CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Facility Licensing and Investigations Section

American College of Health Care Administrators

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Agenda

Opening Remarks/ CMS updates –Jennifer Olsen Armstrong

IJ findings/ Top Ten Deficiencies – Kim Hriceniak

Licensing Updates- James Augustyn

Life Safety Updates- Tony Bruno

Survey Readiness – Laura Trombley Norton

FLIS Infection Control Updates- Nordia McIntyre

MDS updates – Connie Greene

HAI updates – Adora Harizaj

Introduction of DPH Team

Staffing Update

New Nurse Consultants

Ongoing Recruitment update

Top Ten Deficiencies

Top Ten most frequently cited deficiencies

F0884	Reporting - National Health Safety Network
F0689	Free of Accident Hazards/Supervision/Devices
F0684	Quality of Care
F0600	Free from Abuse and Neglect
F0609	Reporting of Alleged Violations
F0656	Develop/Implement Comprehensive Care Plan
F0550	Resident Rights/Exercise of Rights
F0880	Infection Prevention & Control
F0812	Food Procurement, Store/Prepare/Serve Sanitary
F0842	Resident Records - Identifiable Information

Immediate Jeopardy

Since January of 2023 we have had 24 instances of Immediate Jeopardy in 18 facilities

Review of findings that rose to the level of Immediate Jeopardy

Update on Revisits

Licensing Updates

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Chronic & Convalescent Nursing Home License Renewal

Connecticut Regulation 19-13-D8T are the requirements for Chronic and Convalescent Nursing Homes

- There are a total of **198** Chronic and Convalescent Nursing Homes and Rest Homes with Nursing Supervision licensed in Connecticut
- Licenses are renewed biannually
- Renewal notices are e-mailed approximately 120 days prior to expiration
- It is strongly recommended to use a generic e-mail account where multiple users can access (e.g. facilityadmin@ccnh.com)

eLicense Portal Access

- Every facility has a user ID and password which is sent out with the renewal notice
- Renewal applications are completed utilizing the eLicense database
- Facilities have the ability to update contact information including the email of record
- Facilities can submit waiver requests through the "License Maintenance" tab
- A provider can request a verification letter through the eLicense system

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What documents are needed to renew a license?

- Malpractice and Public Liability Insurance
- Worker's Compensation Insurance
- Fire Marshal's Certificate of Inspection
- Organization Chart of Licensee and Real Property Owner
- Ownership forms of Licensee and Real Property Owner
- List of CNA's
- Total Number of Employees
- List of Officers and Directors
- List of Professional Staff
- Affidavits of Key Personnel
- Copy of Lease
- Services provided

Key Management in Chronic & Convalescent Nursing Home

- Administrator
- Medical Director
- Director of Nurses

Changes Required to be Reported

The following changes to be reported no later than **120** days prior to the proposed change:

- Change of Ownership
  - Statute change effective October 1, 2023 (Public Act 23-122)
    - Disclosure of ownership up to 5%
    - Questionnaire related to other health care facilities owned
- Change in level of care
- Change in number of beds or location

Changes that must be reported cont'd

CT DPH Regulations 19-13-D8T(6) require the following changes to be reported immediately and confirmed in writing within five days:

- Resignation or Removal of the Administrator
- Resignation or Removal of the Medical Director
- Resignation or Removal of the Director of Nurses

Waivers

- C.G.S. Chapter 368v Sec. 19-495 (c) permits the commissioner to waive any regulations that would not endanger the health, safety, and welfare of patient or residents

- Waivers expire with the license expiration date.

- The facility must reapply for the waiver at the time of the renewal.

- Waiver applications are completed online via eLicense and must include the following:
  1. The exact section of the Public Health Code you are applying for a waiver of
  2. The reason/rationale for applying for the waiver
  3. What specific relief is the facility seeking

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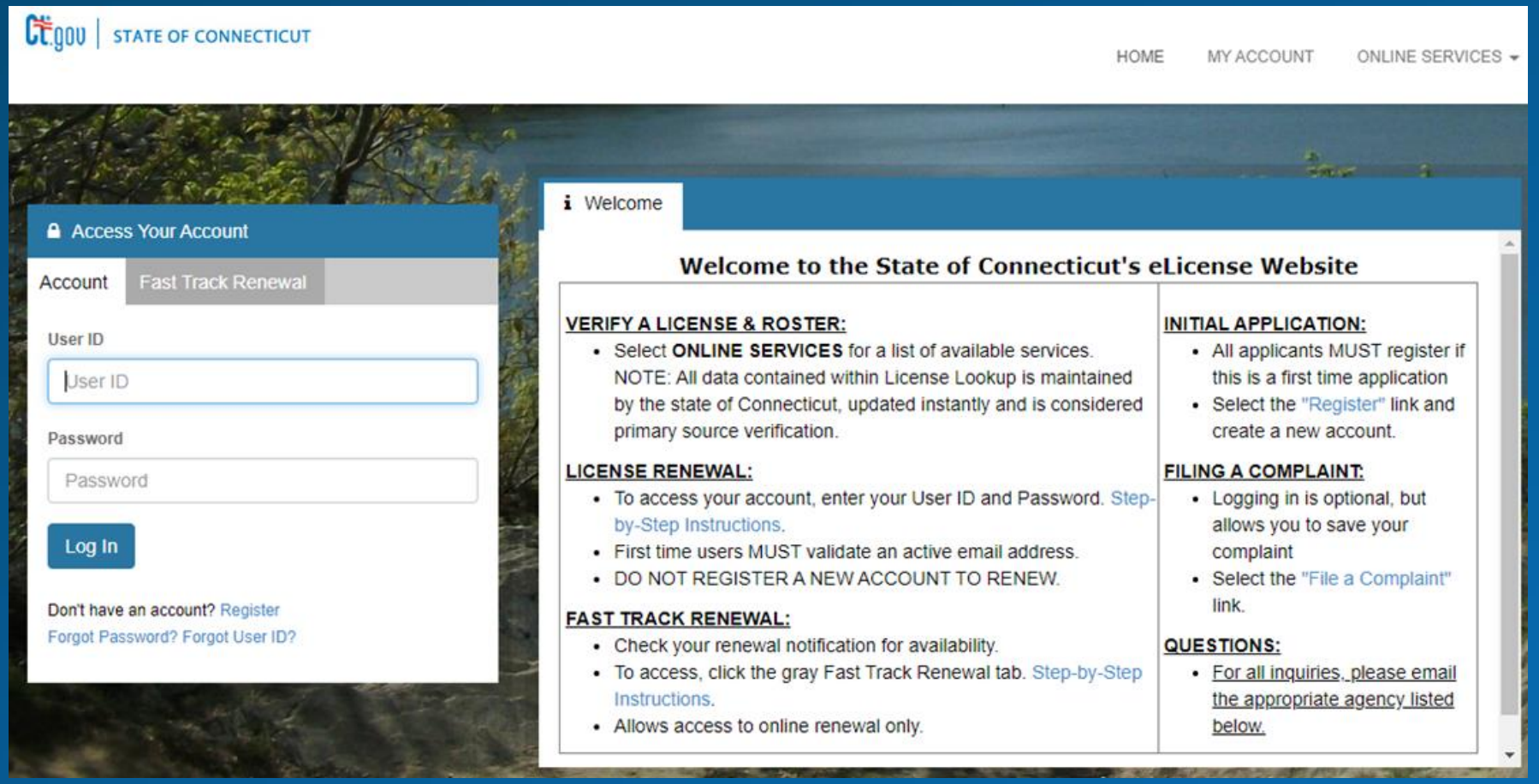
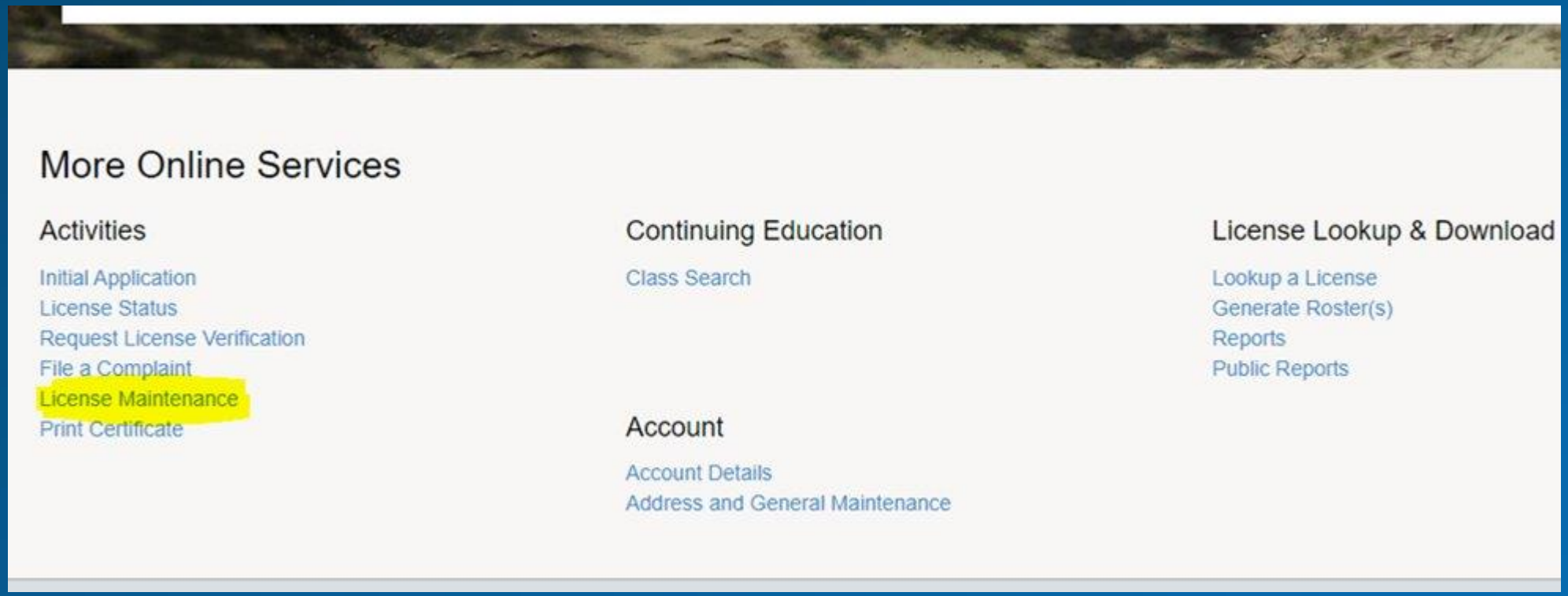
Waiver Requests

1. Log into eLicense using the facilities User ID and Password:



Waiver Requests

2. Select "License Maintenance:



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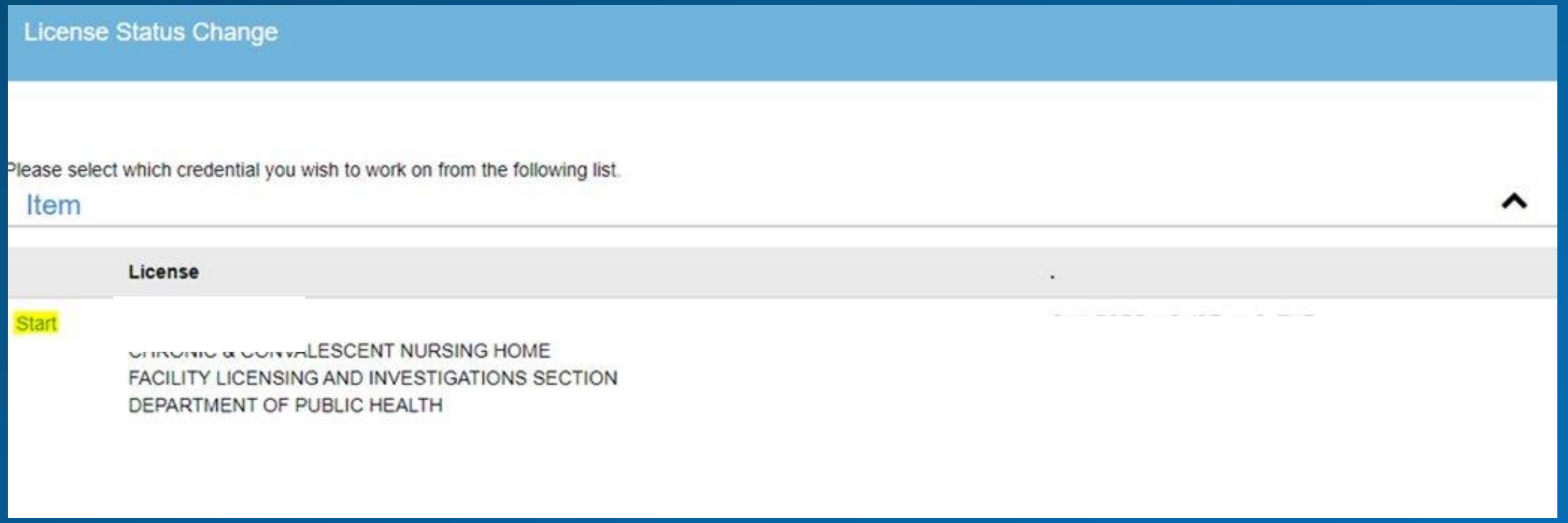
Waiver Requests

3. Select "Start"



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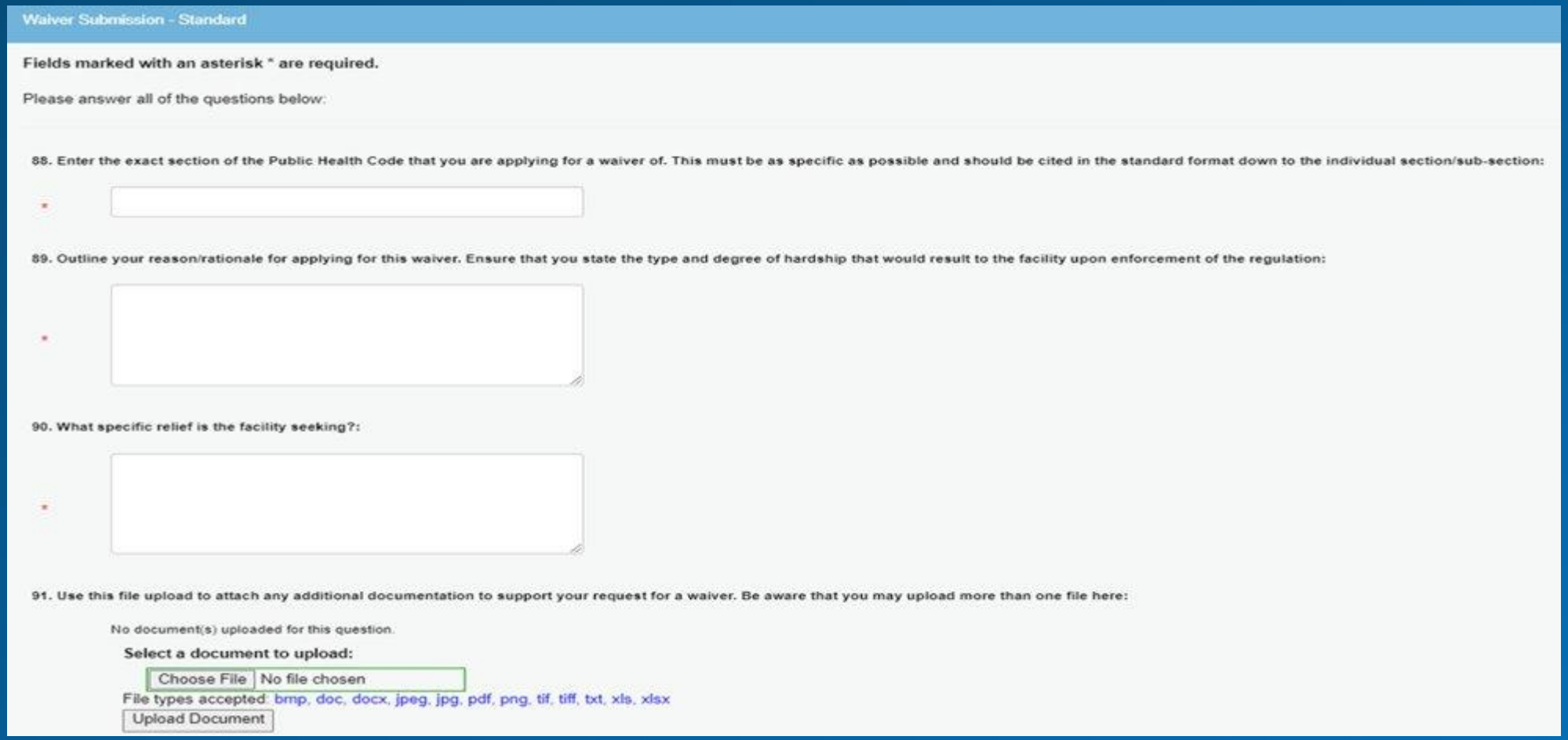
Waiver Requests

4. Complete all the questions and select "submit"



Waiver Submission - Standard

Fields marked with an asterisk * are required.

Please answer all of the questions below:

88. Enter the exact section of the Public Health Code that you are applying for a waiver of. This must be as specific as possible and should be cited in the standard format down to the individual section/sub-section:

*

89. Outline your reason/rationale for applying for this waiver. Ensure that you state the type and degree of hardship that would result to the facility upon enforcement of the regulation:

*

90. What specific relief is the facility seeking?:

*

91. Use this file upload to attach any additional documentation to support your request for a waiver. Be aware that you may upload more than one file here:

No document(s) uploaded for this question.

Select a document to upload:

Choose File | No file chosen

File types accepted: bmp, doc, docx, jpeg, jpg, pdf, png, tif, tiff, txt, xls, xlsx

Upload Document

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ABCMS

C.G.S. 19a-491c established the background check program

- Facilities must register with the ABCMS and process required applicants for background checks.

Who needs to be processed through the ABCMS for background check purposes?

- Employees;
- Contractors; and
- Certain Volunteers who have “direct access”

C.G.S. 19a-491c (c) (1) defines “direct access”

If you have any questions please email dph.ABCMS@ct.gov or call (860) 509-8366

Questions?

Life Safety Updates – Tony Bruno

Survey Readiness

1. Necessary Information on arrival
2. Saving Time during entrance conference
3. New Forms
4. Survey Progression Delays

Necessary Information

The entrance conference sheet
Information needed immediately
Survey book/folder

Time Savers

Additional page on entrance
Infection Prevention task
IV therapy form

New Forms

Tasks that surveyors complete
Idle time
Extended time in the building

Delays
You know the old saying...

Our time constraints
Our progression ability and computer program limitations

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Q & A

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FLIS Outbreak Portal

Nordia McIntyre RN MSN IP
Nurse Consultant

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FLIS Outbreak Portal

The FLIS portal now consists of two sections:

1. Reportable Events
2. Outbreak Reportable Events

- The Outbreak Reportable Events tab/section should be used to report any outbreaks within your facility.
- Increase your user access to the FLIS portal

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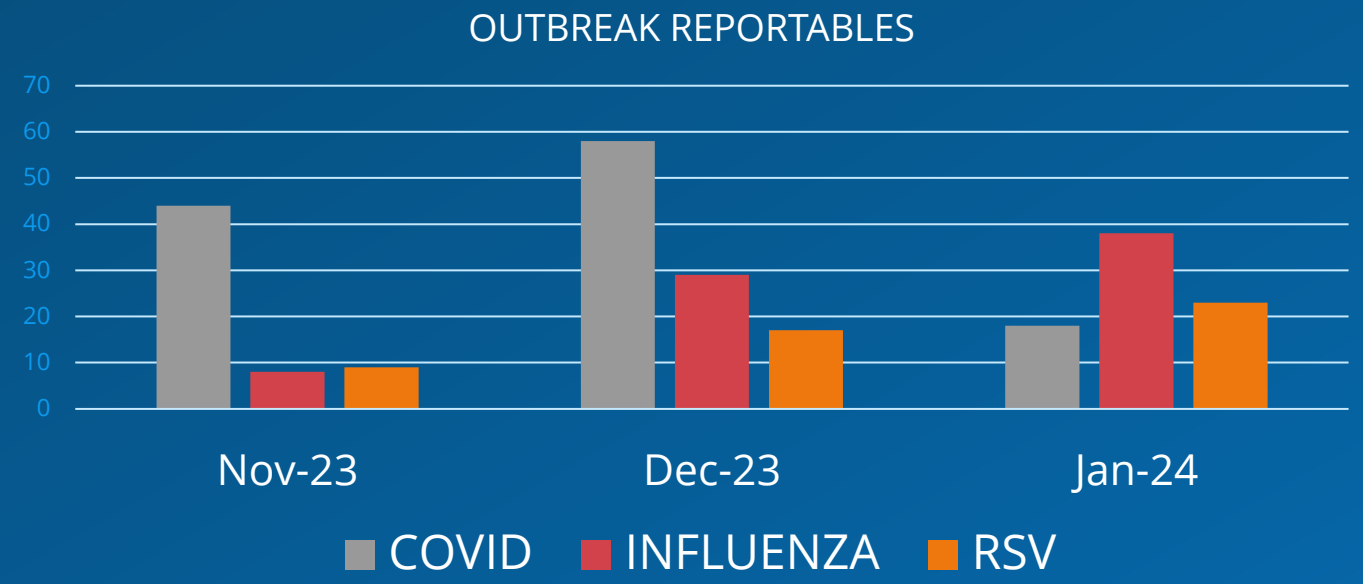
FLIS Outbreak Portal

The Most Common Reported Outbreaks



- Consider: staff education & competencies on topics such as: hand hygiene, respiratory etiquette, and PPE. as well as conducting facility audits.

FLIS Outbreak Portal

- Review and update your facility's policies and procedures regarding outbreaks with the newest guidance provided by the CDC, APIC and other evidenced-based infection control resources.

The Outbreak Reportable portal contains sections for:

- Initial Report
- Line list -for both (Resident and Staff)
- Resolution/Summary section
- Weekly Reports
- Messages

FLIS Outbreak Portal

A reminder for all outbreaks:

- The **Resident/Staff Tab,** which is the line list, should be completed with your initial report and updated as new cases are identified or resolved.
- The initial report should be completed within 72 hours.
- The **Weekly Reports Tab** should be completed weekly based on the initiation of the reportable event until the resolution of the outbreak.

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FLIS Outbreak Portal

A reminder for all outbreaks:

- When the outbreak is resolved, please complete the **Resolution Tab** with a summary of the outbreak. The summary at minimum needs to include the total number of residents and staff affected as well as any hospitalizations and/or deaths. Please include in your report that the outbreak is closed.
- If you have any questions or concerns, please use the **Message Tab** to contact us or if it is urgent and requires immediate attention call the office at 860-509-7400 (during business hours) and 860-509-8000 (evening, nights, weekends, and holidays)

FLIS Outbreak Portal

Questions?

FLIS Outbreak Portal

Contact Information

nordia.mcintyre@ct.gov
860-509-7936

Questions

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MDS 3.0 2023 Updates and Care Planning

Connie Greene RN, BSN , MS

Optional State Assessment (OSA)

- Beginning with rates effective July 1, 2022
- The Connecticut Department of Social Services reimbursement rate calculations for nursing facilities have classified MDS assessments into one of 48 Resource Utilization Groups version IV (RUG-IV) and adjusted facility rates based on an average Case Mix Index (CMI)

Optional State Assessment (OSA)

- The process is utilized for Medicaid-certified nursing facilities scheduled for case mix review on or after 10/1/2023
- The process review MDS data collected with supportive documentation to evaluate care provided by the nursing facility
- The contracted vendor for MDS Survey is Myers and Stauffer
- MDS Survey is conducted by the contracted vendor and facility will receive the results

Optional State Assessment (OSA)

- Questions regarding OSA and MDS Survey for Medicaid – certified nursing facilities
- Connecticut help desk at: 800-763-2278

or CTHelpDesk@mslc.com.

MDS 3.0 October 1, 2023

- Revision was made to MDS 3.0 effective 10/1/2023
- The Long-term Care Facility Resident Assessment Instrument 3.0 User Manual Version 1.1 8.11 October 2023
- The change will significantly impact some quality measures
- Section G Functional Status will be replaced with Section GG Functional Abilities and Goals.

MDS 3.0 Six Other Measure Changes

- Percent of Residents Who Newly Received an Antipsychotic Medication (Short Stay)CMS ID N011.03
- Percent of Residents Who Lose Too Much Weight (Long Stay) (CMS ID N029.03)
- Percent of Residents Who Have Depressive Symptoms (Long Stay) (CMS ID N030.03)
- Percent of Residents Who Received an Antipsychotic Medication (Long Stay) N031.04)
- Prevalence of Antianxiety/Hypnotic Use (Long Stay) (CMS ID: N033.03)
- Percent of Residents Who Used Antianxiety or Hypnotic Medication (Long Stay)

Care Planning

- Baseline care plan –comprehensive person centered within 48 hours
- Develop/Implement Comprehensive Care Plan –person-centered care for each resident that includes measurable objectives, timeframes to meet the resident's medical, nursing. mental, psychosocial needs identified in the comprehensive assessment
- Care Plan Timing and Revision

- Care Planning Federal Regulatory Tags

- Baseline care plan –F 655
- Develop and Implement Comprehensive Care Plan – person- centered F 656
- Care Plan Timing and Revision –F 657

Questions

- RAI Coordinator: Connie.greene@ct.gov
- RAI Automation Coordinator: surjit.Sethuraman@ct.gov

Reference

- Supportive Documentation Requirement User Guide Rug IV MDS Items 48 Grouper 10/1/2023
- MDS 3.0 Quality Measures User Manual V 16.0 10-1-2023
- MDS 3.0 RAI Manual v1.1-8.11 10/1/2023

Resources:

Policy & Memos to States and Regions | CMS