



CNA Hall of Fame

DPH Updates

Kim Hriceniak R.N.
Public Health Services Manager

DPH Staff Updates

- You will be seeing many new faces at DPH due to several vacancies as a result of retirements
- Includes Managers, Supervisors and Nurse Consultants

Staff Updates

- Barbara Cass Branch Chief – retired
- Donna Ortelle Section Chief- retired
- Barbara Yard – Supervisor- retired
- New Supervisors: Meg McKinney and Laura Trombley Norton
- 8 Nurse Consultants in September

Most frequently cited Deficiencies

Deficiency Count

Citation Frequency Report

State	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Tag #				
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Connecticut Active Providers=209	Total Number of Surveys=465	
F0884	Reporting - National Health Safety Network	187	22.5%	40.2%
F0684	Quality of Care	55	21.5%	11.8%
F0689	Free of Accident Hazards/Supervision/Devices	51	18.2%	11.0%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	44	16.7%	9.5%
F0880	Infection Prevention & Control	38	15.8%	8.2%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	32	13.9%	6.9%
F0842	Resident Records - Identifiable Information	29	11.5%	6.2%
F0656	Develop/Implement Comprehensive Care Plan	26	12.0%	5.6%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	26	10.5%	5.6%
F0692	Nutrition/Hydration Status Maintenance	25	11.0%	5.4%
F0761	Label/Store Drugs and Biologicals	24	10.5%	5.2%

Immediate Jeopardy

- During the past 7 months we have seen an increase in the number of IJ's
- Typically, we average 10 IJ's per year however in the past 7 months we have had 18
- The common theme has been related to medication administration, significant medication errors and quality of care

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- Infection Preventionist Qualifications

Public Act 21-185

- Provide training on infection to supplemental/replacement staff
- Work on a rotating schedule that covers each eight hour shift at least once per month to ensure compliance with infection control standards

Staffing 3.0

Sec. 10. (NEW) (Effective October 1, 2021) (a) On or before January 1, 2022, the Department of Public Health shall (1) establish minimum staffing level requirements for nursing homes of three hours of direct care per resident per day

Public Act 21- 185

- Modify staffing level requirements for social work and recreational staff of nursing homes
- Social Work – one full time per 60 residents
- Recreation staff – slightly lower than current requirements
- Policy and Procedures have been developed and will be posted in the CT Law Journal once approved by the Commissioner

Essential Support Persons

- Public Act 21-71, An Act Concerning Essential Support Persons

Essential Support Persons

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BLAST FAX 2022-19

TO: All Nursing Homes, Nursing Home Care Partners
All Managed Residential Communities
All Assisted Living Services Agencies

FROM: Commissioner Manisha Juthani, MD

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Adelita Orefice, MPM, JD, CHC, Senior Advisor to the Commissioner
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch

DATE: April 4, 2022

SUBJECT: Essential Care Giver Policies

Public Act [21-71](#) An Act Concerning Essential Support Persons And A State-Wide Visitation Policy For Residents Of Long-term Care Facilities required the Department to establish a state-wide policy for visitation within a long-term care facility as prescribed in this act as a nursing home, managed residential community, and assisted living services agency. The policy regarding visitation requires the Department to incorporate the resident's need for health, safety, and well-being along with including primary and secondary essential support persons.

Attached please find the Department's guidance regarding the rights of the resident to visitation including the ability to elect a primary and secondary essential support person. The Department requests all facilities develop or revise current visitation policies by or before April 30, 2022, to include the requirements in the Department's guidance.


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Policy and Procedures Document

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Effective April 1, 2022

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Connecticut Department of Public Health
Policies and Procedures

Essential Support Persons, and State-wide Visitation for Residents of Long-Term Care Facilities

Pursuant to Public Act 21-71, the following definitions apply to the designation of a primary essential support person, and secondary essential support persons and state-wide visitation in long term care facilities:

Definitions.

(a) Definitions. For purposes of this guidance, the following definitions as defined in Public Act 21-71 shall apply:

- (1) "Primary essential support person" means a person designated by a long-term care facility resident, or a resident representative, who may have access to the resident in accordance with rules set by the Commissioner of Public Health to provide essential support as reflected in the resident's person-centered plan of care;
- (2) "Essential support" means support that includes, but is not limited to, (A) assistance with activities of daily living, and (B) physical, emotional, psychological and socialization support for the resident;
- (3) "Secondary essential support person" means a person designated by the resident, or resident representative, to serve as a backup to a primary essential support person;
- (4) "Person-centered plan of care" means a care plan for a resident developed by a resident or resident representative in consultation with multi-disciplinary team that focuses on the resident's physical, emotional, psychological and socialization needs and shall include a primary essential support person or secondary essential support person if designated by a resident;
- (5) "Long-term care facility" means a nursing home facility, as defined in section 19a-490 of the general statutes, or a managed residential community, as defined in section 19a-693 of the general statutes that provides services offered by an assisted living services agency, as defined in section 19a-490 of the general statutes;
- (6) "Department" means the Department of Public Health;
- (7) "Representative" means: (A) a court appointed health care representative; (B) "health care representative" as defined in chapter 368w; (C) designation of person for decision-making and certain

Statewide Visitation Policy

- PA 21-71 requires the DPH commissioner to establish a statewide policy for visitation with long-term care facility residents, applicable to all long-term care facilities (LTC).
- LTC facilities include nursing homes and managed residential communities that provides services offered by an Assisted Living Services Agency.
- The policy incorporates a resident's need for health, safety, and well-being, including essential support provided by an essential support person.

Essential Support Person Requirements

- The resident or the responsible party designates the person who may visit with the resident in accordance with rules established by the DPH commissioner to provide essential support as reflected in the resident's person-centered care plan.
- Essential support includes (1) assistance with activities of daily living and (2) physical, emotional, psychological, and socialization support.
- Allows residents or their representatives to designate a secondary essential support person to serve as backup to a primary essential support person. **An essential support person and a secondary essential support person may visit the resident despite general visitation restrictions imposed on other visitors as long as they comply with any rules DPH establishes under a statewide visitation policy.**

Statewide visitation Requirements

- Visitation. A long-term care facility shall have a policy in place to allow for visitation to take place in the facility.
- The policy shall include, but not be limited to, the following parameters:
 - (a) Residents right to visitation.
 - (1) To support the health, safety and well-being of a resident, the long-term care facility shall permit a resident of a facility to have visitation from any individual designated by the resident.
 - (2) The provisions of section 42 CFR 483.10, which include the resident's right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.
 - (3) The resident and visitor shall follow all policies or protocols implemented by the facility for visitation. Such policies or protocols shall be provided directly to the visitor, electronically or in writing, and shall be posted at visitor entrances.
 - (4) A facility may ask a visitor to leave if such visitor is not adhering to the policies or protocols implemented for visitation, or is endangering the health, safety, or welfare of the resident or other residents or staff.
 - (5) Any individual hired by the resident or the resident's representative to provide personal care or home health or hospice services to the resident shall follow the same policies and protocols as facility staff.

Statewide visitation Requirements

- (b) Residents right to elect a primary and secondary essential support person.
 - (1) All residents of a long-term care facility may elect to designate two individuals, one who may act as a primary and one who may act as a secondary essential support person, as part of their person-centered plans of care.
 - (2) Such designated primary and secondary essential support persons shall not be considered visitors for purposes of any Department guidance that limits visitation in a facility to protect the health, safety, and welfare of the residents. If a resident is unable to select a primary and secondary essential support person, the resident's representative can make the designation.
 - (3) The resident may appoint their primary or secondary essential support person to provide input in the development, implementation, or any revisions to the resident's comprehensive care plan.

Statewide visitation Requirements

- (4) If, during a public health and civil preparedness emergency, declared by the General Assembly or by the Governor, pursuant to section 19a-131a and 28-9 of the Connecticut General Statutes, any state or applicable federal requirements and guidance restricts the access to residents, at such time, the primary or secondary essential Page | 3 Effective April 1, 2022 support person shall have access to the resident not less than twelve hours per day, provided such access shall not endanger the health or safety of the resident or other residents. The primary or secondary essential support person shall follow any applicable state or federal requirements and guidance. If end of life care is taking place for the resident, the primary or secondary essential support person shall have unrestricted access.
- (5) In order to be designated a primary or secondary essential support person, such individuals shall follow the same safety and infection control protocols, currently in place, for long-term care facility staff. The long-term care facility staff shall provide the primary or secondary essential support person with any policies or protocols, or other necessary safety measures put in place by the long-term care facility for their facility staff. No individual may be designated primary or secondary essential support person unless they can adhere to the facilities policies or protocols in place.

Statewide visitation Requirements

- (6) No primary or secondary essential support person shall be denied access to the resident unless the facility demonstrates that said person poses a danger to the health or safety of the resident or other residents, including the primary or secondary essential support person's ability to comply with any policies or protocols in place, or pending allegations pursuant to section 42 CFR 483.12. If such access is denied, the long-term care facility shall provide written justification to the primary or secondary essential support person, electronically or in writing via certified mail, within twenty-four hours of the denial of access. The justification shall include, but not be limited to the reason for denial.
- (7) If the resident's primary or secondary support person is denied access by a facility, in writing, they may submit information included with the denial by the facility to the Office of the Long-Term Care Ombudsman. The resident or primary or secondary support person may also contact the Department and submit a complaint. Upon receipt of such complaint the Department of Public Health may initiate a complaint investigation.



Updates to LTCSP

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-22-19-NH

DATE: June 29, 2022

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: **Revised Long-Term Care Surveyor Guidance:**
Revisions to Surveyor Guidance for Phases 2 & 3, Arbitration Agreement
Requirements, Investigating Complaints & Facility Reported Incidents, and the
Psychosocial Outcome Severity Guide

QSO 22-19 overview

- Revised guidance in the area of abuse/neglect
 - Admission/ transfer/ discharge
- Mental Health/ substance use disorders
- Use of Payroll Based Journal staffing data to help surveyors identify potential staffing concerns

QSO 22-19 continued

- Arbitration Agreements
- Infection Preventionist Designation
- Revisions to Chapter 5 related to investigating complaints and facility reported incidents
- Revisions to the Psychosocial Severity Guide
- Resident Rooms

QSO 22-19 continued

- Surveyors will be using the guidance to identify non-compliance beginning 10/24/22

Resources

- [Policy & Memos to States and Regions | CMS](#)

Questions



Contact information

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