

Nursing Home and Assisted Living Oversight Work Group

Connecticut Department of Public Health

December 2, 2020

Anthony Bruno, Building and Fire Safety Supervisor

Barbara Cass, Branch Chief



Connecticut Department of Public Health

Connecticut Department of Public Health Keeping Connecticut Healthy



Nursing Home Oversight

- Certification with the Centers for Medicare and Medicaid Services (CMS)
 - Annual certification surveys conducted by Department of Public Health
 - Surveys review compliance with the Code of Federal Regulations (CFR) , 42CFR part 483, subpart B, 483.5-483.95
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes;>
- Compliance teams comprised of ~4 nurses, 1 Building Fire Safety Inspector and surveys conducted over a 4 day period; and
 - Surveys include tour/observations of the environment including resident areas, kitchen, and housekeeping services, medical record review, review of systems and most importantly, interviews with residents, resident families and staff.
 - Staffing reviewed on all surveys, e.g. licensure, monitoring visit, certification, complaints
- Licensure survey inspections conducted every 2 years and compliance with the Regulations of the Connecticut State Agencies is assessed, 19-13-D&t.
 - https://eregulations.ct.gov/eRegsPortal/Browse/RCSA/Title_19Subtitle_19-13Section_19-13-d&t/

Licensure Procedures 19-13-D8t(b)

- (1) Commission on hospitals and health care. A facility shall not be constructed, expanded or licensed to operate except upon application for, receipt of, and compliance with all limitations and conditions required by the commission on hospitals and health care in accordance with Connecticut General Statutes, sections 19-73/ through 19-73n inclusive.
- Local Fire Marshal certificate required
- Each building which is not physically connected to a licensed facility shall be treated as a distinct facility for purposes of licensure

Waiver Authority, 19-13-D8t(c)

(c) **Waiver.**

(1) The commissioner or his/her designee, in accordance with the general purpose and intent of these regulations, may waive provisions of these regulations if the commissioner determines that such waiver would not endanger the life, safety or health of any patient. The commissioner shall have the power to impose conditions which assure the health, safety and welfare of patients upon the grant of such waiver, or to revoke such waiver upon a finding that the health, safety, or welfare of any patient has been jeopardized.

(2) Any facility requesting a waiver shall apply in writing to the department.

Such application shall include:

(A) The specific regulations for which the waiver is requested;

(B) Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility upon enforcement of the regulations;

(C) The specific relief requested; and

(D) Any documentation which supports the application for waiver.

(3) In consideration of any application for waiver, the commissioner or his/her designee may consider the following:

(A) The level of care provided;

(B) The maximum patient capacity;

(C) The impact of a waiver on care provided;

(D) Alternative policies or procedures proposed.

(4) The Department reserves the right to request additional information before processing an application for waiver.

(5) Any hearing which may be held in conjunction with an application for waiver shall be held in conformance with Chapter 54 of the Connecticut General Statutes and department regulations.

Physical Plant 19-13-D8t(v)

(v) Physical plant.

(1) Owner certification.

(A) All owners of real property or improvements thereon that are used as or in connection with an institution as defined by section 19a-490 of Connecticut General Statutes, shall apply to the Department for a Certificate of Compliance with the Regulations of Connecticut State Agencies.

Physical Plant 19-13-D8t(v)

(2) The standards established by the following sources for the construction, alteration or renovation of all facilities as they may be amended from time to time, are hereby incorporated and made a part hereof by reference. In the event of inconsistent provisions, the most stringent standards shall apply:

(A) State of Connecticut Basic Building Codes;

(B) State of Connecticut Fire Safety Code;

(C) National Fire Protection Association Standards, Health Care Facilities, No.99;

NFPA has been updated to No. 2012 Life Safety Code (Federally)

(D) AIA publication, "Guidelines for Construction and Equipment of Hospital and Medical Facilities," 1992–1993;

The AIA publication has been replaced by the Facility Guidelines Institute (FGI) through

(E) local fire, safety, health, and building codes and ordinances; and

(F) other provisions of the Regulations of Connecticut State Agencies that may apply.

(3) Any facility licensed after the effective date of these regulations shall conform with the construction requirements described herein. Any facility licensed prior to the effective date of these regulations shall comply with the construction requirements in effect at the time of licensure; provided, however, that if the commissioner or his/her designee shall determine that a pre-existing non-conformity with this subsection creates serious risk of harm to patients in a facility, the commissioner may order such facility to comply with the pertinent portion of this subsection.

(4) Review of plans. Plans and specifications for new construction and rehabilitation, alteration, addition, or modification of an existing structure shall be approved by the Department on the basis of compliance with the Regulations of Connecticut State Agencies after the approval of such plans and specifications by local building inspectors and fire marshals, and prior to the start of construction.

Physical Plant 19-13-D8t(v)

(5) Site.

(A) All facilities licensed for more than one hundred and twenty (120) beds shall be connected to public water and sanitary sewer systems.

(B) Each facility shall provide the following:

(i) roads and walkways to the main entrance and service areas, including loading and unloading space for delivery trucks;

(ii) paved exits that terminate at a public way; and

(iii) an open outdoor area with a minimum of one hundred (100) square feet per patient excluding structures and paved parking areas.

(6) The facility shall provide sufficient space to accommodate all business and administrative functions.

(7) Patient rooms.

(A) Maximum room capacity shall be four (4) patients.

- (f) Any institution that is planning a project for construction or building alteration shall provide the plan for such project to the Department of Public Health for review. Any such project shall comply with nationally established facility guidelines for health care construction, as approved by the commissioner, that are in place at the time the institution provides the plan to the department. The commissioner shall post a reference to such guidelines, including the effective date of such guidelines, on the Department of Public Health's Internet web site. No institution shall be required to include matters outside the scope and applicability of such guidelines in the institution's plan.

Physical Plant 19-13-D8t(v)

B) Net minimum room area, exclusive of closets, and toilet room, shall be at least one hundred (100) square feet for single bedrooms, and eighty (80) square feet per individual in multi-bed rooms. No dimension of any room shall be less than ten (10) feet.

(C) No bed shall be between two (2) other patient beds, and at least a three (3) foot clearance shall be provided at the sides and the foot of each bed.

(D) Window sills shall not be higher than three (3) feet above the finished floor. Storm windows or insulated glass windows shall be provided. All windows used for ventilation shall have screens.

(E) The following equipment shall be provided for each patient in each room:

(i) one (1) closet with clothes rod and shelf of sufficient size and design to hang clothing;

(ii) one (1) dresser with three (3) separate storage areas for patient's clothing;

(iii) one (1) adjustable hospital bed with gatch spring, side rails, and casters, provided, however, that a rest home with nursing supervision need not provide a hospital bed for a patient whose patient care plan indicates that such equipment is unnecessary and that a regular bed is sufficient;

(iv) one (1) moisture proof mattress;

(v) one (1) enclosed bedside table;

(vi) one (1) wall-mounted overbed light;

(vii) one (1) overbed table;

(viii) one (1) armchair; and

(ix) one (1) mirror.

(F) Sinks.

(i) In single or double rooms, one (1) sink shall be provided in the toilet room.

Federal Regulations

483.90-483.90(j)(1)

- ***§483.90 Physical Environment.***

The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public.

§483.90(a) Life safety from fire.

§483.90(a)(1) Except as otherwise provided in this section –

§483.90(a)(1)(i) The LTC facility must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4.)

Federal Regulations 483.90-483.90(j)(1)

- Fire detection and suppression systems
- Must meet all applicable codes, laws and regulations
- Emergency power
- Provide sufficient space and equipment in dining, health services, recreation, and program areas
- Maintain all mechanical, electrical, and patient care equipment in safe operating condition
- Conduct Regular inspection of all bed frames, mattresses, and bed rails
- Bedrooms:
 - Minimum square footage requirements
 - No more than 4 residents
- Direct access to an exit corridor
- Full visual privacy
- Outside Window
- Have a floor at or above grade level

Public Act 08-91



Substitute Senate Bill No. 559

Public Act No. 08-91

ACT CONCERNING A PILOT PROGRAM FOR SMALL HOUSE NURSING HOMES AND ADDITIONAL EXCEPTIONS TO THE NURSING HOME BED MORATORIUM.

it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (Effective July 1, 2008) (a) As used in this section, "small house nursing home" means an alternative nursing home facility that (1) consists of one or more units that are designed and modeled as a private home, (2) houses no more than ten individuals each unit, (3) includes private rooms and bathrooms, (4) provides for an increased role for support staff in the care of residents, (5) incorporates a philosophy of individualized care, and (6) is licensed as a nursing home under chapter 368v of the general statutes.

Survey Activities

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

Environmental Observations

Environmental Observation: Complete this review if environmental concerns were identified through observation, or resident or representative interviews. Investigate the CE(s) applicable to the Initial Pool information that triggered the task as indicated in the table below. If concerns are identified, review the facility's policies, procedures, and systems.

Triggered From the Initial Pool Process:	CE(s) to be Completed:
<input type="checkbox"/> Accommodation of Needs (Physical) - RI, RRI, RO	1
<input type="checkbox"/> Call Light Functioning – RI, RRI, RO	2
<input type="checkbox"/> Sounds Levels – RI, RRI, RO	3
<input type="checkbox"/> Temperature Levels – RI, RRI, RO	4
<input type="checkbox"/> Lighting Levels – RI, RRI, RO	5
<input type="checkbox"/> Clean Building – RI, RRI, RO	6
<input type="checkbox"/> Building and Equipment Good Condition – RO	7 and 8
<input type="checkbox"/> Homelike – RO	9
<input type="checkbox"/> Lack of Hot Water – RI, RRI, RO	10
<input type="checkbox"/> Linens – RI, RRI, RO	11
<input type="checkbox"/> Pest Control – Review if concerns are identified onsite	12
<input type="checkbox"/> Ventilation – Review if concerns are identified onsite	13
<input type="checkbox"/> Handrails – Review if concerns are identified onsite	14
<input type="checkbox"/> Other Environmental Conditions – Review if concerns are identified onsite	15
<p>Accommodation of Needs: Review this CE if there are concerns regarding the resident's accommodation of needs by the resident, representative, or through observations.</p> <p><input type="checkbox"/> Interview staff regarding the identified concern to determine how the facility has addressed the concern.</p>	

Person Centered Care: Deinstitutionalizing the Nursing Home Environment

- Person centered care:
 - Focuses on an individual's assessed needs and life style choices
 - De-institutionalizes the environment of care
 - Bathing suites
 - Country kitchens
 - Neighborhoods versus units

Questions

