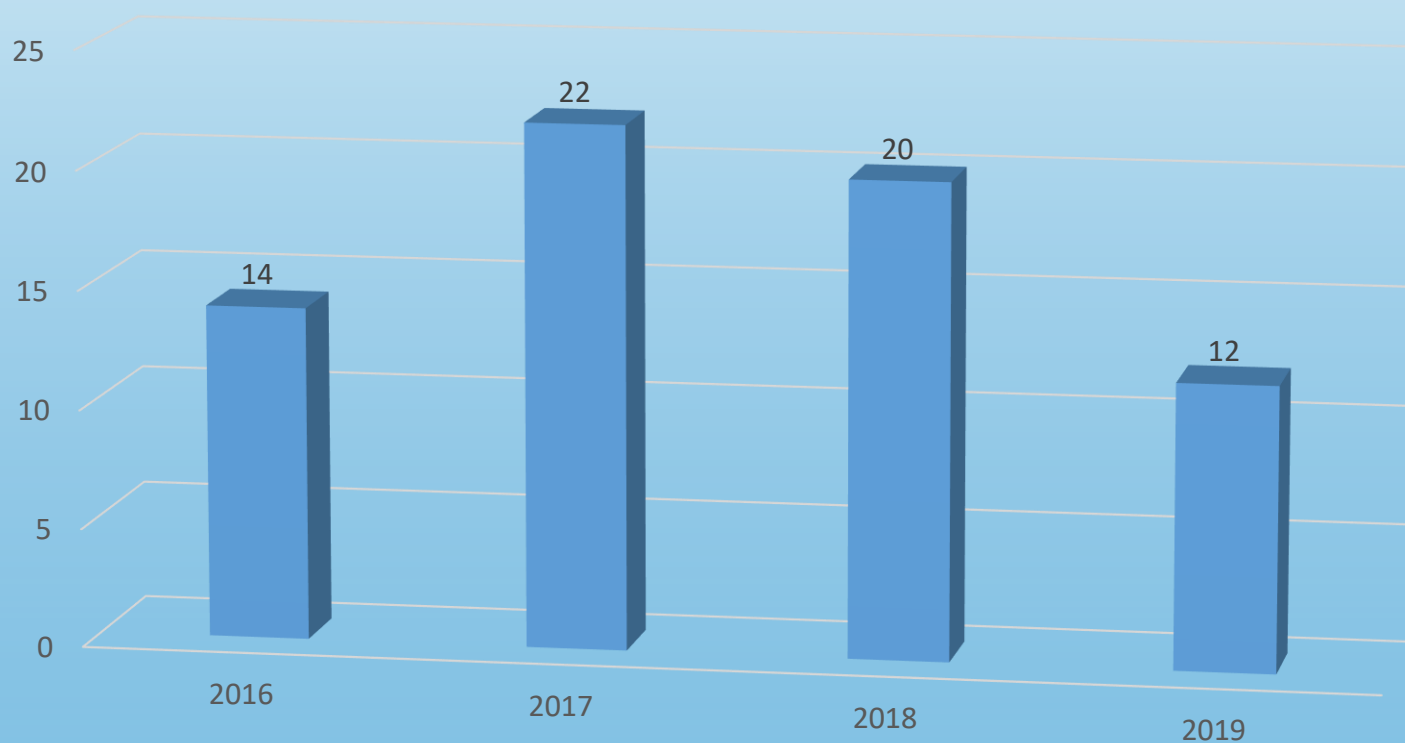
Immediate Jeopardy

*3/6/19 changes were made to Appendix Q



2018	20	—	↗	1
2017	17	—	↘	1
2016	19	—	↗	2
2015	12	—	↗	1
2014	7	—	↘	2
2013	21	—	↘	1
2012	22	—	↗	1
2011	19	—	→	1

Immediate Jeopardy



Immediate Jeopardy Breakdown

- Accident/Hazards 3
- Infection Prevention 2
- Quality of Care 2
- Significant Med Errors 2
- CPR 1
- Food in form to meet individual needs 1
- Free from abuse/neglect 1

- Failed to initiate CPR immediately
 - Failed to use the AED
- Medication error, Methotrexate received QD x 13 days instead of weekly
 - Methadone medication error
- Inadequate supervision, resident touched 4 residents and had a hx of inappropriate touching
- Incorrect food consistency, resident choked and required hospitalization

- Failed to provide treatment in accordance with advance directives, did not send resident to hospital with a change in condition
- Elopement
- Elopement
- Elopement- death
- In adequate glucometer cleaning

SOAR Reports

SOAR Select Performance Measures: 01/2019 - 12/2019 Connecticut

Item #	Measure	NATIONAL Current 12 Month Period (Except 0% Target for Items 3, 16, 17, 18a)	REGIONAL Current 12 Month Period	STATE Current 12 Month Period * Yellow = Low, Green = High for 8 starred items	STATE Quarter 3 2019	STATE Quarter 2 2019	Additional Detail (Click On Link)
	Effectiveness Identifying Quality Concerns						
1*	Average number of deficiencies (2567 citations)	6.8	6.2	6.7	7.0	6.5	Select Performance Measures - Surveys
2*	Percent of deficiency free surveys	6.8%	10.1%	0.0%	0.0%	0.0%	Select Performance Measures - Surveys
3	Percent of surveys in facilities rated as one star in staffing or quality that are deficiency free	SHOULD BE ZERO	9.4%	0.0%	0.0%	0.0%	Select Performance Measures - Surveys
4*	Percent of surveys identifying G, H or I scope and severity (2567 cites)	8.7%	11.9%	19.1%	15.6%	21.6%	Select Performance Measures - Surveys
5*	Percent of surveys identifying J, K or L scope and severity (2567 cites)	2.8%	0.9%	1.2%	0.0%	2.0%	Select Performance Measures - Surveys

SOAR Reports

SOAR Select Performance Measures: 01/2019 - 12/2019 Connecticut

Item #	Measure	NATIONAL Current 12 Month Period (Except 0% Target for Items 3, 16, 17, 18a)	REGIONAL Current 12 Month Period	STATE Current 12 Month Period * Yellow = Low, Green = High for 8 starred items	STATE Quarter 3 2019	STATE Quarter 2 2019	Additional Detail (Click On Link)
6	Percent of surveys where 2 or more deficiencies were excluded from the 2567	20.2%	26.5%	30.9%	37.8%	29.4%	Potential Citation Screen - Surveys Tab
7	Percent of IDR/IIDR tags downgraded (lower scope and severity) or removed via IDR/IIDR process	30.4%	34.8%	28.7%	22.7%	32.1%	IDR/IIDR - Surveys Tab
8	Percent of facilities rated as one star in staffing cited for sufficient nursing staff (F725)	3.7%	0.0%	0.0%	0.0%	0.0%	Select Performance Measures - Surveys
9	Sample size - Percent of surveys with 4 or more residents than the target sample size	14.2%	6.1%	3.6%	3.8%	3.9%	Select Performance Measures - Surveys
10	Sample size - Percent of surveys under the target sample size	6.4%	4.2%	9.4%	7.5%	9.8%	Select Performance Measures - Surveys Tab

SOAR Reports

SOAR Select Performance Measures: 01/2019 - 12/2019 Connecticut

Item #	Measure	NATIONAL Current 12 Month Period (Except 0% Target for Items 3, 16, 17, 18a)	REGIONAL Current 12 Month Period	STATE Current 12 Month Period * Yellow = Low, Green = High for 8 starred items	STATE Quarter 3 2019	STATE Quarter 2 2019	Additional Detail (Click On Link)
11	Sample size - Percent of surveys when IP was equal to or less than target sample size	4.6%	1.4%	1.0%	0.0%	2.0%	Select Performance Measures - Surveys Tab
12	Average number of investigations per survey	51	57	43	41	43	Select Performance Measures - Surveys Tab
13	Percent of investigations that led to potential citations	15.7%	13.0%	14.5%	15.8%	13.9%	Select Performance Measures - Surveys Tab
14	Number of care areas with a high FI and low potential cite rate (41 total)	1.5	4.3	1	0	0	Investigations-SurveyLevel Tab
15a	Number of mandatory facility tasks with low potential cite rate (9 total)	2.1	4.3	3	4	6	FacilityTasks-MandatoryAvg Tab
15b	Number of triggered facility tasks with low potential cite rate (3 total, Resident Assessment excluded)	0.3	0.7	0	1	0	FacilityTasks-TriggeredAvg Tab
16	Percent of surveys where 1 or more Mandatory Tasks Not Investigated	SHOULD BE ZERO	5.5%	1.6%	0.0%	2.0%	FacilityTasks-MandatorySurveys Tab
17	Percent of surveys where 1 or more Triggered Tasks Not Investigated (exclude Resident Assessment)	SHOULD BE ZERO	4.7%	1.7%	0.0%	2.9%	FacilityTasks-TriggeredSurveys Tab

SOAR Reports

Item #	Measure	NATIONAL Current 12 Month Period (Except 0% Target for Items 3, 16, 17, 18a)	REGIONAL Current 12 Month Period	STATE Current 12 Month Period * Yellow = Low, Green = High for 8 starred items	STATE Quarter 3 2019	STATE Quarter 2 2019	Additional Detail (Click On Link)
	Efficiency						
18a	Percent of overdue surveys (months since last survey: 16 months or more; for more detail, see https://qcor.cms.gov/ , Nursing Homes Overdue Survey Report)	SHOULD BE ZERO	1.2%	0.0%	N/A	N/A	Overdue Surveys Report on QCOR
18b	Percent of required off-hour/staggered surveys completed (fiscal year)	166%	67%	100%	N/A	N/A	Off Hour Surveys
18c	Percent of required weekend surveys completed (fiscal year)	121%	29%	50%	N/A	N/A	Off Hour Surveys
19	Survey Time: Pre survey hours	4.2	3.7	4.6	4.4	4.4	Select Performance Measures - Surveys
20a*	Survey Time: Onsite hours (1 - 48 census)	82.9	70.3	82.6	82.9	79.0	Select Performance Measures - Surveys
20b*	Survey Time: Onsite hours (49 - 95 census)	113.1	100.2	113.1	123.1	108.2	Select Performance Measures - Surveys
20c*	Survey Time: Onsite hours (96 - 174 census)	137.2	128.9	133.4	133.4	133.7	Select Performance Measures - Surveys
20d*	Survey Time: Onsite hours (175+ census)	176.2	160.9	158.0	124.0	165.5	Select Performance Measures - Surveys
21	Survey Time: Post survey hours	23.0	13.9	5.3	5.2	5.3	Select Performance Measures - Surveys
22	Average number of Resident Complaints/FRLs	2.3	2.1	2.3	2.1	2.5	Complaints Surveys

Admission, Transfer, Discharge

Number of times cited in FY2019

- F622-2 (transfer and dc requirements)
- F623-17 (notice)
- F624-0 (safe discharge)

Late Adopters

Number of times cited in FY2019

- F605 (free from chemical restraints) 0
- F744 (treatment/service for dementia) 9
- F758 (free from unnecessary drugs) 38

Phase 3 requirements

Although Phase 3 requirements have gone into effect beginning 11/28/19, interpretive guidance is not yet available

Phase 3 Tags

- **F699:** Trauma-informed Care
- **F866:** QAPI/QAA Data Collection and Monitoring
- **F882:** Infection Preventionist Qualifications/Role
- **F895:** Compliance and Ethics Program
- **F940:** Training Requirements, General
- **F941:** Communication Training
- **F942:** Resident's Rights Training
- **F944:** QAPI Training
- **F945:** Infection Control Training
- **F946:** Compliance and Ethics Training
- **F949:** Behavioral Health Training

Methadone in Nursing Home Update



Connecticut Department of Public Health



Connecticut General Statutes

Sec. 19a-495c. Methadone delivery and related substance use treatment services to persons in a nursing home facility. A substance abuse treatment facility licensed as an institution pursuant to section 19a-490 and providing medication-assisted treatment for opioid addiction shall be permitted to provide methadone delivery and related substance use treatment services to persons in a nursing home facility licensed pursuant to section 19a-493. The Department of Public Health may allow the delivery of methadone and related substance use treatment services to a nursing home facility if the Commissioner of Public Health determines that such delivery would not endanger the health, safety or welfare of any patient. No such delivery shall be conducted unless a substance abuse treatment facility proposing the delivery of methadone and related substance use treatment services has made a request for such delivery in a form and manner prescribed by the commissioner and the commissioner has approved such request. Upon approving a request, the commissioner may impose conditions that assure the health, safety or welfare of any patient. The commissioner may revoke the approval of a request upon a finding that the health, safety or welfare of any patient has been jeopardized.

(P.A. 16-66, S. 4.)

(Return to
Chapter
Table of
Contents)

(Return to
List of
Chapters)

(Return to
List of
Titles)

Medication Assisted Treatment for Individuals Residing in a Nursing Home

BLAST FAX 2019-17

TO: Chronic and Convalescent Nursing Home Administrators

FROM: Barbara Cass, R.N., Branch Chief *BSC*
Healthcare Quality and Safety Branch
410 Capitol Avenue
Hartford, Connecticut, 06134

DATE: September 4, 2019

SUBJECT: Medication Assisted Treatment for Individuals Residing in a Nursing Home.

The Facility Licensing and Investigations Section has convened a workgroup to explore the availability of medication assisted treatment in nursing homes and identify challenges and/or gaps that may create disruptions to continuity of care for individuals who may be receiving medication assisted treatment for a substance use disorder.

The Code of Federal Regulations, §483.40 behavioral health services directs that “each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident’s whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.”

Medication Assisted Treatment for Individuals Residing in a Nursing Home

Blast Fax 2019-17

Page 2

The Regulations of the Connecticut State Agencies, section Sec. 19a-495c. Methadone delivery and related substance use treatment services to persons in a nursing home facility provides that a “substance abuse treatment facility licensed as an institution pursuant to section 19a-490 and providing medication-assisted treatment for opioid addiction shall be permitted to provide methadone delivery and related substance use treatment services to persons in a nursing home facility licensed pursuant to section 19a-493. The Department of Public Health may allow the delivery of methadone and related substance use treatment services to a nursing home facility if the Commissioner of Public Health determines that such delivery would not endanger the health, safety or welfare of any patient. No such delivery shall be conducted unless a substance abuse treatment facility proposing the delivery of methadone and related substance use treatment services has made a request for such delivery in a form and manner prescribed by the commissioner and the commissioner has approved such request. Upon approving a request, the commissioner may impose conditions that assure the health, safety or welfare of any patient. The commissioner may revoke the approval of a request upon a finding that the health, safety or welfare of any patient has been jeopardized.

Working with stakeholders, the Department has made progress in the care and treatment of persons with substance use disorders, however, we recognize that this work needs to continue. As we plan future work, we are asking nursing homes to complete the survey monkey that has been created to gain a better understanding of any unmet needs there may be.

LTC GUIDANCE

1. Nursing home needs to assess their needs for onsite/ satellite delivery of Methadone according to the percent of residents who are receiving methadone of their total census. Consideration to length of stay of the resident reflective of facility developed guidelines should be given for resident(s) who may be admitted for a short stay. For example, a resident who is admitted for a short term stay may remain with their community provider.
2. Identifying key leadership (Medical Director, Administrator and Director of Nurses as applicable) at the substance abuse provider agency and nursing homes who will be champions.
3. Collaboration with hospitals to share nursing home expectations for potential patients/residents pre-hospital discharge.
4. Develop an educational program in collaboration with SA agency if possible to provide training for staff on addiction/medication assisted treatment.
5. Develop a nursing home guidance document and written agreement for patient/resident that explains the process for on-site medication delivery/self-administration.
6. Develop a Memorandum of Understanding or agreement with both the nursing home and the SA Agency to ensure accountability and quality of care.
7. Assess adequate secure storage in the facility to store the "methadone take home bottles" for each resident receiving medication assisted treatment.

LTC GUIDANCE

8. Identify confidential spaces (one space as a back-up) in the nursing home for the SA agency to conduct the clinical assessments and individual/group sessions.
9. Develop a Memorandum of Understanding or agreement with both the nursing home and the SA Agency to ensure accountability and quality of care.
10. SA agency needs to contact DPH and complete the required forms to add the nursing home as a satellite to the licensed SA Agency. All required forms will be available electronically and submitted electronically. Submissions shall include
 - a. Resumes of the key staff providing the services at both the nursing homes and the SA agency to included but not be limited to the physician conducting the intakes, nurse(s), staff providing counseling services;
 - b. Policy and procedures from both the nursing home and SA agency for service delivery
11. An inspection will be conducted by DPH Inspection activities shall include the following:
 - a. Review of the physical spaces for service delivery to ensure resident/patient confidentiality;
 - b. Review of policy and procedures operationalized by both the NH and the SA;

LTC GUIDANCE

- c. Chain of custody of methadone to include, but not be limited to delivery, storage of take home bottles;
 - d. Medication reconciliation practices;
 - e. Review of resident/patient self-administration of medication assessment;
 - f. Observation of resident/patient
12. Pursuant to a successful inspection the license will be issued to the SA agency designating the nursing home and their physical location as a satellite of the SA Agency. The inspection will include
13. Establish schedule for delivery of methadone and counseling services.
14. Collaboration with nursing home and SA agency to educate staff and patient/residents regarding the protocols associated with methadone service delivery.
15. Refer new patient/resident to the SA agency for an assessment for the appropriateness of methadone administration. Patients who have a relationship with a SA agency

Memorandum of Understanding
Between
Leeway, Inc.
And
Chemical Abuse Services Agency, Inc. d/b/a MAAS

This Memorandum of Understanding (MOU) sets forth the terms and understanding between Leeway, Inc. and the Chemical Abuse Services Agency, Inc. (CASA) d/b/a Multicultural Ambulatory Addiction Services (MAAS)

This understanding is based on a need to provide patient centered, accessible care to MAT patients while they are rehabilitating. The purpose is to reduce the negative impact of transporting non-ambulatory residents or rehab patients to an outpatient MAT site.

Both agencies agree there is a need for this collaboration and agree to the following terms.

Purpose

The MOU will establish a collaborative relationship between MAAS and Leeway. The goal of the this collaborative is to enhance patient care by managing patients between both organizations through referrals, coordinated co-location of services and onsite integration.

Memorandum of Understanding Between Leeway, Inc. And Chemical Abuse Services Agency, Inc. d/b/a MAAS

The above goals will be accomplished by undertaking the following activities:

1. MAAS will provide outpatient behavioral health services at Leeway New Haven.
2. Leeway will refer patients to MAAS for MAT while residing in Leeway.
3. MAAS will initiate evaluation and all necessary components for admission to MAT
4. MAAS will provide prompt access when requested for evaluation of Leeway patients referred for methadone;
5. Both agencies will follow a transportation/chain of custody protocol adhering to all federal, local and state regulations
6. Both agencies will utilize site nurse coordinators to ensure smooth transitions for patients between organizations.

Funding

This MOU does not indicate a commitment of funding in any way.

Duration

This MOU is at-will and may be modified by mutual consent of authorized officials from Leeway and CASA/MAAS. This MOU shall become effective upon signature by the authorized officials from Leeway and CASA/MAAS and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the event of a planned termination of agreement, both parties agree to a smooth transition for all patients involved, prior to termination of agreement. In the absence of mutual agreement by the authorized officials from Leeway and CASA/MAAS this MOU shall end on 12/21/19.



Memorandum of Understanding Between Leeway, Inc. And Chemical Abuse Services Agency, Inc. d/b/a MAAS

Contact Information:

For Leeway

Jay Katz

Administrator

40 Albert Street

New Haven, CT 06511

Phone: 203-865-0068

Email: jkatz@leeway.net

J. Katz

5/30/19

For Chemical Abuse Services Agency, Inc.

Kristin Bonilla

Associate Director, CASA, Inc. d/b/a MAAS

426 East Street, New Haven, CT 06511

Phone: 203-495-7710

Email: kbonilla@casaincct.org

Kristin Bonilla (5/30/19)

Kristin Bonilla

Associate Director, CASA, Inc.

Justification

The rationale for doing this

- Clients would not have travel between the two locations
- This would afford the client the ability to heal in a proper environment
- Not to travel in extreme weather
- Not be exposed to the general population at the clinic with a potentially compromised immune system and lastly
- Clients (whom there are multiple of) with mobility issues would not have to travel.
- There would be a reduction in expenses in personnel with travel time
- The clients can concentrate fully on rehabilitation and can have all relevant services provided to them in their primary environment

Chain of Custody



CHAIN OF CUSTODY RELEASE FORM

DATE BOTTLES RECIEVED: _____

NUMBER OF BOTTLES RECEIVED: _____

DOSE: _____

DISPENSING-NURSE-SIGNATURE: _____

LEEWAY STAFF (PICK UP): _____

LEEWAY CHARGE NURSE (RECEIVING): _____

DATE	PATIENT SIGNATURE	#OF BOTTLES LEFT	NURSE SIGNATURE

Chain of Custody

CHEMICAL ABUSE SERVICES AGENCY, INC
MULTICULTURAL AMBULATORY ADDICTION SERVICES



Methadone Chain of Custody Part II

Client Name: _____ Medication/Dose: _____

DATE	Client Signature	Name Staff Observing Self Administration

Waivers for the Regulations of the CT State Agencies

BLAST FAX 2019-16

TO: Private Freestanding Facilities for the Care or Treatment of Substance Abusive or Dependent Persons

FROM: Barbara Cass, R.N., Branch Chief *BSC*
Healthcare Quality and Safety Branch
410 Capitol Avenue
Hartford, Connecticut, 06134

DATE: August 29, 2019

SUBJECT: Waivers for the Regulations of the Connecticut State Agencies, Section 19a-495-570 (m) Service Operations (5) Physical Examinations.

The Regulations of the Connecticut State Agencies, Section 19a-495-570(m)(5) directs the following:

- (i) Each client shall receive within twenty-four (24) hours of admission a medical history and physical examination, by a physician, physician's assistant or registered nurse practitioner. Any physical examination that is performed by a physician assistant or registered nurse practitioner shall be dated and countersigned by a physician within seventy-two (72) hours signifying his or her review of and concurrence with the findings, and
- (ii) Each client shall receive within 72 hours of admission, diagnostic tests as determined by the physician, in the case of a recently hospitalized patient being admitted to the facility, a comprehensive history and physical was conducted when hospitalized.

Waivers for the Regulations of the CT State Agencies

Blast Fax 2019-16

Page 2

We are aware that in some cases this regulation has impacted the ability for individuals to receive care for their substance use disorder in a timely manner and potentially impacting access to care and/or treatment outcomes.

Please be advised that Connecticut General Statutes, Sec. 19a-495(c) provides, “The commissioner may waive any provisions of the regulations affecting an institution, as defined in section 19a-490, if the commissioner determines that such waiver would not endanger the health, safety or welfare of any patient or resident. The commissioner may impose conditions, upon granting the waiver, that assure the health, safety and welfare of patients or residents, and may revoke the waiver upon a finding that the health, safety or welfare of any patient or resident has been jeopardized. The commissioner shall not grant a waiver that would result in a violation of the Fire Safety Code or State Building Code. The commissioner may adopt regulations, in accordance with chapter 54, establishing procedures for an application for a waiver pursuant to this subsection.”

Waivers for the Regulations of the CT State Agencies

PLEASE REVIEW THE FOLLOWING CONSIDERATIONS

The following information must be included in the waiver request:

- Specific section of the public health code you are requesting a waiver for
- Reason for the request, including the type and degree of hardship (on the resident/patient/client)
- Specific relief requested
- How you will meet the intent of the regulation and the needs of the clients/patients/residents
- Any documentation to support your request

The considerations regarding the approval will be as follows:

- Must apply in writing and include the specific regulations for which the waiver is requested;
- Reason for requesting the waiver;
- Impact to Health, Life and Safety;
- What measures will be taken to ensure that there is no impact to quality and/or the spirit of the regulatory requirement, for example, a history and physical had been completed during the recent hospital admission or admission to a skilled nursing facility and is consistent with the patient presentation; if the patient had been admitted to the hospital/skilled nursing facility with an infectious disease, DPH would need to see evidence that the patient had been treated and the issues had been resolved; and
- Documents provided, i.e. policy and procedures that will drive the process.

Sample Waiver Request

I am writing to you on behalf of [NAME OF FACILITY] to formally request a waiver in accordance with Connecticut General Statutes, Section 19a-495 (c) with regards to the Regulations of the Connecticut State Agencies, Section 19a-495-570 (m) Service Operations (5) Physical Examinations.

While the regulation directs the following: “Each client shall receive within 24 hours of admission a medical history and physical examination, by a physician, physician’s assistant or registered nurse practitioner. Any physical examination that is performed by a physician assistant or registered nurse practitioner shall be dated and countersigned by a physician within 72 hours signifying his or her review of and concurrence with the findings and (ii) Each client shall receive within 72 hours of admission, diagnostic tests as determined by the physician, in the case of a recently hospitalized patient being admitted to the facility, a comprehensive history and physical was conducted when hospitalized. Requesting a history and physical as directed by the Regulations of the Connecticut State Agencies, section 19a-495-570(m)(5) does not promote efficiencies nor is it cost effective. Additionally, a large number of patients/clients/individuals admitted to the program do not have a primary physician and/or a medical home This waiver request is specific to a client who has had a recent, within the last thirty (30) days, admission and discharge from an acute care hospital or a skilled nursing facility and during such admission had a comprehensive history and physical completed in the last thirty days which will be on file in the client’s clinical record at the facility. Should there be any reason to suggest there has been a change in condition from the history and physical recently completed, [NAME OF FACILITY] will ensure that appropriate referrals have been made to update the history and physical on file.

Please see the enclosed policy and procedures that reflect the process for obtaining history and physicals for individuals admitted to the program, which includes, but is not limited to individuals admitted after a recent hospitalization or admission to a skilled nursing facility and procedures regarding new clients who may have had a recent hospitalization/admission to a skilled nursing facility but present with a significant change that does not align with the history and physical on file.

Sincerely,

IJ SNF

- Unannounced visits were made to the facility on XXXX by a representative of the Facility Licensing & Investigations Section for the purpose conducting an investigation.
- Immediate Jeopardy was identified on XXXX for noncompliance with F 760 for failing to verify physician orders following a readmission and failed to ensure that staff followed the five rights of medication administration which resulted in a significant medication error.
- The Administrator and the Director of Nurse's were notified verbally on 11/6/19 that Immediate Jeopardy conditions existed under F 760.
- Additionally, The IJ template was provided to the DNS on 11/7/19.
- Immediate Jeopardy was abated on 11/7/19 following implementation of an immediate action plan which included nursing staff in-service education on the five rights of medication administration, Methadone dose clarification and signs/symptoms of possible methadone overdose.

SNF Tags

760 Residents are free of any significant medication errors.

- Based on observations, interviews, review of clinical records, and review of facility documentation for one of three sampled Residents (Resident #1) reviewed for medication administration, the facility failed to verify physician orders following an acute care hospitalization, failed to follow the five rights of medication administration which resulted in a significant medication error, and a finding of Immediate Jeopardy.

SNF Tags

684 Quality of care

- Based on review of clinical records, review of facility documentation, observations, and interview for one of three sampled Residents (Resident #1) reviewed for quality of care/services, the facility failed to ensure the resident resumed prescribed Methadone maintenance timely, and failed to administer emergency medication in accordance with physician's orders, and failed to ensure facility staff were provided with on-going in-service education related to methadone maintenance treatment risks and use of Narcan (emergency medication to reverse the effects of a opioid overdose) and for three of three sampled Residents (R #1, #2, and #3) reviewed for quality of care/services, the facility failed to ensure physician orders for Methadone maintenance were consistently verified for dosing accuracy.

SNF Tags

***841 The medical director is responsible for-
Implementation of resident care policies; and The
coordination of medical care in the facility.***

- Based on review of clinical records, facility documentation, and interview for three of three sampled Residents (R #1, #2, and #3) reviewed for quality of care/services, the facility failed to ensure policies were developed, approved by the medical director, and implemented to meet the needs of the Residents.

SNF Tags

880 The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

- Based on observation, review of facility documentation, and interviews for three of three sampled Residents (Resident #1, #2, and #3) reviewed for quality of care/services, the facility failed to ensure infection prevention controls for Methadone delivery to the facility were implemented.

CMS Memo dated August 17, 2018 QSO-18-24-ESRD

Home Dialysis services in a Long Term Care Facility:

All chronic dialysis patients receiving dialysis services must be under the care of a certified ESRD facility to have their outpatient care and treatments reimbursed by Medicare

CMS Memo dated August 17, 2018 QSO-18-24-ESRD

- There must be a written agreement between an ESRD facility and the LTC facility in order for the ESRD facility to administer hemodialysis in the SNF.
- This contract must be readily accessible for surveyor review.

CMS Memo dated August 17, 2018 QSO-18-24-ESRD

New concept in CT.

Office Conference with DPH, ESRD provider, and LTC provider to discuss proposal for the initiation of hemodialysis in the SNF to ensure applicable federal/state laws followed.

State Operations Manual Chapter 2

State Operations Manual, Chapter 2,
updated to reflect:

Hemodialysis in LTC Section 2271-A. This
reiterates CMS Memo

LTC F-Tag 698

- Nursing Home Regulations were updated to reflect hemodialysis and/or peritoneal dialysis.
- F-698 responsibilities for the provision of services.
- ESRD surveyor will review dialysis care & services not the LTC surveyor.

Contact Information

Cheryl.davis@ct.gov

kim.hriceniak@ct.gov

Donna.ortelle@ct.gov

Denise.foley@ct.gov

Alice.martinez@ct.gov

Questions



Connecticut Department of Public Health

Reportable Event Contact Information

Classification	Description	DPH Contact Information	Reportable Event
Class A	Event that has caused or resulted in a patient's death or presents an immediate danger of death or serious harm	<p>Immediate notification of DPH by initiation of a Reportable Event on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>If you wish to speak to the Department regarding a Class A incident that you determine to be of an urgent nature, please call (860) 509-7400 and ask to speak to a supervisor during business hours on weekdays from 8:00 AM to 4:00 PM.</p> <p>On weekends, evenings/ nights and holidays, please call (860) 509-8000 and ask to speak to the on-call duty officer.</p> <p>Telephone messages regarding routine questions may be left on (860) 509-7492.</p>	<p>Preliminary information about the event is to be submitted immediately on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>The Reportable Event is to be completed on the website within seventy-two hours</p> <p>A Summary Submission Form is to be completed on the website within five working days after the incident. Information relevant to the reportable event is to be provided including the outcome of the facility's investigation and findings, significant changes in the status of affected individuals and corrective action that has been implemented.</p> <p>Follow-up reports may be attached as often as necessary to inform the Department of any additional relevant information.</p>
Class B	Event that indicates an outbreak of disease or foodborne outbreaks, a complaint of patient abuse or an event that involves an abusive act to a patient by any person including verbal, mental, sexual or physical attack on a patient that may include the infliction of injury, unreasonable confinement, intimidation, or punishment	<p>Immediate notification of DPH by initiation of a Reportable Event on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>In accordance with the Code of Federal Regulations 483.12(c)(1), the facility must ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment including injuries of unknown source and misappropriation of resident property are reported to the Department immediately but not later than two hours after the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury or not later than twenty-four hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>If you wish to speak to the Department regarding a Class B incident that you determine to be of an urgent nature, please call (860) 509-7400 and ask to speak to a supervisor during business hours on weekdays from 8:00 AM to 4:00 PM.</p> <p>On weekends, evenings/ nights and holidays, please call (860) 509-8000 and ask to speak to the on-call duty officer.</p> <p>Telephone messages regarding routine questions may be left on (860) 509-7492.</p>	<p>Preliminary information about the event is to be submitted immediately on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>The Reportable Event is to be completed on the website within seventy-two hours.</p> <p>A Summary Submission Form is to be completed within five working days after the incident. Information relevant to the reportable event is to be provided including the outcome of the facility's investigation and findings, significant changes in the status of affected individuals and corrective action that has been implemented.</p> <p>Follow-up reports may be attached and are to be submitted as often as necessary to inform the Department of any additional relevant information.</p> <p>Outbreak information is to be updated weekly. Updates shall include current line lists and the total number of patients affected, any hospitalizations, any patients in critical condition, any deaths and the total number of employees affected. A final line list with a summary is to be submitted when the outbreak is resolved.</p>

Connecticut Department of Public Health Reportable Event Contact Information

<i>Classification</i>	<i>Description</i>	<i>DPH Contact Information</i>	<i>Reportable Event</i>
Class C	Event including but not limited to loss of emergency electrical generator power, loss of heat, loss of water system that will result in the evacuation of one (1) or more patients within or outside of the facility and all fires regardless of whether services are disrupted.	<p>Immediate notification of DPH by initiation of a Reportable Event on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>For any fire and/or any incident that requires evacuation of one (1) or more residents within or outside the facility and any other Class C incident that you determine to be of an urgent nature, please call (860) 509-7400 and ask to speak to a supervisor during business hours on weekdays from 8:00 AM to 4:00 PM.</p> <p>On weekends, evenings/ nights and holidays, please call (860) 509-8000 and ask to speak to the on-call duty officer.</p> <p>Telephone messages regarding routine questions may be left on (860) 509-7492.</p>	<p>Preliminary information about the event is to be submitted immediately on the DPH FLIS Events Tracking System website: https://dphflisevents.ct.gov</p> <p>The Reportable Event is to be completed on the website within seventy-two hours.</p> <p>A Summary Submission Form is to be completed within five working days after the incident. Information relevant to the reportable event is to be provided including the outcome of the facility's investigation and findings, significant changes in the status of affected individuals and corrective action that has been implemented.</p> <p>Follow-up reports may be attached and are to be submitted as often as necessary to inform the Department of any additional relevant information.</p>
Class D	Event that has caused or resulted in a serious injury or significant change in a patient's condition, an event that involves medication error(s) of clinical significance which for the purpose of this classification shall mean an event that adversely alters a patient's mental or physical condition	<p>Reportable Event is to be completed within seventy-two hours on the DPH FLIS Events website: https://dphflisevents.ct.gov</p>	<p>Reportable Event is to be completed within seventy-two hours on the DPH FLIS Events website: https://dphflisevents.ct.gov</p> <p>A Summary Submission Form is to be completed within five working days after the incident. Information relevant to the reportable event is to be provided including the outcome of the facility's investigation and findings, significant changes in the status of affected individuals and corrective action that has been implemented.</p> <p>Follow-up reports may be attached and are to be submitted as often as necessary to inform the Department of any additional relevant information.</p>
Class E	Event that has caused or resulted in minor injury, distress or discomfort to a patient.	Notification of the Department is not required.	Written report of event at time of occurrence or discovery is to be maintained on file at the facility for review by the Department