



General Assembly

February Session, 2008

**Amendment**

LCO No. 6388

**\*HB0579406388HDO\***

Offered by:

REP. AMANN, 118<sup>th</sup> Dist.  
REP. DONOVAN, 84<sup>th</sup> Dist.  
REP. SAYERS, 60<sup>th</sup> Dist.  
REP. VILLANO, 91<sup>st</sup> Dist.

REP. RITTER, 38<sup>th</sup> Dist.  
REP. ABERCROMBIE, 83<sup>rd</sup> Dist.  
REP. TERCYAK, 26<sup>th</sup> Dist.

To: Subst. House Bill No. 5794

File No. 675

Cal. No. 401

**"AN ACT IMPROVING NURSING STAFFING LEVELS AND ENFORCEMENT."**

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective July 1, 2009*) (a) As used in this section,  
4 (1) "direct care" means hands-on care provided to residents of chronic  
5 and convalescent nursing homes, including, but not limited to,  
6 feeding, bathing, toileting, dressing, lifting and moving such residents,  
7 but does not include (A) food preparation, housekeeping or laundry  
8 services, except when such services are required to meet the needs of  
9 any such resident on an individual situational basis, and (B) care  
10 provided by paid feeding assistants, as defined in 42 CFR 488.301; (2)  
11 "licensed nurse" means a person licensed under chapter 378 of the  
12 general statutes, as a registered nurse or a licensed practical nurse; and

13 (3) "nurse's aide" means an individual providing nursing or nursing-  
14 related services to residents in a chronic and convalescent nursing  
15 home, but does not include an individual who is a health professional  
16 otherwise licensed or certified by the Department of Public Health, or  
17 who volunteers to provide such services without monetary  
18 compensation.

19 (b) Each chronic and convalescent nursing home shall employ  
20 sufficient nurses and nurse's aides to provide appropriate direct care to  
21 residents of such nursing home, twenty-four hours per day, seven days  
22 per week. On and after October 1, 2009, over a twenty-four-hour  
23 period, each chronic and convalescent nursing home shall provide not  
24 less than 3.6 hours of direct care and services per resident provided in  
25 the aggregate by licensed nurses and nurse's aides.

26 (c) As part of the required 3.6 total number of hours of direct care  
27 provided, on and after October 1, 2009, there shall be a minimum  
28 staffing ratio of:

29 (1) For the day shift, one full-time nurse's aide for each five  
30 residents;

31 (2) For the evening shift, one full-time nurse's aide for each ten  
32 residents; and

33 (3) For the night shift, one full-time nurse's aide for each fifteen  
34 residents.

35 (d) A licensed practical nurse may substitute for a nurse's aide for  
36 the purposes of subsection (c) of this section.

37 Sec. 2. (NEW) (*Effective July 1, 2009*) (a) (1) In order to determine  
38 whether chronic and convalescent nursing homes are in compliance  
39 with the minimum direct care staffing hours specified in subsection (b)  
40 of section 1 of this act, and the minimum staffing ratios specified in  
41 subsection (c) of section 1 of this act, on and after October 1, 2009,  
42 during any annual inspection or follow-up inspection, the Department

43 of Public Health shall request copies of each inspected facility's census  
44 records, schedules and payroll records for the month immediately  
45 preceding the inspection. The Department of Public Health shall  
46 compare schedules and payroll records to determine whether or not  
47 the facility is in compliance with the minimum direct care staffing  
48 standards pursuant to subsections (b) and (c) of section 1 of this act. In  
49 making such determination, the Department of Public Health shall  
50 exclude from its calculation any hours paid but not worked, such as  
51 vacation time, sick time, personal time or other form of paid time off,  
52 but shall include any hours worked by temporary or agency staff.

53 (2) For the cost report year beginning October 1, 2010, and annually  
54 thereafter, the Department of Social Services shall calculate the average  
55 hours of direct care per resident per day at each facility by using the  
56 statistics reported on the Medicaid cost reports submitted annually to  
57 the department pursuant to section 17b-340 of the 2008 supplement to  
58 the general statutes and dividing the total number of resident days  
59 reported by the total number of licensed and unlicensed direct care  
60 hours reported, exclusive of any hours reported as administrative for  
61 licensed and unlicensed staff, the result of which calculation shall be  
62 the average number of hours of direct care per resident per day on  
63 average over the cost year. The department shall provide such  
64 calculations to the Department of Public Health to assist the  
65 Department of Public Health in determining compliance with the  
66 minimum direct care staffing hours required in subsection (b) of  
67 section 1 of this act.

68 (b) If the Department of Public Health determines that a facility is  
69 not in compliance with the minimum direct care staffing hours  
70 specified in subsection (b) of section 1 of this act or the minimum direct  
71 care staffing ratios specified in subsection (c) of section 1 of this act, the  
72 department shall notify such facility of such finding and require such  
73 facility to file a report with the department not later than fourteen days  
74 after the date of such notice explaining (1) why the facility was not in  
75 compliance at the time of determination, and (2) the facility's plan of  
76 correction. If subsequent inspections or information reveal that the

77 facility has not implemented the plan of correction to meet the  
78 minimum direct care staffing hours or minimum direct care staffing  
79 ratios, the facility shall be required to file monthly staffing reports with  
80 the department for a period of not less than one year after such finding  
81 of noncompliance, or until three months after such facility is found in  
82 compliance, whichever is longer.

83 (c) Upon receipt of any complaint against a facility by any person  
84 alleging inadequate staff to meet the minimum direct care staffing  
85 hours or minimum direct care staffing ratios, the Department of Public  
86 Health shall inspect the records of such facility for the specific day,  
87 days or period cited in such complaint.

88 Sec. 3. (NEW) (*Effective July 1, 2009*) On and after January 1, 2010,  
89 and annually thereafter, the Department of Public Health shall issue a  
90 report to the joint standing committees of the General Assembly  
91 having cognizance of matters relating to human services and public  
92 health on the average direct care staffing hours per resident per day  
93 and minimum direct care staffing ratios for each chronic and  
94 convalescent nursing home in the state, highlighting any that did not  
95 meet the standards required pursuant to section 1 of this act.

96 Sec. 4. (NEW) (*Effective July 1, 2009*) The State Long-Term Care  
97 Ombudsman, or his or her designee, may inspect the resident care  
98 schedules and payroll records of any chronic and convalescent nursing  
99 home during a visit to such facility to: (1) Advocate for one or more  
100 residents; (2) respond to a complaint or inquiry; or (3) meet with a  
101 resident council or family council. The Office of the Long-Term Care  
102 Ombudsman shall report any lack of compliance with the mandated  
103 minimum direct care staffing standards specified in section 1 of this act  
104 to the Departments of Social Services and Public Health for further  
105 action.

106 Sec. 5. (NEW) (*Effective July 1, 2009*) If a chronic or convalescent  
107 nursing home fails to comply with the minimum direct care staffing  
108 standards established pursuant to section 1 of this act, the

109 Commissioner of Social Services may recover all or any part of the  
110 Medicaid funding allocated to such facility for the specific and  
111 targeted purpose of increasing direct care staffing at such facility. Such  
112 facility shall be allowed to retain a portion of the funds allocated to  
113 improve its staffing ratio during the relevant time period as  
114 determined by the commissioner.

115 Sec. 6. (NEW) (*Effective July 1, 2009*) In addition to any other  
116 disclosures required under any provision of the general statutes, on  
117 and after October 1, 2009, each chronic and convalescent nursing home  
118 shall maintain and make publicly available information about staffing  
119 schedules and ratios as follows:

120 (1) Each chronic and convalescent nursing home shall post for each  
121 unit of the facility and for each shift the current number of licensed  
122 and unlicensed nursing staff directly responsible for resident care and  
123 the current ratios of residents to staff, which show separately the  
124 number of residents to licensed nursing staff and the number of  
125 residents to certified nurse's aides. This information shall be displayed  
126 on a uniform form supplied by the Department of Public Health.

127 (2) Such information shall be posted for the most recently concluded  
128 cost reporting period in the form of average daily staffing ratios for  
129 that period.

130 (3) Such information shall be posted in a manner that is visible and  
131 accessible to all residents, their families, caregivers and potential  
132 consumers in each facility.

133 (4) A poster provided by the Department of Public Health that  
134 describes the minimum staffing standards and ratios required  
135 pursuant to section 1 of this act shall be posted in the same vicinity.

136 (5) A list, in at least 48-point type, showing the first and last names  
137 of nursing staff on duty shall be posted at the beginning of each shift  
138 prominently on each unit.

139 Sec. 7. (NEW) (*Effective July 1, 2009*) The Department of Public  
140 Health shall adopt regulations, in accordance with the provisions of  
141 chapter 54 of the general statutes, to implement the provisions of  
142 sections 1, 2 and 6 of this act.

143 Sec. 8. (NEW) (*Effective October 1, 2008*) (a) For purposes of this  
144 section:

145 (1) "Department" means the Department of Public Health; and

146 (2) "Direct care" means hands-on-care provided to residents of  
147 nursing homes, including, but not limited to, feeding, bathing,  
148 toileting, dressing, lifting and moving such residents, but does not  
149 include food preparation, housekeeping or laundry services, except  
150 when such services are required to meet the needs of any such resident  
151 on an individual situational basis. Direct care does not include care  
152 provided by paid feeding assistants, as defined in 42 CFR 488.301.

153 (b) On and after July 1, 2009, each chronic and convalescent nursing  
154 home or rest home with nursing supervision licensed by the  
155 department pursuant to chapter 368v of the general statutes shall, as a  
156 condition of continued licensure, develop, and upon request of the  
157 department, make available for inspection a nurse staffing plan that is  
158 sufficient to provide adequate and appropriate delivery of health care  
159 services to patients in the ensuing period of licensure. The nurse  
160 staffing plan shall promote a collaborative practice in such facility that  
161 enhances patient care and the level of services provided by nurses and  
162 other members of the nursing home's patient care team.

163 (c) Each chronic and convalescent nursing home or rest home with  
164 nursing supervision shall establish a staffing committee to assist in the  
165 preparation of the nurse staffing plan required pursuant to subsection  
166 (b) of this section. The staffing committee shall include registered  
167 nurses who provide direct patient care, licensed practical nurses and  
168 certified nursing assistants. Each chronic and convalescent nursing  
169 home or rest home with nursing supervision, in collaboration with its  
170 staffing committee, shall develop and implement the nurse staffing

171 plan. Such plan shall: (1) Include the minimum professional skill mix  
172 for each patient care unit in such facility, including any special care  
173 units; (2) identify such facility's employment practices concerning the  
174 use of licensed temporary and traveling nurses; (3) set forth the level of  
175 administrative staffing in each patient care unit of such facility that  
176 ensures direct care staff are not utilized for administrative functions;  
177 (4) set forth such facility's process for internal review of the nurse  
178 staffing plan; (5) identify collective bargaining agreements that such  
179 facility is a party to and certify such facility's compliance with such  
180 agreements; (6) include such facility's mechanism of obtaining input  
181 from direct care staff, including licensed nurses and other members of  
182 the nursing home's patient care team, in the development of a nurse  
183 staffing plan; and (7) for a chronic and convalescent nursing home, set  
184 forth the steps necessary for the chronic and convalescent nursing  
185 home to provide a minimum of 4.13 hours of direct care per resident  
186 by January 1, 2011.

187 Sec. 9. Section 19a-550 of the general statutes is repealed and the  
188 following is substituted in lieu thereof (*Effective October 1, 2008*):

189 (a) (1) As used in this section, (A) "nursing home facility" shall have  
190 the same meaning as provided in section 19a-521, and (B) "chronic  
191 disease hospital" means a long-term hospital having facilities, medical  
192 staff and all necessary personnel for the diagnosis, care and treatment  
193 of chronic diseases; and (2) for the purposes of subsections (c) and (d)  
194 of this section, and subsection (b) of section 19a-537, "medically  
195 contraindicated" means a comprehensive evaluation of the impact of a  
196 potential room transfer on the patient's physical, mental and  
197 psychosocial well-being, which determines that the transfer would  
198 cause new symptoms or exacerbate present symptoms beyond a  
199 reasonable adjustment period resulting in a prolonged or significant  
200 negative outcome that could not be ameliorated through care plan  
201 intervention, as documented by a physician in a patient's medical  
202 record.

203 (b) There is established a patients' bill of rights for any person

204 admitted as a patient to any nursing home facility or chronic disease  
205 hospital. The patients' bill of rights shall be implemented in accordance  
206 with the provisions of Sections 1919(b), 1919(c), 1919(c)(2),  
207 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security Act. The patients'  
208 bill of rights shall provide that each such patient: (1) Is fully informed,  
209 as evidenced by the patient's written acknowledgment, prior to or at  
210 the time of admission and during the patient's stay, of the rights set  
211 forth in this section and of all rules and regulations governing patient  
212 conduct and responsibilities; (2) is fully informed, prior to or at the  
213 time of admission and during the patient's stay, of services available in  
214 the facility, and of related charges including any charges for services  
215 not covered under Titles XVIII or XIX of the Social Security Act, or not  
216 covered by basic per diem rate; (3) is entitled to choose the patient's  
217 own physician and is fully informed, by a physician, of the patient's  
218 medical condition unless medically contraindicated, as documented by  
219 the physician in the patient's medical record, and is afforded the  
220 opportunity to participate in the planning of the patient's medical  
221 treatment and to refuse to participate in experimental research; (4) in a  
222 residential care home or a chronic disease hospital is transferred from  
223 one room to another within the facility only for medical reasons, or for  
224 the patient's welfare or that of other patients, as documented in the  
225 patient's medical record and such record shall include documentation  
226 of action taken to minimize any disruptive effects of such transfer,  
227 except a patient who is a Medicaid recipient may be transferred from a  
228 private room to a nonprivate room, provided no patient may be  
229 involuntarily transferred from one room to another within the facility  
230 if (A) it is medically established that the move will subject the patient  
231 to a reasonable likelihood of serious physical injury or harm, or (B) the  
232 patient has a prior established medical history of psychiatric problems  
233 and there is psychiatric testimony that as a consequence of the  
234 proposed move there will be exacerbation of the psychiatric problem  
235 which would last over a significant period of time and require  
236 psychiatric intervention; and in the case of an involuntary transfer  
237 from one room to another within the facility, the patient and, if known,  
238 the patient's legally liable relative, guardian or conservator or a person

239 designated by the patient in accordance with section 1-56r, is given at  
240 least thirty days' and no more than sixty days' written notice to ensure  
241 orderly transfer from one room to another within the facility, except  
242 where the health, safety or welfare of other patients is endangered or  
243 where immediate transfer from one room to another within the facility  
244 is necessitated by urgent medical need of the patient or where a patient  
245 has resided in the facility for less than thirty days, in which case notice  
246 shall be given as many days before the transfer as practicable; (5) is  
247 encouraged and assisted, throughout the patient's period of stay, to  
248 exercise the patient's rights as a patient and as a citizen, and to this  
249 end, has the right to be fully informed about patients' rights by state or  
250 federally funded patient advocacy programs, and may voice  
251 grievances and recommend changes in policies and services to facility  
252 staff or to outside representatives of the patient's choice, free from  
253 restraint, interference, coercion, discrimination or reprisal; (6) shall  
254 have prompt efforts made by the facility to resolve grievances the  
255 patient may have, including those with respect to the behavior of other  
256 patients; (7) may manage the patient's personal financial affairs, and is  
257 given a quarterly accounting of financial transactions made on the  
258 patient's behalf; (8) is free from mental and physical abuse, corporal  
259 punishment, involuntary seclusion and any physical or chemical  
260 restraints imposed for purposes of discipline or convenience and not  
261 required to treat the patient's medical symptoms. Physical or chemical  
262 restraints may be imposed only to ensure the physical safety of the  
263 patient or other patients and only upon the written order of a  
264 physician that specifies the type of restraint and the duration and  
265 circumstances under which the restraints are to be used, except in  
266 emergencies until a specific order can be obtained; (9) is assured  
267 confidential treatment of the patient's personal and medical records,  
268 and may approve or refuse their release to any individual outside the  
269 facility, except in case of the patient's transfer to another health care  
270 institution or as required by law or third-party payment contract; (10)  
271 receives quality care and services with reasonable accommodation of  
272 individual needs and preferences, except where the health or safety of  
273 the individual would be endangered, and is treated with

274 consideration, respect, and full recognition of the patient's dignity and  
275 individuality, including privacy in treatment and in care for the  
276 patient's personal needs; (11) is not required to perform services for the  
277 facility that are not included for therapeutic purposes in the patient's  
278 plan of care; (12) may associate and communicate privately with  
279 persons of the patient's choice, including other patients, send and  
280 receive the patient's personal mail unopened and make and receive  
281 telephone calls privately, unless medically contraindicated, as  
282 documented by the patient's physician in the patient's medical record,  
283 and receives adequate notice before the patient's room or roommate in  
284 the facility is changed; (13) is entitled to organize and participate in  
285 patient groups in the facility and to participate in social, religious and  
286 community activities that do not interfere with the rights of other  
287 patients, unless medically contraindicated, as documented by the  
288 patient's physician in the patient's medical records; (14) may retain and  
289 use the patient's personal clothing and possessions unless to do so  
290 would infringe upon rights of other patients or unless medically  
291 contraindicated, as documented by the patient's physician in the  
292 patient's medical record; (15) is assured privacy for visits by the  
293 patient's spouse or a person designated by the patient in accordance  
294 with section 1-56r and, if the patient is married and both the patient  
295 and the patient's spouse are inpatients in the facility, they are  
296 permitted to share a room, unless medically contraindicated, as  
297 documented by the attending physician in the medical record; (16) is  
298 fully informed of the availability of and may examine all current state,  
299 local and federal inspection reports and plans of correction; (17) may  
300 organize, maintain and participate in a patient-run resident council, as  
301 a means of fostering communication among residents and between  
302 residents and staff, encouraging resident independence and  
303 addressing the basic rights of nursing home and chronic disease  
304 hospital patients and residents, free from administrative interference  
305 or reprisal; (18) is entitled to the opinion of two physicians concerning  
306 the need for surgery, except in an emergency situation, prior to such  
307 surgery being performed; (19) is entitled to have the patient's family or  
308 a person designated by the patient in accordance with section 1-56r

309 meet in the facility with the families of other patients in the facility to  
310 the extent the facility has existing meeting space available which meets  
311 applicable building and fire codes; (20) is entitled to file a complaint  
312 with the Department of Social Services and the Department of Public  
313 Health regarding patient abuse, neglect or misappropriation of patient  
314 property; (21) is entitled to have psychopharmacologic drugs  
315 administered only on orders of a physician and only as part of a  
316 written plan of care developed in accordance with Section 1919(b)(2) of  
317 the Social Security Act and designed to eliminate or modify the  
318 symptoms for which the drugs are prescribed and only if, at least  
319 annually, an independent external consultant reviews the  
320 appropriateness of the drug plan; (22) is entitled to be transferred or  
321 discharged from the facility only pursuant to section 19a-535 or section  
322 19a-535b of the 2008 supplement to the general statutes, as applicable;  
323 (23) is entitled to be treated equally with other patients with regard to  
324 transfer, discharge and the provision of all services regardless of the  
325 source of payment; (24) shall not be required to waive any rights to  
326 benefits under Medicare or Medicaid or to give oral or written  
327 assurance that the patient is not eligible for, or will not apply for  
328 benefits under Medicare or Medicaid; (25) is entitled to be provided  
329 information by the facility as to how to apply for Medicare or  
330 Medicaid benefits and how to receive refunds for previous payments  
331 covered by such benefits; (26) on or after October 1, [1990] 2008, shall  
332 not be required to [give a third party guarantee of] bind or obligate a  
333 third party for payment to the facility [as a condition of] in connection  
334 with the admission to, or continued stay in, the facility; (27) in the case  
335 of an individual who is entitled to medical assistance, is entitled to  
336 have the facility not charge, solicit, accept or receive, in addition to any  
337 amount otherwise required to be paid under Medicaid, any gift,  
338 money, donation or other consideration as a precondition of admission  
339 or expediting the admission of the individual to the facility or as a  
340 requirement for the individual's continued stay in the facility; and (28)  
341 shall not be required to deposit the patient's personal funds in the  
342 facility.

343 (c) The patients' bill of rights shall provide that a patient in a rest  
344 home with nursing supervision or a chronic and convalescent nursing  
345 home may be transferred from one room to another within a facility  
346 only for the purpose of promoting the patient's well-being, except as  
347 provided pursuant to subparagraph (C) or (D) of this subsection or  
348 subsection (d) of this section. Whenever a patient is to be transferred,  
349 the facility shall effect the transfer with the least disruption to the  
350 patient and shall assess, monitor and adjust care as needed subsequent  
351 to the transfer in accordance with subdivision (10) of subsection (b) of  
352 this section. When a transfer is initiated by the facility and the patient  
353 does not consent to the transfer, the facility shall establish a  
354 consultative process that includes the participation of the attending  
355 physician, a registered nurse with responsibility for the patient and  
356 other appropriate staff in disciplines as determined by the patient's  
357 needs, and the participation of the patient, the patient's family, a  
358 person designated by the patient in accordance with section 1-56r or  
359 other representative. The consultative process shall determine: (1)  
360 What caused consideration of the transfer; (2) whether the cause can be  
361 removed; and (3) if not, whether the facility has attempted alternatives  
362 to transfer. The patient shall be informed of the risks and benefits of  
363 the transfer and of any alternatives. If subsequent to the completion of  
364 the consultative process a patient still does not wish to be transferred,  
365 the patient may be transferred without the patient's consent, unless  
366 medically contraindicated, only (A) if necessary to accomplish physical  
367 plant repairs or renovations that otherwise could not be accomplished;  
368 provided, if practicable, the patient, if the patient wishes, shall be  
369 returned to the patient's room when the repairs or renovations are  
370 completed; (B) due to irreconcilable incompatibility between or among  
371 roommates, which is actually or potentially harmful to the well-being  
372 of a patient; (C) if the facility has two vacancies available for patients of  
373 the same sex in different rooms, there is no applicant of that sex  
374 pending admission in accordance with the requirements of section 19a-  
375 533 and grouping of patients by the same sex in the same room would  
376 allow admission of patients of the opposite sex, which otherwise  
377 would not be possible; (D) if necessary to allow access to specialized

378 medical equipment no longer needed by the patient and needed by  
379 another patient; or (E) if the patient no longer needs the specialized  
380 services or programming that is the focus of the area of the facility in  
381 which the patient is located. In the case of an involuntary transfer, the  
382 facility shall, subsequent to completion of the consultative process,  
383 provide the patient and the patient's legally liable relative, guardian or  
384 conservator if any or other responsible party if known, with at least  
385 fifteen days' written notice of the transfer, which shall include the  
386 reason for the transfer, the location to which the patient is being  
387 transferred, and the name, address and telephone number of the  
388 regional long-term care ombudsman, except that in the case of a  
389 transfer pursuant to subparagraph (A) of this subsection at least thirty  
390 days' notice shall be provided. Notwithstanding the provisions of this  
391 subsection, a patient may be involuntarily transferred immediately  
392 from one room to another within a facility to protect the patient or  
393 others from physical harm, to control the spread of an infectious  
394 disease, to respond to a physical plant or environmental emergency  
395 that threatens the patient's health or safety or to respond to a situation  
396 that presents a patient with an immediate danger of death or serious  
397 physical harm. In such a case, disruption of patients shall be  
398 minimized; the required notice shall be provided within twenty-four  
399 hours after the transfer; if practicable, the patient, if the patient wishes,  
400 shall be returned to the patient's room when the threat to health or  
401 safety which prompted the transfer has been eliminated; and, in the  
402 case of a transfer effected to protect a patient or others from physical  
403 harm, the consultative process shall be established on the next business  
404 day.

405 (d) Notwithstanding the provisions of subsection (c) of this section,  
406 unless medically contraindicated, a patient who is a Medicaid recipient  
407 may be transferred from a private to a nonprivate room. In the case of  
408 such a transfer, the facility shall (1) give at least thirty days' written  
409 notice to the patient and the patient's legally liable relative, guardian  
410 or conservator, if any, a person designated by the patient in accordance  
411 with section 1-56r or other responsible party, if known, which notice

412 shall include the reason for the transfer, the location to which the  
413 patient is being transferred and the name, address and telephone  
414 number of the regional long-term care ombudsman; and (2) establish a  
415 consultative process to effect the transfer with the least disruption to  
416 the patient and assess, monitor and adjust care as needed subsequent  
417 to the transfer in accordance with subdivision (10) of subsection (b) of  
418 this section. The consultative process shall include the participation of  
419 the attending physician, a registered nurse with responsibility for the  
420 patient and other appropriate staff in disciplines as determined by the  
421 patient's needs, and the participation of the patient, the patient's  
422 family, a person designated by the patient in accordance with section  
423 1-56r or other representative.

424 (e) [Any facility that negligently deprives a patient of any right or  
425 benefit created or established for the well-being of the patient by the  
426 provisions of this section shall be liable to such patient in a private  
427 cause of action for injuries suffered as a result of such deprivation.  
428 Upon a finding that a patient has been deprived of such a right or  
429 benefit, and that the patient has been injured as a result of such  
430 deprivation, damages shall be assessed in the amount sufficient to  
431 compensate such patient for such injury.] The rights or benefits  
432 specified in subsections (b), (c) and (d) of this section may not be  
433 reduced, rescinded or abrogated by contract. Any facility that fails to  
434 comply with any provision of this section with respect to any patient  
435 shall be liable to such patient in a private cause of action for damages.  
436 In addition, where the [deprivation of any such right or benefit] failure  
437 is found to have been wilful or in reckless disregard of the rights of the  
438 patient, punitive damages may be assessed. A patient may also  
439 maintain an action pursuant to this section for any other type of relief,  
440 including injunctive and declaratory relief, permitted by law.  
441 Exhaustion of any available administrative remedies shall not be  
442 required prior to commencement of suit under this section.

443 (f) In addition to the rights specified in subsections (b), (c) and (d) of  
444 this section, a patient in a nursing home facility is entitled to have the  
445 facility manage the patient's funds as provided in section 19a-551."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2009</i>	New section
Sec. 2	<i>July 1, 2009</i>	New section
Sec. 3	<i>July 1, 2009</i>	New section
Sec. 4	<i>July 1, 2009</i>	New section
Sec. 5	<i>July 1, 2009</i>	New section
Sec. 6	<i>July 1, 2009</i>	New section
Sec. 7	<i>July 1, 2009</i>	New section
Sec. 8	<i>October 1, 2008</i>	New section
Sec. 9	<i>October 1, 2008</i>	19a-550