



**State of Connecticut**  
**Department of Developmental Services**



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**Outline of Nursing Responsibilities for Qualified Private Providers Subcontracting for Nursing Supports**

This outline is not all inclusive; however, it serves as a guide for Qualified Providers to be knowledgeable regarding DDS expectations of registered nurses providing nursing supports and oversight in residential settings funded by DDS (i.e., CLA, CRS, ICF residences). The format of these guidelines allows for use as an audit of nursing compliance (check box and comments sections), as well as a guideline for nursing expectations.

<u><b>NURSING RESPONSIBILITIES AND OVERSIGHT</b></u>		<u><b>DDS REFERENCE/SOURCE</b></u>
<p><b><u>Nursing Assessments</u></b></p> <p><b>Nursing Health and Safety Assessment/ Community Health and Safety Assessment form:</b> To be completed on admission to a residence and when transferring to another residence or agency.</p> <p><b>Nursing Assessment Short Form:</b> Baseline assessment to be completed 24-hours prior to or within 2 working days following an individual’s return home from a hospital or skilled nursing facility (SNF), prescreening, clinical referral, changes in condition, etc.</p>	<p>Completed:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Comments:</p> <ul style="list-style-type: none"> <li>• Nursing Standard 09.1 Nursing Process</li> <li>• Nursing Health and Safety Assessment(Long Form - 9 pages)</li>   <li>• Nursing Assessment with Body Audit (Short Form – 2pages)</li> </ul>

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<p><b>Self-Medication Assessment:</b> An assessment of the individual’s ability to independently self-administer medications or to assist with medication administration shall be completed on admission to the residence and updated annually or when there is a change in condition which may interfere with the individual’s ability to self-administer medications or assist with the medication administration process.</p> <p><b>Fall Risk Assessment</b></p> <ul style="list-style-type: none"> <li>• Completed on admission to a residence and with the initial transition to a day program</li> <li>• Reviewed/updated annually or more frequently as needed</li> <li>• Reviewed/updated after each incident of a fall</li> <li>• Review of Post-Fall Evaluations</li> <li>• Reviewed/updated with any change in condition that may impact the fall risk</li> </ul> <p><b><u>Nursing Documentation</u></b></p> <p><b>Health Information Checklist</b> This is a systems problem list, it is an optional page at the end of the Nursing/Community Health and Safety form</p> <p><b>Health History and Health Problem/Diagnoses Lists</b> are reviewed and updated annually or more often as needed</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		<p>Self-Administration of Medication Assessment Tool</p> <ul style="list-style-type: none"> <li>• Nursing Protocol: Falls #NP 11-1</li> <li>• Nursing Protocol: Falls Intervention</li> <li>• Determining the Existence of Fall Risk Factors</li> <li>• Fall Prevention, Screening, Assessment &amp; Planning</li> <li>• Post Fall Evaluation</li> </ul> <ul style="list-style-type: none"> <li>• Health Information Checklist</li> <li>• Health Problem and Health History List</li> </ul>
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<p><b>Nursing Quarterly Review</b> To be completed every 3-months; however, in some cases, the nursing review may be completed semiannually (every 6-months) for healthy individuals residing in IHS or CCH residences.</p> <p><b>Nursing Note Utilizing Focus Charting format</b> A nursing note shall be completed:</p> <ul style="list-style-type: none"> <li>• Upon admission to a residence;</li> <li>• Changes in condition;</li> <li>• Return to home/residence following a hospital or SNF discharge;</li> <li>• Consultation/medical appointments</li> <li>• Nursing interventions, including telephone communication;</li> <li>• Any nursing assessment or evaluation</li> </ul> <p>A minimum of a monthly nursing note is recommended as best nursing practice; this may include documentation of stable health status.</p> <p>Ongoing <b>Communication</b> with community healthcare providers and review of consultations.</p> <p><b>Medication Administration Record (MAR)/Kardex</b> is to be reviewed by nurse prior to start of each month for accuracy, and at the end of the month to ensure medications were correctly administered</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		<ul style="list-style-type: none"> <li>• Nursing Standard 09.1 Nursing Process</li> <li>• Nursing Standard 96.3 Nursing Documentation Attachment A – DDS Nursing Notes/Focus Charting form Attachment B – Nursing Documentation Guideline</li> </ul>
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<p><b>Nursing Care Plan</b> shall be current for ICF residences, and are to be reviewed/updated annually or whenever a change in condition occurs and the plan of care needs a revision</p> <p><b>RN Review of the Swallowing Episode Report Form (SERF)</b> and coordinate medical follow-up as needed.</p>			<ul style="list-style-type: none"> <li>• Safe Eating and Drinking Guidelines for Individuals with Swallowing Difficulties (Dysphagia)</li> <li>• Swallow Episode Report Form (SERF)</li> </ul>
<p><b>Staff Training and Delegated Task by the Nurse:</b></p> <ul style="list-style-type: none"> <li>• Infection Control</li> <li>• Sign/Symptoms (within 30 days of hire then every 2 years)</li> <li>• Delegated tasks, once as task is delegated to non-licensed staff, retraining shall be completed annually (i.e., vital signs, C-PAP, Jobst Stockings, blood glucose monitoring, etc.)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<ul style="list-style-type: none"> <li>• <b>DDS Medication Administration Regulations</b></li> <li>• <b>Nursing Standard 97.1: Nurse Delegation to Unlicensed Personnel</b></li> </ul>
<p><b>Delegation of Medication Administration to Med certified staff</b></p> <ul style="list-style-type: none"> <li>• Annual onsite medication administration practicum with completion of checklist B; on the year the card does not expire that onsite shall be completed within 28 days before or after the month/day date on the med certification card.</li> <li>• Completion of Checklists A &amp; B the year that recertification is required. The onsite practicum with Checklist A &amp; B shall</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<ul style="list-style-type: none"> <li>• <b>DDS Medication Administration Regulations</b></li> <li>• <b>Interpretive Guidelines for Medication Administration Regulations</b></li> <li>• <b>Nursing Standard 97.1: Nurse Delegation to Unlicensed Personnel</b></li> </ul>

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<p>completed prior to the expiration date on the employee’s med cert card.</p> <ul style="list-style-type: none"> <li>• New to home checklist A part 3 and checklist B (An RN within the same agency may onsite practicum from another RN, however, needs to complete checklist A part 3.</li> <li>• Nursing Delegation completed as required by DDS</li> <li>• Med error retraining completed by a delegating RN in timely manner, face to face retraining is required with the exception of Class A error/prohibited practice, at the discretion of a delegating RN.</li> </ul> <p>List of delegated med certified staff place at home/program and copy of med card present</p>			
<p><b>Routine Preventative Care:</b> The nurse is responsible for ensuring that Minimum Routine Preventive Care Guidelines are followed, and when routine preventative care is not received, the DDS “<b>Deferred, Limited, and/or Declined Care</b>” process is followed and documentation submitted to the appropriate DDS Regional Health Services Director.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		<ul style="list-style-type: none"> <li>• <b>Minimum Preventive Care Guidelines for Persons with Intellectual/Developmental Disabilities</b></li> <li>• <b>Health Standard 09.2: Guidelines for Deferred, Limited or Declined Care</b></li> <li>• <b>Deferred, Limited, or Declined Care Progress Note, Medical Provider Progress Note, Individual or Guardian Progress Note</b> (3 different forms for progress notes – based on who initiates deferral)</li> </ul>

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<p><b>Physician/Prescribers orders:</b> Ensures that all physician/prescriber’s orders are current and accurate, with no lapses in the availability of 90-days or 180-days signed orders.</p> <p><b>Laboratory/Blood work and/or Diagnostic Tests:</b> Ensure that labs/diagnostic tests are obtained in accordance with Physician/Prescribers’ orders, and that all lab/diagnostic study results are reviewed by the RN, shared with the primary care provider, and nursing follow-up regarding abnormal results, etc.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		
<p>Ensures the <b>Psychiatric/Medical Prescriber of Psychotropic Medication(s)</b> completes appropriate and timely (every 6-months) <b>assessment/examination for Extrapyrmidal Symptoms (EPS) and Tardive Dyskinesia (TD)</b>. Demonstrated by prescriber’s completion of the Abnormal Involuntary Movement Scale (AIMS), Dyskinesia Identification System: Condensed User Scale (DISCUS), or other screening tool. This may only be completed by the prescriber.</p> <p>Ensures the Abnormal Involuntary Movement Scale (AIMS), Dyskinesia Identification System: Condensed User Scale (DISCUS), or other screening tool is completed and maintained in the individual’s medical record.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		<ul style="list-style-type: none"> <li>• <b>DDS Program Review Committees (PRC) Policy (IE PR.004) – Attachments A -G</b></li> </ul>

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<p>Documents and maintains a current medical record of the individual’s <b>psychiatric and psychotropic medication history</b>; which is updated when medication changes occur, and reviewed every 6-months.</p> <p><b>EPS/TD Screening and Documentation</b> occurs:</p> <ul style="list-style-type: none"> <li>• When a new psychotropic med is initiated;</li> <li>• Minimum of every 6 months person is on psychotropic medications;</li> <li>• Person is newly admitted to a residence (ICF, CLA, CRS, CCH) and is already prescribed a psychotropic medication;</li> <li>• Upon discontinuation of psychotropic med, screening is done at 1 month, 3 months whenever the prescribing practitioner determines and documents that the medication has been discontinued and monitoring for EPS/TD symptoms is no longer necessary. Some symptoms of TD may be permanent.</li> </ul> <p>The nurse is responsible for ensuring that the <b>guardian/conservator is informed of changes in medications and/or medical status.</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		
<p>The nurse participates as an active member of the individual’s <b>Planning and Support Team (PST).</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		

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<p><b>Advance Directives/Living Will:</b> The nurse ensures that a copy of the person’s Advanced Directives or Living Will is maintained in the medical record, and copies are shared with the primary care provider (PCP) and hospital medical professionals.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		<p><b>Revised - Procedure I.E.PR.007.a Subject: Advance Directives/Living Wills (combined with related procedures)</b></p> <p><b>C.G.S.17a – 238(g) – revised</b></p>
<p><b>DDS DNR Review Process/Withholding CPR:</b> The nurse contacts the DDS Regional Health Services Director for all DNR reviews, and is responsible for assisting with obtaining the appropriate medical documentation supporting a change in code status.</p> <p>The nurse complete a quarterly review of all DNR orders, documents the review and submits the appropriate documentation to the DDS Regional HSD</p> <p><b>Quarterly Med Audits:</b> The nurse completes a quarterly review of medication administration by non-licensed medication certified employees, and documents the review on the DDS <b>“Quarterly Review of Medication Administration by Certified Staff”</b> form, which is submitted to DDS.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		<p><b>Revised - Procedure I.E.PR.007.c Subject: Withholding CPR (combined with related procedures)</b></p> <p><b>C.G.S.17a – 238(g) – revised</b></p> <p><b>Quarterly Review of Medication Administration by Certified Staff form</b></p>
<p><b>Institutional Review Board (IRB):</b> The nurse assists with the completion of the required documents to request a DDS IRB review for approval regarding an individual’s participation in research, the use of an investigational or non-FDA approved medication/substance, etc.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		<p><b>Complete and submit IRB form: IRB Request for Non-FDA Drug</b></p>

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<p><b><u>Nursing On-Call:</u></b> The nurse ensures that residential/direct care staff have received appropriate training regarding how and when to contact the on-call nurse. The on-call nurse shall provide timely notification to the team/house nurse regarding calls received and recommendations. The team/house nurse shall provide timely follow-up.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		<p><b>RN On-Call System – I.E. PR008</b></p>
<p><b><u>Hospitalizations and Short-Term Admissions to Skilled Nursing Facilities:</u></b> The nurse is responsible for the following:</p> <ul style="list-style-type: none"> <li>• Maintaining ongoing communication with all healthcare providers, including hospital and SNF medical professionals;</li> <li>• Attending the discharge planning meeting to coordinate the individual’s transition back home;</li> <li>• Training and delegation to non-licensed staff;</li> <li>• Referrals to community agencies, i.e., Hospice, Wound Care Visiting Nurse/Homecare Nurse, etc. (Visiting/Homecare nurses may not provide nursing services in residential settings in which nursing services are already funded, with the exception of specialty services, such as wound care.)</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		

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<p><b><u>Licensing Nursing/Medical Plan of Corrections:</u></b> Nurse contributes to Plan of Corrections response(s) related to nursing/medical, RN delegation, training, etc.</p>			<p><b>Refer to DDS Licensing Regulations 171-227-14 Staff Development Delegated tasks, etc.</b></p> <p><a href="http://www.ct.gov/dds/cwp/view.asp?a=2839&amp;q=331684">http://www.ct.gov/dds/cwp/view.asp?a=2839&amp;q=331684</a></p>
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