



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Facility Licensing and Investigations Section

## American College of Health Care Administrators

**February 14, 2023**

Kim Hriceniak Public Health Services Manager

Connie Greene, Supervising Nurse Consultant

James Augustyn, Health Program Supervisor

Tony Bruno, LSC Supervisor

Pat Trella, Health Program Associate

Maureen Golas-Markure, Supervising Nurse Consultant



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Agenda

1. MDS updates – Connie Greene
2. Elicensing Updates- James Augustyn
3. Life Safety Updates Tony Bruno
4. ABCMS updates – Pat Trella
5. Reportable Events- Maureen Golas Markure
6. CMS updates- Kim Hriceniak



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Introduction of DPH Team



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Staffing Update

**1 newly appointed Supervisor Millicent Reynolds**

**3 New Nurse Consultants starting in February**



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Top Ten Deficiencies



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Citation Frequency Report

State	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Tag #				
<b>Totals represent the # of providers and surveys that meet the selection criteria specified above.</b>		Connecticut Active Providers=207		Total Number of Surveys=142
<a href="#">F0884</a>	Reporting - National Health Safety Network	101	15.5%	71.1%
<a href="#">F0600</a>	Free from Abuse and Neglect	13	5.3%	9.2%
<a href="#">F0684</a>	Quality of Care	8	3.9%	5.6%
<a href="#">F0880</a>	Infection Prevention & Control	7	3.4%	4.9%
<a href="#">F0842</a>	Resident Records - Identifiable Information	7	2.9%	4.9%
<a href="#">F0657</a>	Care Plan Timing and Revision	6	2.4%	4.2%
<a href="#">F0689</a>	Free of Accident Hazards/Supervision/Devices	6	2.4%	4.2%
<a href="#">F0609</a>	Reporting of Alleged Violations	6	2.4%	4.2%
<a href="#">F0623</a>	Notice Requirements Before Transfer/Discharge	5	1.9%	3.5%
<a href="#">F0610</a>	Investigate/Prevent/Correct Alleged Violation	4	1.9%	2.8%



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Immediate Jeopardy



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



During the past 12 months  
We have seen an increase in  
the number of IJ's





# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



Since January of 2022 we  
have 29 instances of  
Immediate Jeopardy



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Review of findings that rose to the level of immediate Jeopardy



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



Updates to the LTCSP  
effective 10/24/22



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## 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



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



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



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Arbitration Agreements

### Infection Preventionist Designation

Revisions to Chapter 5 related to investigating complaints and facility reports incidents

Revisions to the Psychosocial Severity Guide Resident Rooms



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## QSO-23-02

10/26/22

Revised Guidance for Staff Vaccination  
requirements



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



Replaces revised QSO-22-07-ALL, QSO-22-09-ALL, and  
QSO-22-11-ALL

Revised to consolidate regulatory requirements for  
vaccination into a single memorandum

Facility staff vaccination rates under 100% compliance  
constitute noncompliance

Compliance with primary series, Booster not included

Attachment A specific to LTC facilities





# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Update on Revisits



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## 3.0 Staffing Updates



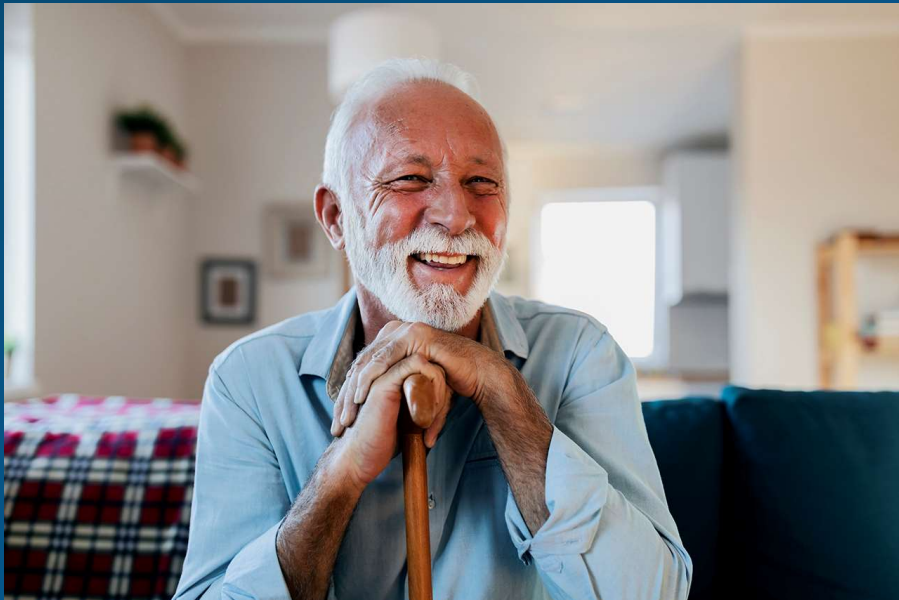
# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Public Act 22-58

## An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes



<https://www.cga.ct.gov/2022/act/pa/pdf/2022PA-00058-R00HB-05500-PA.pdf>



Sec. 36. Section 19a-563h of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage): (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, and (2) modify staffing level requirements for social work and recreational staff of nursing homes such that the requirements (A) for social work, [are] a number of hours that is based on one full-time social worker per sixty residents and that shall vary proportionally based on the number of residents in the nursing home, and (B) for recreational staff are lower than the current requirements, as deemed appropriate by the Commissioner of Public Health. (b) The commissioner shall adopt regulations in accordance with the provisions of chapter 54 that set forth nursing home staffing level requirements to implement the provisions of this section. *The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided notice of intent to adopt regulations is published on the eRegulations System not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.*



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



The proposed regulation amends Section 19-13-D8t(m) of the Regulations of Connecticut General Statutes to add a definition of “direct care staff”, to require minimum direct care staffing levels of three hours of direct care per resident per day, and to set standards for nursing personnel per resident in nursing homes and rest homes with nursing supervision. The proposed regulation further amends subsection (r) of Section 19-13-D8t to revise the minimum staffing requirements for therapeutic recreation directors in a nursing home or rest home with nursing supervision. Lastly the proposed regulation amends subsection (s) of Section 19-13-D8t to modify the requirements for social work service staffing to ensure sufficient staffing to meet the needs of residents proportional to the number of residents.

***Notably: The requirements for Rest Home with Nursing Supervision (RHNS) have been deleted, rather one requirement for the building.***



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



(1) Each facility shall employ sufficient nurses and nurse's aides to provide appropriate care of patients housed in the facility 24 hours per day, seven days per week.

The number, qualifications, and experience of such personnel shall be sufficient to assure that each patient:

receives treatment, therapies, medications and nourishments as prescribed in the patient care plan developed pursuant to subsection (o) (2) (I) of these regulations;

is kept clean, comfortable and well groomed;

is protected from accident, incident, infection, or other unusual occurrence.

The facility's administrator and director of nurses shall meet at least once every 30 days in order to determine the number, experience and qualifications of staff necessary to comply with this section.

The facility shall maintain written and signed summaries of actions taken and reasons therefore.

There shall be at least one registered nurse on duty 24 hours per day, seven days per week.



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH Policy and Procedures



Collaboration with Stakeholders including LTCOP, Leading Age and CAHCF

Comments considered and a few were accepted

Office of Policy and Management approval

Posted in Eregulation system 11/21/22

Blast Fax to the industry on 12/2/22

## NEXT STEPS

Notice of Intent: 2/15/23

Implementation Date: March 1, 2023

Public Comment Period: July 15-August 15, 2023

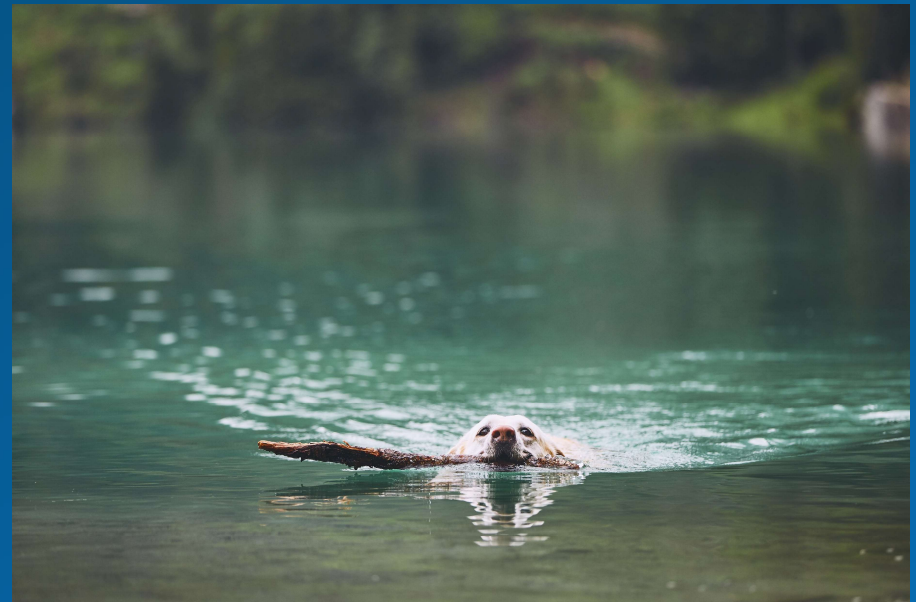
<https://eregulations.ct.gov/eRegsPortal/Browse/RCSA>



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

## What changed?

Minimum staffing levels of three hours of direct care per resident day, an increase of 0.46 hours per day



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

## PA 22-58, Policy and Procedures

[(5)] (6) In no instance shall a chronic and convalescent nursing home, or rest home with nursing supervision have staff below the following standards:

(A) Licensed nursing personnel:

7 a.m. to 9 p.m.: [47] .57 hours per [patient] resident

9 p.m. to 7 a.m.: [17] .27 hours per [patient] resident

(B) [Total nursing and] Nurse's aide personnel:

1

Connecticut eRegulations System — Tracking Number PR2022-032 — Posted 11/21/2022

7 a.m. to 9 p.m.: [1.40] 1.60 hours per [patient] resident

9 p.m. to 7 a.m.: [.50] .56 hours per [patient] resident

[(6) In no instance shall a rest home with nursing supervision staff below the following standards:

(A) Licensed nursing personnel:

7 a.m. to 9 p.m.: .23 hours per patient

9 p.m. to 7 a.m.: .08 hours per patient

(B) Total nursing and nurse's aide personnel:

7 a.m. to 9 p.m.: .70 hours per patient

9 p.m. to 7 a.m.: .17 hours per patient]

[(7) In facilities of 61 beds or more, the] (7) The director of nurses or the assistant director of nurses shall not be included in satisfying the requirements of [subdivisions] subdivision (5) [(and (6)] of this subsection.





# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD  
Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### FACILITY LICENSING AND INVESTIGATIONS SECTION

### **BLAST FAX 2022-33**

**TO:** Chronic and Convalescent Nursing Homes, and Rest Homes with Nursing Supervision Administrators

**FROM:** Manisha Juthani, MD, Commissioner

**CC:** Deputy Commissioner Heather Aaron, MPH, LNHA  
Adelita Orefice, MPM, JD, CHC, Chief of Staff  
Barbara Cass, R.N. Acting Section Chief  
Cheryl Davis, R.N. Public Health Services Manager  
Kim Hriceniak, R.N. Public Health Services Manager

**DATE:** December 2, 2022

**SUBJECT:** Policy and procedures to implement nursing staffing levels as required by Section 19a-536h of the Connecticut General Statutes.

Please see the attached Policies and Procedures posted to the Connecticut eRegulations System, November 21, 2022.

They can also be accessed at the link below:

<https://eregulations.ct.gov/eRegsPortal/Search/getDocument?guid={A00A9B84-0000-CF19-9BE0-C964E80B458D}>



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## What Else

Public Act 22-58/P+P

### Previous Requirements

#### 19-13-d8t (s) **Social Work.**

(5) Social work service staff shall be employed in each facility sufficient to meet the needs of the **patients** but not less than the following ratio of hours per week to the number of **licensed beds** in the facility:

(A) One (1) to thirty (30) **beds**, ten (10) hours per week.

(B) Thirty-one (31) to sixty (60) beds, twenty (20) hours per week.

(C) Each additional thirty (30) beds or fraction thereof, ten (10) additional hours.

(5) Social work service staff shall be employed in each facility sufficient to meet the needs of the residents but not less than one full-time social worker for a nursing home with sixty residents, such total number of hours shall vary proportionally based on the number of residents in the nursing home based on the following ratio of hours per week to the number of residents in the facility:

(A) One to thirty residents, sixteen hours per week.

(B) Thirty-one residents or greater, sixteen hours per week plus 1.6 hours for each additional three residents in excess of thirty residents.\*



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

## Therapeutic Recreation



### Previous Requirements

(3) Therapeutic recreation director(s) shall be employed in each facility sufficient to meet the following ratio of hours per week to the number of licensed beds in the facility:

1 to 15 beds, 10 hours during any three days;

16 to 30 beds, 20 hours during any five days;

Each additional 30 beds or fraction thereof, 20 additional hours.

### PA 22-58/P+P

(3) Therapeutic recreation director or directors shall be employed in each facility sufficient to meet the following ratio of hours per week to the number of licensed beds in the facility:

(A) 1 to 15 beds, nine hours during any three days;

(B) (B) 16 to 30 beds, nineteen hours during any five days; and

(C) Each additional 30 beds or fraction thereof, nineteen additional hours.



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Industry Training 02/22/2023



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



**Coming Soon :**  
**Updates to the FLIS reporting**  
**portal**  
**New Outbreak Reporting Tab**





# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



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 & Oversight Group

Ref: QSO-23-01-NH

**DATE:** October 21, 2022  
**TO:** State Survey Agency Directors  
**FROM:** Director, Quality, Safety & Oversight Group (QSOG)  
**SUBJECT:** Revisions to Special Focus Facility (SFF) Program

**Background:**

Sections 1819(f)(8) and 1919(f)(10) of the Social Security Act require CMS to conduct a Special Focus Facility (SFF) program which focuses on nursing homes that have a persistent record of noncompliance leading to poor quality of care. CMS' SFF program requires the persistently poorest performing facilities selected in each state to be inspected no less than once every six months and that increasingly severe (progressive) enforcement actions are taken when warranted. CMS expects that selected facilities will rapidly make and sustain improvements so that they graduate from the program.

While the SFF program has helped facilities improve their compliance and quality, there are some facilities that have not seen the same results. Some facilities fail to demonstrate the improvements needed to graduate from the program and can therefore remain in the program for a prolonged period of time. Additionally, there are some that graduate from the program only to see their compliance and quality regress later (commonly known as "yo-yo" noncompliance). Both of these scenarios place nursing home residents' health and safety at risk. Therefore, CMS is revising the SFF program to protect and improve the quality of care that residents living in these facilities receive. This action is being taken as part of the Administration's priority to improving the safety and quality of care in nursing homes, as outlined in a [White House Fact Sheet](#). These changes aim to address facilities remaining in the SFF program for too long and facilities with "yo-yo" noncompliance after graduating. Additionally, because of the importance of nursing home staffing, CMS is informing State Survey Agencies (SAs) to consider a facility's staffing levels data when selecting SFFs from the SFF candidate list.



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



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

**DATE:** January 19, 2023 **Ref:** QSO-23-06-ALL

**TO:** State Survey Agency Directors

**FROM:** Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

**SUBJECT:** Provider and Supplier Compliance Education Through Quality in Focus (QIF) Trainings

### Memorandum Summary

**Quality in Focus:** CMS developed a series of short (10–15 minutes), Quality in Focus interactive videos tailored for specific provider types. The series aims to increase the quality of care for people with Medicare and Medicaid by reducing the deficiencies most commonly cited during the CMS survey process, such as infection control and accident prevention.

### Background:

CMS performs over 100,000 compliance surveys of Medicare and Medicaid-certified providers and suppliers, each year. To increase compliance with CMS' health and safety regulations, CMS has used the findings from those surveys to inform a series of short (10–15 minutes) Quality in Focus interactive training videos tailored for specific provider types. The intent of this initiative is to provide a resource for providers and suppliers to proactively address common compliance concerns and therefore increase the quality of care for patients and residents.

These trainings highlight both specific citation patterns as well as compliance solutions to incorporate into a facility's operational practices.

Each interactive video focuses on a specific health or safety citation, with the goal of helping facilities to proactively identify and prevent these deficiencies in the future.



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Resources:

Policy & Memos to States and  
Regions | CMS





# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Questions



# CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



## Contact information

[kim.hriceniak@ct.gov](mailto:kim.hriceniak@ct.gov)