

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
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Lt. Governor

Facility Licensing and Investigations Section

BLAST FAX 2022-24

TO: Residential Care Home Administrators

FROM: Commissioner Manisha Juthani, MD

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Adelita Orefice, MPM, JD, CHC, Senior Advisor to the Commissioner
Barbara Cass, RN, Healthcare Quality and Safety Branch

DATE: July 11, 2022

SUBJECT: Licensure Inspection Checklist and Entrance Document

As discussed in the CARCH Residential Care Home (RCH) meeting on May 17, 2022, the two (2) attached documents are information the Department will be reviewing during the inspection:

1. Licensure Entrance,
2. Re-Licensure Inspection Checklist.

If you have any questions, please contact Karen Gworek, RN, Supervising Nurse Consultant via email at Karen.gworek@ct.gov or via phone at 860-509-7472.



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RCH Licensure Entrance

Introduction of self and team

Explain the process

Describe the plan of correction process should there be a Violation Letter

Please provide the following information:

- List of all residents and their room numbers
- List of key personnel
- Floor plan
- Medication pass times
- House Rules
- Visiting hours
- Resident Records to include signed receipt of the Bill of Rights, Facility House Rules and the consent to administer medications
- List of residents with a VNA who administers medications
- Resident fund records with receipt and disbursement and consent for managing funds
- Monthly menus for the past 2 months (List of residents on a special diet)
- Meal and snack times
- Recreation calendars past 3 months
- Resident Council meeting minutes past 18 months
- Accident/Incident Reports past 2 years
- Policies:
 - Smoking
 - Medication Administration
 - Safety and Emergency procedures
 - Abuse, Resident Rights
 - Leave of Absence
 - Infection Control

- List of new staff in the past year
 - ABCMS Verification
- Staff personnel files include annual evaluations
- List of staff and title
- Medication Administration Certificates
- Certificates Certificate of Qualified Food Operator/Serv safe Certification
- Staffing for the past month
- Continuing Education attendance record
 - Education shall include Resident Rights, behavioral management, personal care,
 - Nutrition and food safety, abuse and those identified by the facility.

Building and Fire Safety

Required documentation and BFSI will inspect:

- Fire alarm system
- Smoke detectors
- Monthly fire drills
- Fire/disaster plan and training
- Generator testing
- Water temperatures
- Kitchen hood records
- Quarterly sprinkler tests/inspection for the last 3 years
- Fire door annual inspections
- Fire extinguishers monthly and annual inspections
- Resident call bell system
- Emergency and exit lights
- Inspection of full physical environment

COVID 19 Specific Information for Nursing Homes that may be helpful

Visitation

- [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC](#)
- **Core Principles**

Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions *about* and observations *of* signs or symptoms), and denial of entry of those with signs or symptoms *or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status).*
- **Outdoor Visitation**

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred *even when the resident and visitor are fully vaccinated* against COVID-19.*
- **Indoor Visitation**

Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:

 - *Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated;*²
 - *Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or*
 - *Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.*
- **Indoor Visitation During Outbreak**
 - *If the first round of outbreak testing reveals **no additional COVID-19 cases in other areas (e.g., units) of the facility**, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.³ For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.*
 - *If the first round of outbreak testing reveals **one or more additional COVID-19 cases in other areas/units of the facility** (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated) until the facility meets the criteria to discontinue outbreak testing.*
 - *While the above scenarios describe how visitation can continue after one round of outbreak testing, facilities should continue all necessary rounds of outbreak testing. In other words, this guidance provides information on how visitation can occur during an outbreak but does not change any expectations for testing and adherence to infection prevention and control practices. If subsequent rounds of outbreak testing identify **one or more additional COVID-19 cases in other areas/units of the facility**, then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.*
- **Compassionate Care Visits**

Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.

**Fully vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.*

- **CDC Guidance**

Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure. (please refer the CDC link above)

RESIDENTIAL CARE HOME - RELICENSURE INSPECTION CHECKLIST

RESIDENTIAL CARE HOME-LICENSURE INSPECTION CHECKLIST. PLEASE BE ADVISED THIS DOCUMENT IS NOT ALL INCLUSIVE OF THE REGULATIONS AS THEY ARE UPDATED FROM TIME TO TIME. THIS DOCUMENT IS INTENDED TO PROVIDE TECHNICAL ASSISTANCE ONLY.

FACILITY D/B/A NAME:	
FACILITY ADDRESS:	
LICENSED BED CAPACITY	
CURRENT CENSUS: Person in Charge On Site	

NAME(S) OF FLIS SURVEYOR(S)	1)
	2)
	3)

POLICY AND PROCEDURE REQUEST	Smoking Medication Administration Safety and Emergency Procedures Abuse, Resident Rights Incident Reporting Infection Control
DATE(S) OF RELICENSURE INSPECTION:	
DATE(S) ADDITIONAL INFO OBTAINED:	

PUBLIC HEALTH CODE SECTIONS:	19-13-D6(c) - ADMINISTRATION	MET	NOT MET
	(4) Sufficient capable personnel of good character and suitable temperament shall be employed to provide satisfactory care for the residents (REVIEW PERSONNEL FILES).		
	<i>Checklist Item #1</i> : ABCMS background checks		
	<i>Checklist Item #2</i> : Reference checks		
	<i>Checklist Item #3</i> : Annual evaluations		
	<i>Checklist Item #4</i> : If med. Certified , high school diploma or G.E.D.		
	<i>Checklist Item #5</i> : Maintain personnel files at RCH for 2 years after termination		
	<i>Checklist Item #6</i> : Orientation on hire; program to include safety & emergency procedures, resident rights policies & procedures of RCH (i.e. behavior management), food safety; maintain for 2 years after termination		
	19-13-D6(c) - ADMINISTRATION	MET	NOT MET
	(5) The management, personnel, equipment, facilities, sanitation and maintenance of the home shall be such as reasonably to ensure the health, comfort and safety of the residents at all times.		
	<i>Checklist Item #1</i> : Does the facility have a maintenance log?		
	19-13-D6(e) - RECORDS	MET	NOT MET
	A record of each resident, to include the name, residence, age, sex, nearest relative, religion and other necessary information, shall be kept on forms approved by the state department of health.		
	<i>Checklist Item #1</i> : Is there a complete record of each resident with the information listed in the above state regulation?		
	<i>Checklist Item #2</i> : Does each resident record include information about the primary care physician, dentist, etc?		
	<i>Checklist Item #3</i> : Does each resident record include information concerning diagnoses?		
	<i>Checklist Item #4</i> : Does each resident record include information concerning allergies?		
	19-13-D6(f) - DIETARY SERVICE	MET	NOT MET
	(1) Adequate space, equipment and qualified personnel shall be provided to ensure proper selection, storage, preparation and serving of regular and special diets to residents at regularly scheduled hours. (2) Menus shall be prepared, posted and filed and shall meet state department of health requirements for basic nutritional needs. (3) The time scheduling of regular meals and snacks shall be approved by the state department of health. (4) Methods of dishwashing and dish sanitizing, food handling and garbage disposal shall comply with Sec. 19-13-B42.		
	<i>Checklist Item #1</i> : Certificate of qualified food operator		
	<i>Checklist Item #2</i> : Meals shall be available 14 hours between supper and breakfast		
	<i>Checklist Item #3</i> : Special diets if necessary. Resident likes/dislikes.		
	<i>Checklist Item #4</i> : Snacks made accessible or offered during the day & evening.		
	<i>Checklist Item #5</i> : Dated menus shall be posted and filed; menus shall also meet nutritional needs/food groups serving size; alternate selection of meal		
	<i>Checklist Item #6</i> : Three-day storage of dry and refrigerated foods		
	<i>Checklist Item #7</i> : Methods of dishwashing and dish sanitizing, food handling, and garbage disposal shall comply with Section 19-13-B42		
	<i>Checklist Item #8</i> : Temperature Logs		

	MET	NOT MET
19-13-D6(g) - RECREATION		
Recreational activities shall be provided in homes for the aged. Space and equipment provided for recreational activities shall be approved by the state department of health.		
Checklist Item #1 : Recreation calendars posted		
19-13-D6(h) - GENERAL CONDITIONS	MET	NOT MET
<p>(1) Residents shall be admitted only on referral from a responsible source. No residents may be admitted on an emergency basis except in the event of a major disaster, in which case the state department of health shall be notified at the earliest possible time. (2) Provisions for visiting hours shall be as liberal as may be consistent with good resident care. Personnel shall treat both residents and their visitors with courtesy and consideration at all times. (3) Any accident, disaster or other unusual occurrence in the institution shall be reported within seventy-two hours to the state department of health. (4) Proper heat, hot water, lighting and ventilation shall be maintained at all times. (5) There shall be a system of communication sufficient to meet the needs of the institution and the requirements of the state department of health. (6) Adequate housekeeping, laundry and maintenance services shall be provided. (7) Licenses are not transferable and are in effect only for the operation of the institution as it is organized at the time the license is issued. The state department of health shall be immediately notified if the licensee plans any structural changes, plans to sell the institution or plans to discontinue operation. (8) When an institution changes ownership, the new licensee shall not only comply with all the requirements of these regulations but shall, in addition, comply with the requirements for new structures. (9) Institutions caring for more than four persons shall comply with the state fire safety code. (10) The site of new institutions shall be approved by the state department of health. (11) Private water supplies and/or sewerage if installed shall be in accordance with the state public health code and with written approval by the local director of health. (12) All plans and specifications for new construction or alterations shall be submitted to the state department of health, the local fire marshal, the local building inspector, if any, and the local zoning authorities for approval before construction is undertaken. (13) No person shall be admitted to or housed in the institution if such person is not under the direct supervision of the licensee. (14) When a patient ceases to breathe & has no detectable pulse or blood pressure, the body shall be moved promptly to an otherwise unoccupied room in the same institution pending pronouncement of death by a physician who has personally viewed the body as required in C.G.S. Sec. 7-62.</p>		
Checklist Item #1 : Visiting hours shall be "liberal"		
Checklist Item #2 : Any accident, disaster, or unusual occurrence (i.e., abuse) shall be reported within 72 hours to DPH-FLIS		
Checklist Item #3 : Proper heat (i.e., 72 degrees Fahrenheit), hot water (110-120 degrees Fahrenheit), lighting, ventilation		
Checklist Item #4 : Housekeeping and maintenance services		
Checklist Item #5 : A system of communication between staff		
Checklist Item #6 : A system of communication with residents; grievance log		
Checklist Item #7 : Daily resident roster; LOA log		
Checklist Item #8 : Room numbers and capacity		
19-13-D6(i) - SPECIAL CONDITIONS	MET	NOT MET
(1) Egress passages from each resident floor of the institution shall be such that all occupants of the floor can safely travel to a place of safety outside the building. (2) In combustible buildings the third floor above the basement shall not be converted to resident use after January 1, 1960, unless a passenger elevator is installed to serve each floor.		
Checklist Item #1 : Egress passages from each resident floor shall be such that all occupants can travel safely to a place of safety outside the building.		

19-13-D6(j) - ATTENDANTS REQUIRED		MET	NOT MET
At no time shall there be less than one attendant on duty for each twenty-five residents or fraction thereof from 7 a.m. to 10 p.m. and one attendant in residence for each twenty-five residents from 10 p.m. to 7 a.m.			
Checklist Item #1 : 7 AM - 10 PM (one attendant per every 25 residents); 10 PM - 7 AM (one attendant in facility per every 25 residents)			

19-13-D6(m) - ADMINISTRATION OF MEDICATIONS		MET	NOT MET
Residents of licensed residential care homes may self administer medications, and may request assistance from staff with opening containers or packages and replacing lids. If the residential care home permits the administration of medications of any kind by unlicensed personnel, unlicensed personnel who administer medications in the residential care home must be certified and comply with all requirements of subsection (m) of this section and have written policies and procedures at the residential care home governing the administration of medications which shall include, but not be limited to, the types of medication that will be administered, resident responsibilities, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be available for review by the department during inspections or upon demand and shall reflect best practice. Except as provided in subsection (m) of this section, unlicensed personnel who have not been certified shall not administer medication. Only program staff persons who are eighteen (18) years of age shall administer any medication at the residential care home.			
Checklist Item #1 : Administration of medication only performed by staff who are at least 18 years old, have a high school diploma or G.E.D., have completed the Medication Administration Training course, and have a current certificate			
Checklist Item #2 : Watch a medication pass by a staff attendant to see if the medication was administered correctly and also documented accurately on the Medication Administration Record			
Checklist Item #3 : Report medication errors			
Checklist Item #4 : If resident has VNA, a copy of the Medication Administration Record is available at the facility.			
Checklist Item #5 : Policies and procedures for the administration of medication			
Checklist Item #6 : Self-administer medication (M.D. order)			
Checklist Item #7 : Storage of medications			
Checklist Item #8: Medication Reference Manual			
Checklist Item #9: Documentation of PRN administered and effectiveness			
Checklist Item #10: Narcotic count between shifts			

MISCELLANEOUS - RESIDENT RIGHTS		MET	NOT MET
Checklist Item #1 : Each resident has been provided a copy of his/her rights as a resident upon admission. Also, the receipt of copy has been signed by each resident.			
Checklist Item #2: Ombudsman Information			

MISCELLANEOUS - RESIDENT "HOUSE" RULES		MET	NOT MET
Checklist Item #1 : Do any of the "house" rules at the facility violate the resident's rights, Connecticut Public Health Code and/or Connecticut General Statutes?			

MISCELLANEOUS - RESIDENT COUNCIL		MET	NOT MET
Checklist Item #1 : Does the facility meet with the residents on a regular basis?			

	MET	NOT MET
MISCELLANEOUS - RESIDENT FUNDS		
<i>Checklist Item #1</i> : Monthly statements for each resident		
<i>Checklist Item #2</i> : Receipt of disbursement of funds/monies to each resident		
<i>Checklist Item #3</i> : Proof of consent from a resident if the facility is managing the resident's funds/monies		
MISCELLANEOUS - SMOKING POLICY		
<i>Checklist Item #1</i> : Designated smoking areas for residents		