

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 2022-2

TO: Assisted Living Services Agencies

FROM: Commissioner Manisha Juthani, MD 

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Adelita Orefice, MPM, JD, CHC, Chief of Staff
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch
Donna Ortelle, Section Chief, Facility Licensing and Investigations Section

DATE: January 5, 2022

SUBJECT: Reporting of Dementia Special Care Unit(s) or Program(s) by Assisted Living Services Agencies

The purpose of this Blast Fax is to discuss the reporting requirements by an assisted living services agency either currently providing or intending to provide services as a dementia special care unit or program. In accord with [Public Act 21-121](#), Section 56(c), *“An assisted living services agency providing services as a dementia special care unit or program, as defined in section 19a-562 of the general statutes, as amended by this act, shall obtain approval for such unit or program from the Department of Public Health. Such assisted living services agencies shall ensure that they have adequate staff to meet the needs of the residents. Each assisted living services agency that provides services as a dementia special care unit or program, as defined in section 19a-562 of the general statutes, as amended by this act, shall submit to the Department of Public Health a list of dementia special care units or locations and their staffing plans for any such units and locations when completing an initial or a renewal licensure application, or upon request from the department.”*



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Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
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In accordance with the aforementioned Public Act, **effective immediately**, below are the questions that every assisted living services agency is required to answer on an application for initial licensure, change of ownership, relocation, or renewal submitted to the Department of Public Health's, Facility Licensing and Investigations Section (FLIS):

1. Does the assisted living services agency currently provide services to a dementia special care unit or program? Yes or no?
2. Provide a document listing the name, physical address, and number of beds for each dementia special care unit or program.
3. For each dementia special care unit or program, provide a detailed staffing plan, including the total number of employees by job category/classification/title and offered services.
4. Provide a copy of a sworn affidavit attesting to the accuracy of the documentation provided in regards to each dementia special care unit or program. The sworn affidavit must be witnessed and signed and/or sealed by a Notary Public, Justice of the Peace, Town Clerk or Commissioner of the Superior Court.

Please note, every assisted living services agency is required to provide the same information concerning a dementia special care unit or program upon request by FLIS. Furthermore, a dementia special care unit or program operated by an assisted living services agency is subject to an unannounced inspection by the Department's surveyors.

It is also important to note that each dementia special care unit or program is required to employ a fulltime infection prevention and control specialist in accordance with [Public Act 21-185](#). The duties of the fulltime position include: 1) ongoing training of all administrators and employees of the dementia special care unit or program on infection prevention and control; 2) inclusion of information regarding infection prevention and control in the documentation that the dementia special care unit or program provides to residents regarding their rights while in the unit or program; 3) participation as a member of the infection prevention and control committee of the dementia special care unit or program; 4) provision of training on infection prevention and control methods to supplemental or replacement staff of the dementia special care unit or program; and 5) any other duties or responsibilities deemed appropriate for the infection prevention and control specialist, as determined by the dementia special care unit or program.

Please send the requested documentation to the attention of Nancy Guzman, Processing Technician by secure email to Nancy.Guzman@ct.gov or by mail to:

CT Department of Public Health – Facility Licensing and Investigations Section
410 Capitol Avenue, MS#12 FLIS
P. O. Box 340308
Hartford, CT 06134
ATTN: ALSA Licensure Processing Team

Attachments: Dementia Special Care Unit or Program Addendum form & Attestation



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

DEMENTIA SPECIAL CARE UNIT OR PROGRAM ADDENDUM

Per Public Act 21-121, Section 56(c), "An assisted living services agency providing services as a dementia special care unit or program, as defined in section 19a-562 of the general statutes, as amended by this act, shall obtain approval for such unit or program from the Department of Public Health. Such assisted living services agencies shall ensure that they have adequate staff to meet the needs of the residents. Each assisted living services agency that provides services as a dementia special care unit or program, as defined in section 19a-562 of the general statutes, as amended by this act, shall submit to the Department of Public Health a list of dementia special care units or locations and their staffing plans for any such units and locations when completing an initial or a renewal licensure application, or upon request from the department."

1. Does the assisted living services agency currently provide services as a dementia special care unit or program? [] YES [] NO

2. Provide a document listing the name, physical address, and number of beds for each dementia special care unit or program.

3. For each dementia special care unit or program, provide a detailed staffing plan, including the total number of employees by job category/classification/title and offered services.



STATE OF CONNECTICUT

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FACILITY LICENSING & INVESTIGATIONS SECTION

DEMENTIA SPECIAL CARE UNIT OR PROGRAM ATTESTATION

I attest that the information provided within this application concerning services as a dementia special care unit or program, as defined in the C.G.S. 19a-562, is true and accurate and not made with the intent to mislead a public servant. I attest that such statement is made under oath, that any changes in the information submitted will be reported to the Department as required by law. Any such false statement made therein is punishable by law, as per the C.G.S. 53a-157b.

Name of signatory

Title of signatory

Signature

Date Signed

Check one as applicable:

- Individual/Sole Proprietor
- General/Managing Partner
- President of Corporation
- Secretary of Corporation
- Municipal Officer
- Trustee
- Member of the LLC

State of Connecticut)

County of _____) ss _____ 20_____

Personally appeared before me the above named _____ and made oath to the truth of the statements contained in his/her answers to the foregoing questions.

- _____
Notary Public []
- Justice of the Peace []
- Town Clerk []
- Commissioner of the Superior Court []

My Commission Expires:
(If Notary Public)