



ACHCA Conference

February 20, 2026



This presentation is for general informational purposes. For the most up-to-date requirements, please reference applicable statutes, regulations, and guidelines.

Department of Public Health

- Jennifer Olsen-Armstrong, MS, RD- Section Chief
- Kim Hriceniak, R.N. BSN- Public Health Services Manager
- James Augustyn- Public Health Services Manager
- Anthony Bruno- BFSI Supervisor
- Steve Lavaway- BFSI Inspector II
- Connie Greene- Supervising Nurse Consultant
- Trisha Bartone- Health Program Supervisor

Facility Licensing and Investigation Section Updates

- New Supervisor
- New Nurse Consultants
- New Office Assistants
- New BFSI Inspector

Internet Quality Improvement & Evaluation System (iQIES)

- CMS Overview
 - <https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/internet-quality-improvement-evaluation-system-iqies>
- Reminder the register for Harp/iQIES
 - <https://harp.cms.gov/register/profile-info>
- Any technical challenges please reach out iQIES help desk
 - iqies@cms.hhs.gov
 - 1-888-477-7876

Health Top 10 Deficiencies

1/1/25-2/5/26

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=195	Total Number of Surveys=365	
F0684	Quality of Care	129	49.7%	35.3%
F0689	Free of Accident Hazards/Supervision/Devices	124	47.2%	34.0%
F0658	Services Provided Meet Professional Standards	86	34.9%	23.6%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	74	30.3%	20.3%
F0600	Free from Abuse and Neglect	69	28.2%	18.9%
F0656	Develop/Implement Comprehensive Care Plan	67	31.3%	18.4%
F0880	Infection Prevention & Control	67	32.8%	18.4%
F0657	Care Plan Timing and Revision	61	26.7%	16.7%
F0609	Reporting of Alleged Violations	57	26.2%	15.6%
F0842	Resident Records - Identifiable Information	52	22.6%	14.2%

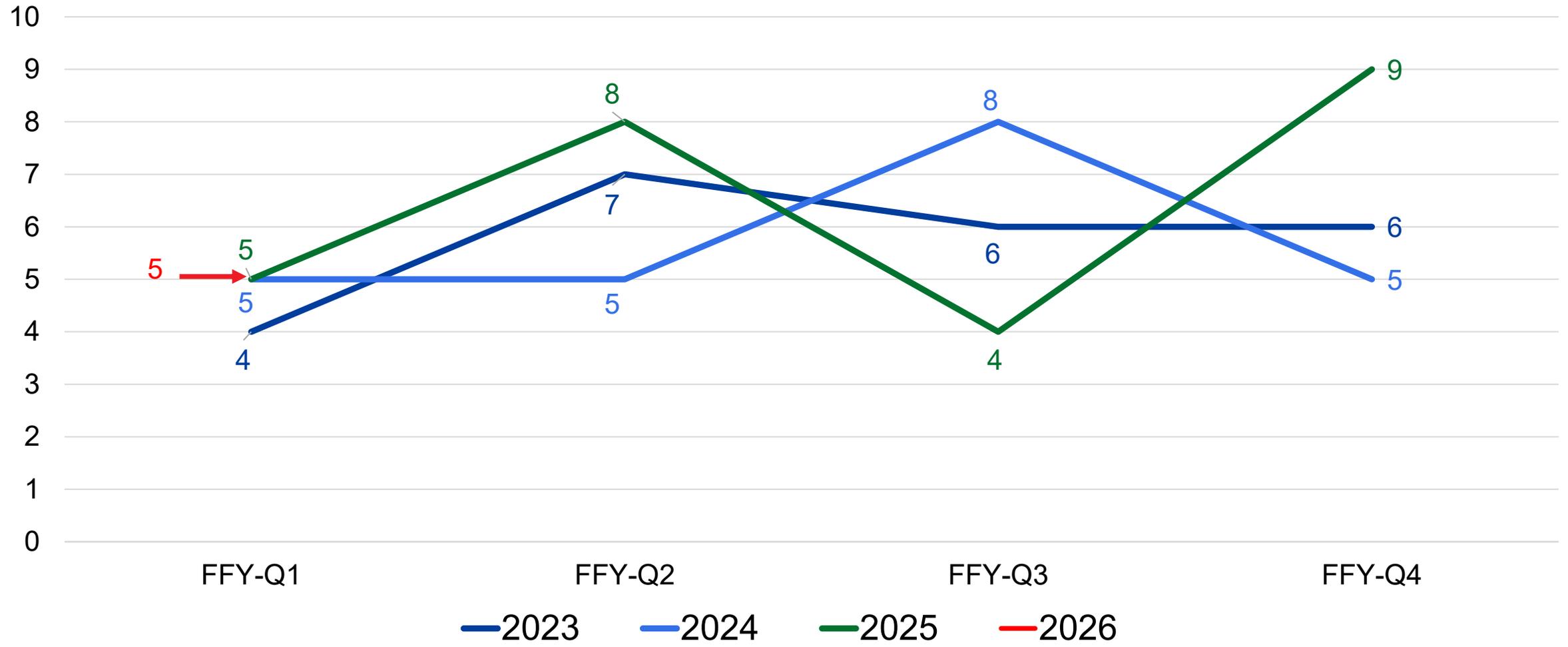
Immediate Jeopardy FFY 2025, Q2 – FFY 2026, Q1

Q2 1/1/25-3/31/25	Reason for Investigation	Q3 4/1/25-6/30/24	Reason for Investigation	Q4 7/1/25-9/30/25	Reason for Investigation	Q1 10/1/25-12/31/25	Reason for Investigation
8 IJs across 8 facilities		4 IJs across 4 facilities		9 IJs across 9 facilities		5 IJs across 4 facilities	
F689. Free of Accident Hazards/Supervision/Devices <i>at 3 facilities</i>	Complaint			F689. Free of Accident Hazards/Supervision/Devices <i>at 4 facilities</i>	Certification Survey & Complaint		
F760. Significant Medication Errors	Complaint		F760. Significant Medication Errors <i>at 3 facilities</i>	Complaint			
F600. Free from Abuse/Neglect	Complaint		F600. Free from Abuse/Neglect	Complaint			
F610. Investigate/Prevent/Correct Alleged Violation	Certification Survey & Complaint						
F698. Dialysis	Complaint			F695. Respiratory/Tracheostomy Care and Suctioning	Complaint		
F742. Treatment/Srvcs Mental/Psychosocial Concerns	Certification Survey & Complaint			F880. Infection Prevention & Control	Certification Survey & Complaint		
				F803. Menu Meet Resident Needs/Prep in Adv/Followed	Certification Survey & Complaint		
						F-065. Develop/Implement Comprehensive Care Plan	
						F-0684. Quality of Care	

- A red arrow indicates IJ deficiencies that have been seen across quarters.
- An exclamation point indicates an IJ that was *not seen* in the previous quarter.

IJs over time, Facilities Impacted

Immediate Jeopardy FFY 2023-2026



Blast Fax/ Legislative Reminders

Public Act 24-141 An Act Promoting Nursing Home Resident Quality Of Life

- On and after July 1, 2026, no licensed chronic and convalescent nursing home or rest home with nursing supervision shall place a newly admitted resident in a room containing more than two beds. A violation of the requirements of this subsection shall constitute a Class B violation under section 19a-527, except no licensed chronic and convalescent nursing home or rest home with nursing supervision shall incur more than one violation per newly admitted resident in one calendar year.

Public Act 25-97 Workplace Violence Reporting (CGS §19a-490r)

- Changed the annual reporting deadline for health care employers to maintain records of all workplace violence incidents, including the specific area or department where each incident occurred. Report annually by February 1 to the Department of Public Health (DPH) the number of workplace violence incidents that occurred during the preceding calendar year, along with the affected areas or departments.
 - Effective October 1, 2025

PA 25-16: An Act Containing Various Provisions Relating To Aging And Long-term Care.

Section 9: Allows a nursing home to admit a resident regardless of where they are on the waiting list when the resident is being transferred from a nursing home that has filed a CON closure request and has five residents or less.

- Effective October 1, 2025

Medical Diagnostic Equipment (MDE) Section 19a-490dd

Please be reminded that changes made to Section 19a-490dd of the Connecticut General Statutes by Public Act 24-113, section 1, were codified in 2024 and directed health care facilities and practice locations to implement additional requirements that will promote comprehensive and quality health care and greater accessibility for individuals with a disability.

PA 25-168: The State Budget and Budget Implementer

Section 179: Not later than January 1, 2026, All nursing homes and some managed residential communities are required to maintain an automated external defibrillator (AED) in a central location and make its location known to staff and residents.

- The act excludes (1) state-funded congregate housing facilities, (2) elderly housing complexes receiving assistance and funding through HUD's Assisted Living Conversion Program, and (3) affordable housing units subsidized under DSS's assisted living demonstration project.
- *Effective October 1, 2025*

PA 25-17: An Act Prohibiting Long-term Care Facilities From Discriminating Against Long-term Care Facility Residents

Section 1: Prohibits long-term care facilities from discriminating, requires posting of a non-discrimination notice, prohibits staff not directly involved in direction care from being present during physical examinations or when the resident is unclothed, and requires DPH to develop training materials on cultural competency, focusing on LGBTQ residents, and those living with HIV.

- Effective October 1, 2025, Training materials are being developed by DPH, notification will be forthcoming when available.

QSO Memo: Special Focus Facilities

SFF Selection Criteria: CMS is revising the focus area for selection to emphasize the prevalence of falls. In addition to health inspection scores, State Agencies may consider facility falls staffing data when selecting new SFFs.

Graduation from the SFF Program: The criteria for successful program completion will be revised and clarified to foster rapid and sustained improvements for SFFs and to mitigate "yo-yo" noncompliance.

Enforcement: More severe, escalating enforcement remedies will be imposed on SFF program facilities that demonstrate continued noncompliance and little or no effort to improve performance. Further, oversight will be strengthened by reducing survey predictability.

Termination Criteria: An added criterion clarifies that facilities cited with Immediate Jeopardy deficiencies on any two surveys while in the SFF program may face discretionary termination from the Medicare and/or Medicaid programs.

Post-Graduation: A three-year post-graduation monitoring period will track graduates for sustained compliance. Facilities that relapse into poor performance may face enhanced enforcement options.

Survey Reminders

- Past noncompliance
- Independent Dispute Resolutions
- Violation Letters
- Acceptable Plan of Correction

CMS Quality Safety & Education Training Catalog

Resources to Improve Quality of Care:

Check out CMS's new *Quality in Focus* interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.

Learn to:

- Understand surveyor evaluation criteria
- Recognize deficiencies
- Incorporate solutions into your facility's standards of care

See the [Quality, Safety, & Education Portal Training Catalog](#), and select *Quality in Focus*

Get guidance memos issued by the *Quality, Safety and Oversight Group* by going to [CMS.gov](#) [page](#) and entering your email to sign up. Check the box next to "CCSQ Policy, Administrative, and Safety Special Alert Memorandums" to be notified when we release a memo.

Life Safety Deficiencies

1/1/25-2/5/26

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=195		Total Number of Surveys=64
K0918	Electrical Systems - Essential Electric Syste	33	16.9%	51.6%
K0353	Sprinkler System - Maintenance and Testing	28	14.4%	43.8%
K0363	Corridor - Doors	25	12.3%	39.1%
K0211	Means of Egress - General	23	11.8%	35.9%
K0761	Maintenance, Inspection and Testing - Doors	22	10.3%	34.4%
K0324	Cooking Facilities	20	10.3%	31.3%
K0711	Evacuation and Relocation Plan	18	8.7%	28.1%
K0345	Fire Alarm System - Testing and Maintenance	17	8.7%	26.6%
K0712	Fire Drills	17	8.7%	26.6%
K0351	Sprinkler System - Installation	13	6.7%	20.3%

Common Findings- Building Fire & Safety Codes

- **K918-** Generator documentation is missing or not completed on a weekly/monthly basis; semi-annual vendor system documentation is missing or incomplete; annual load bank testing has not been performed when required.
- **K353-** Sprinkler System- Documentation is either missing from the vendor, incomplete, or the vendor identified deficiencies during the survey.
- **K363-** Corridor doors- Doors (including resident rooms and utility rooms) are not closing or latching properly and/or are being wedged open.
- **K211-** Means of Egress- Exit discharges are not being properly maintained and/or doors show damage, such as rotted or deteriorated frames.
- **K761-** Doors- Annual inspection of fire doors required
- **K324-** Cooking Facilities- Hood inspections, cleaning, and maintenance are lacking.
- **K711-** Fire safety and emergency preparedness training is incomplete for some staff, with documentation lacking.
- **K345-** Fire Alarm System- documentation missing from vendor or has not been completed or vendor identified deficiencies at time of survey
- **K712-** Fire Drills-Insufficient drills conducted or drills not scheduled at staggered times.
- **K351-** Sprinkler System Hazards- Missing ceiling tiles and system integrity compromised due to corroded, painted, or blocked sprinkler heads.

Physical Environment / Life Safety Common Questions

- Construction / Renovations – Notification requirements
- CT Public Health Code Waivers
- CMS Time Limited Waivers
- EPP Annual Updates or as needed including HVA
- Facility Fire Safety Policies & Procedures during drills/events
- HVAC maintenance

Water Management CMS Requirements

- On June 2, 2017, the Survey and Certification Group at the Centers for Medicare & Medicaid Services (“CMS”) issued a memorandum, “Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires’ Disease (LD)”
- **Requiring that facilities develop and follow policies and procedures that inhibit microbial growth in building water systems to reduce the risk of growth and spread of Legionella in water**
- On June 9, 2017, the Memo was revised to clarify provider types to apply to long-term care facilities, hospitals and critical access hospitals.
- On July 6, 2018, [QSO Memo 17-30](#) *Revised to Clarify Expectations for Providers, Accrediting Organizations, and Surveyors*

CMS Requirements

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



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

DATE: June 02, 2017 **Ref:** ~~QSO-17-30- Hospitals/CAHs/NHs~~
REVISÉD 07.06.2018

TO: State Survey Agency Directors

FROM: Director
Quality, Safety and Oversight Group (*formerly Survey & Certification Group*)

SUBJECT: Requirement to Reduce *Legionella* Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)

******Revised to Clarify Expectations for Providers, Accrediting Organizations, and Surveyors******

Memorandum Summary

- **Legionella Infections:** The bacterium *Legionella* can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least 50 years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as showerheads, cooling towers, hot tubs, and decorative fountains.
- **Facility Requirements to Prevent Legionella Infections:** Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of *Legionella* and other opportunistic pathogens in water.
- This policy memorandum applies to Hospitals, Critical Access Hospitals (CAHs) and Long-Term Care (LTC). However, this policy memorandum is also intended to provide general awareness for all healthcare organizations.
- *This policy memorandum clarifies expectations for providers, accrediting organizations, and surveyors and does not impose any new expectations nor requirements for hospitals, CAHs and surveyors of hospitals and CAHs. For these provider types, the memorandum is merely clarifying already existent expectations.*
- *This policy memorandum supersedes the previous Survey & Certification (S&C) 17-30 released on June 02, 2017 and the subsequent revisions issued on June 9, 2017.*

Background

LD, a severe sometimes fatal pneumonia, can occur in persons who inhale aerosolized droplets of water contaminated with the bacterium *Legionella*. The rate of reported cases of legionellosis, which comprises both LD and Pontiac fever (a milder, self-limited, influenza-like illness) has

Water Management Facility Requirements

- Conduct a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility water system
- Implement a water management program that considers the ASHRAE industry standard and the CDC toolkit and includes control measures such as physical controls, temperature management, disinfectant level control, visual inspections and parameters for when environmental testing for pathogens are conducted
- Specifies testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions



MDS 3.0 Resident Assessment Instrument (RAI)

MDS 3.0 RAI User's Manual v1.20.1 effective beginning October 1, 2025

- Minor changes were made to falls
- All changes were noted in the RAI Manual October 1, 2025
 - <https://www.cms.gov/files/document/final-mds-3-0-rai-manual-v1-20-1-october-2025.pdf>

Resident Assessment Instrument Manual October 2025

- Addressed provider concerns regarding language in J1900
- The number of falls since admission/entry or re-entry or prior assessment Omnibus Budget Reconciliation Act (OBRA) or scheduled Prospective Payment System (PPS), whichever is more recent.

MDS 3.0 RAI Manual J1900

- Determine the number of falls that occurred since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS).
- Code the level of fall-related injury for each fall.
- Code each fall only once. If the resident has multiple injuries in a single fall, code the fall with the highest level of injury

MDS 3.0 October 2025 Significant Change Assessment

- “Significant change” is a major decline or improvement in a resident’s status. Will not normally resolve itself without intervention by staff or implementing standard disease-related clinical interventions
- The decline is not considered “self-limiting”
- Impacts more than one area of the resident’s health status.
- Requires interdisciplinary review and/or revision of the care plan.

MDS 3.0 Care Planning

- Starts with F655 development of baseline care in 48 hours of admission
- F656 Develop a comprehensive care plan to reflect resident's current health status
- F657 Review and Revise the resident's care plan and interdisciplinary meeting

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

Leave of Absence (LOA)

- The chapter 2 of the RAI manual does not specify time of LOA and does not require discharge or entry tracking when the resident has:
 - Temporary home visit at least one night
 - Therapeutic Leave at least one night
 - Hospital observation less than 24 hours and is not admitted
- Providers should refer to Chapter 6 and their State LOA policy for further information, if applicable
- Documentation in the clinical record is required for LOA and upon return to the facility to identify any change in status

Resources

- Question Regarding Case – Mix Roster and Portal
- Case-Mix Resident Roster and Web Portal Questions Help Desk
Phone: 800.763.2278
_Email: CTHelpDesk@mslc.com
Meyers and Stauffer: <http://myersandstauffer.com>

References

- MDS 3.0 RAI Manual v1.20.1 10/1/2025

Licensing Updates

Chronic & Convalescent Nursing Home License Renewal

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

- There are a total of 191 Chronic & Convalescent Nursing Homes licensed in Connecticut
- Licenses are renewed bi-annually
- Renewal notices are e-mailed approximately 120 days prior to expiration
- It is strongly recommended to use a generic email account where multiple users have access (e.g. facilityadmin@ccnh.com)

E-License Portal Access:

- Renewal applications are completed utilizing the E-License database
- Every facility has a User ID and Password which is sent out with the renewal notice
- 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 E-License system.

Documents Needed to Renew a License:

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

Key Management in a Chronic & Convalescent Nursing Home:

- Administrator
- Medical Director
- Director of Nurses

Changes to be Reported:

- CT DPH Regulations 19-13-D8T(6) require the following changes to be reported immediately and confirmed in writing within 5 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 patients or residents.
- Waivers expire with the license expiration date
- The facility must re-apply for the waiver at the time of renewal
- Waiver applications are completed online via the E-License portal and must include the following:
 1. The exact section of the Public Health Code you are requesting to waive
 2. The reason/ rationale for applying for the waiver
 3. The specific relief the facility is seeking

Waiver Requests

1. Log into E-License using the Facility's User ID and Password:

The screenshot displays the State of Connecticut's eLicense website. At the top left is the logo "ct.gov | STATE OF CONNECTICUT". On the right, there are navigation links: "HOME", "MY ACCOUNT", and "ONLINE SERVICES" with a dropdown arrow. The main content area is divided into two panels. The left panel, titled "Access Your Account", has two tabs: "Account" and "Fast Track Renewal". The "Fast Track Renewal" tab is active. It contains a "User ID" field with a placeholder "User ID", a "Password" field with a placeholder "Password", and a "Log In" button. Below the fields are links for "Don't have an account? Register" and "Forgot Password? Forgot User ID?". The right panel, titled "Welcome", contains a "Welcome" message and a "Welcome to the State of Connecticut's eLicense Website" heading. It lists instructions for "VERIFY A LICENSE & ROSTER:", "LICENSE RENEWAL:", "FAST TRACK RENEWAL:", "INITIAL APPLICATION:", "FILING A COMPLAINT:", and "QUESTIONS:".

ct.gov | STATE OF CONNECTICUT

HOME MY ACCOUNT ONLINE SERVICES ▾

Access Your Account

Account Fast Track Renewal

User ID

User ID

Password

Password

Log In

Don't have an account? Register
Forgot Password? Forgot User ID?

Welcome

Welcome to the State of Connecticut's eLicense Website

VERIFY A LICENSE & ROSTER:

- Select **ONLINE SERVICES** for a list of available services.
NOTE: All data contained within License Lookup is maintained by the state of Connecticut, updated instantly and is considered primary source verification.

LICENSE RENEWAL:

- To access your account, enter your User ID and Password. [Step-by-Step Instructions](#).
- First time users MUST validate an active email address.
- DO NOT REGISTER A NEW ACCOUNT TO RENEW.

FAST TRACK RENEWAL:

- Check your renewal notification for availability.
- To access, click the gray Fast Track Renewal tab. [Step-by-Step Instructions](#).
- Allows access to online renewal only.

INITIAL APPLICATION:

- All applicants MUST register if this is a first time application
- Select the "Register" link and create a new account.

FILING A COMPLAINT:

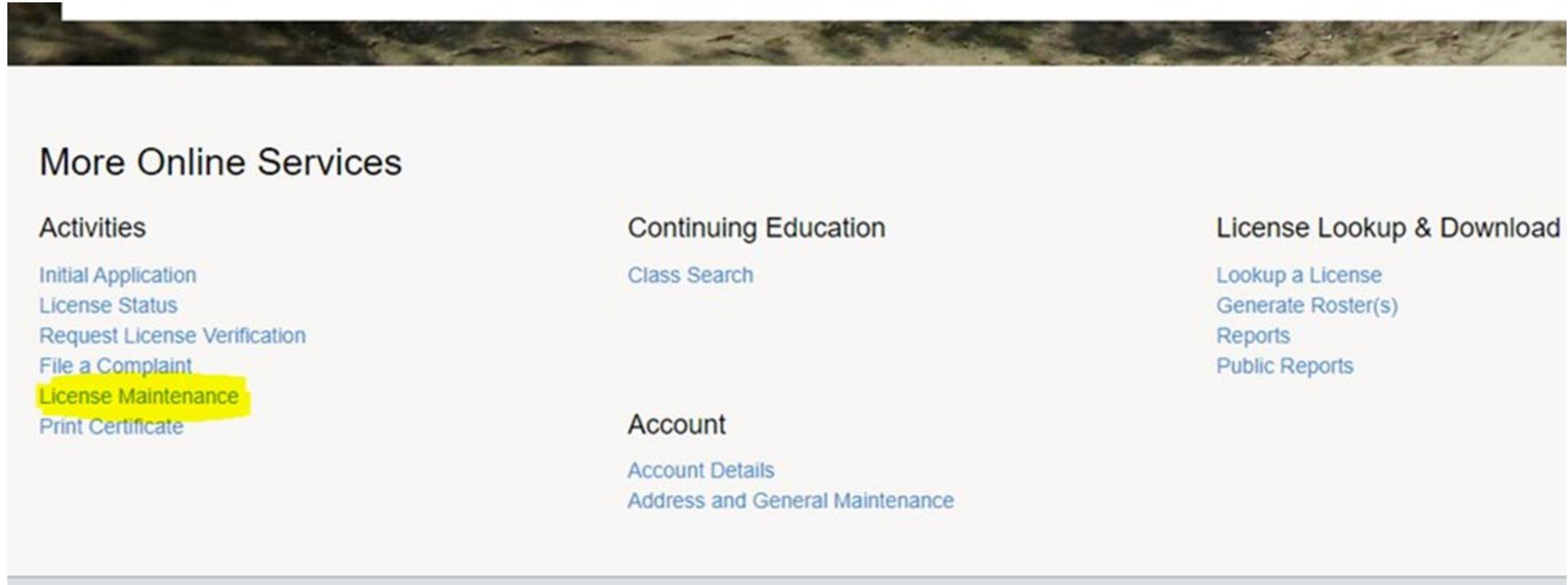
- Logging in is optional, but allows you to save your complaint
- Select the "File a Complaint" link.

QUESTIONS:

- [For all inquiries, please email the appropriate agency listed below.](#)

Waiver Requests

2. Select "License Maintenance":



Waiver Requests

3. Select "Start":

License Status Change

Please select which credential you wish to work on from the following list.

Item



License

Start

CCNH.0002264
CHRONIC & CONVALESCENT NURSING HOME
FACILITY LICENSING AND INVESTIGATIONS SECTION
DEPARTMENT OF PUBLIC HEALTH

GUILFORD HOUSE, LLC, THE
109 W LAKE AVE
GUILFORD, CT 06437-1352

Waiver Requests

4. Complete all questions and then 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:

No file chosen

File types accepted: [bmp](#), [doc](#), [docx](#), [jpeg](#), [jpg](#), [pdf](#), [png](#), [tif](#), [tiff](#), [txt](#), [xls](#), [xlsx](#)

Questions?

