19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision
(b) Licensure procedure.
...(3) Issuance and renewal of license.
(A) Upon determination by the department that a facility is in compliance with the statutes and regulations pertaining to its licensure, the department shall issue a license or renewal of license to operate the facility for a period not to exceed one year.
(i) Each building which is not physically connected to a licensed facility shall be treated as a distinct facility for purposes of licensure;
(ii) A facility which contains more than one level of care within a single building shall be treated as a single facility for purposes of licensure;
...(4) Notice to public. The license shall be posted in a conspicuous place in the lobby by reception room of the facility.
(5) Change in status. Change of ownership, level of care, number of beds or location shall require a new license to be issued. The licensee shall notify the department in writing no later than 90 days prior to any such proposed change.
(6) Change in personnel. The licensee shall notify the department immediately, to be confirmed in writing within five days, of both the resignation or removal and the subsequent appointment of the facility's administrator, medical director, or director of nurses.
...(e) Governing body.
(1) The facility shall have a governing body, which shall have the general responsibilities to:
(A) set policy;
(B) Oversee the management and operation of the facility; and
(C) Assure the financial viability of the facility.
(2) Specific responsibilities of the governing body necessary to carry out its general responsibilities shall include, but not necessarily be limited to, the following:
(A) Adoption and documented annual review of written facility by-laws and budget;
(B) annual review and update of the facility's institutional plan, including anticipated needs, income and expenses;
(C) review of facility compliance with established policy;
(D) appointment of a qualified administrator;
(E) provision of a safe physical plant equipped and staffed to maintain the facility and services in accordance with any applicable local and state regulations and any federal regulations that may apply to federal programs in which the facility participates;
(F) approval of an organizational chart which establishes clear lines of responsibility and authority in all matters relating to management and maintenance of the facility and patient care;
(G) Annual review of personnel policies;
(H) Adoption of written policies assuring the protection of patients' rights and patient
grievance procedures, a description of which shall be posted conspicuously in the facility and distributed personally to each patient;

(I) determination of the frequency of meetings of the governing body and documentation of such meetings through minutes;

(J) Written confirmation of all appointments made or approved by the governing body; and

(K) Adoption of a written policy concerning potential conflict of interest on the part of members of the governing body, the administration, medical and nursing staff and other employees who might influence corporate decisions.

(f) Administrator.

(1) The administrator of any facility shall be licensed in accordance with Connecticut General Statutes, sections 19-593 through 19-599 inclusive.

(2) Application for licensure. The following shall be submitted with the administrator’s initial application for licensure:

(A) Three references evaluating his/her suitability to administer a facility, as follows:

(i) One from a nursing home administrator, licensed physician, or registered nurse, attesting to the applicant’s professional qualifications and degree of experience;

(ii) Two character references from persons not related to the applicant;

(B) A certificate of physical and mental health signed by a licensed physician.

(C) Educational background.

(3) The administrator shall be responsible for the overall management of the facility and shall have the following powers and responsibilities:

(A) Enforcement of any applicable local and state regulations, any federal regulations that may apply to federal programs in which the facility participates, and facility by-laws;

(B) Appointment, with the approval of the governing body, of a qualified medical director and director of nurses and, if required, an assistant director of nurses;

(C) Liaison between the governing body, medical and nursing staff, and other professional and supervisory staff;

(D) Protection of patients’ personal and property rights;

(E) Appointment, in writing and with the approval of the governing body, of a responsible employee to act in his/her behalf in temporary absences;

(F) With the advice of the medical director and director of nurses, employment of qualified personnel in sufficient numbers to assess and meet patient needs;

(G) Written definition of the duties and responsibilities of all personnel classifications;

(H) Maintenance of a patient roster and annual census of all patients admitted and/or discharged by the facility. Such census shall be submitted to the department no later than October 31 for each year ending September 30;

(I) Submission to the department of the facility's annual license application and required reports, including, but not limited to, submission within 72 hours of reports on all accidents, or incidents, and any unusual or suspicious deaths in connection with subsection (g) of these regulations;

(J) Together with the medical director and director of nurses, development of a coordinated program for orientation to the facility, in-service training, and continuing education for all categories of staff in order to develop skills and increase knowledge so as to improve patient care;

(K) Establishment of procedures for notification of the patient, next of kin or sponsor in
the event of a change in a patient’s charges, billing status and other related matters.
(4) In a chronic and convalescent nursing home with 45 or more licensed beds, the
administrator shall serve full time on the premises of the facility and shall be on 24 hour
call.
(5) In a rest home with nursing supervision with 60 or more licensed beds, the
administrator shall serve full time on the premises of the facility, and shall be on 24 hour
call.
(6) Except for a facility with 29 beds or less, the administrator may not serve as director of
nurses.
...(h) Medical director.
(1) The medical director shall be a physician licensed to practice medicine in Connecticut
and shall serve on the facility’s active organized medical staff, shall have at least one year of
prior clinical experience in adult medicine and shall be a member of the active medical staff
of a general hospital licensed in Connecticut.
(2) The medical director shall have the following powers and responsibilities:
(A) Enforce the facility’s by-laws governing medical care;
(B) Assure that quality medical care is provided in the facility;
(C) Serve as a liaison between the medical staff and administration;
(D) Approve or disapprove a patient’s admission based on the facility’s ability to provide
adequate care for that individual in accordance with the facility’s by-laws. The medical
director shall have the authority to review any patient’s record or examine any patient
prior to admission for such purpose;
(E) Assure that each patient in the facility has an assigned personal physician;
(F) Provide or arrange for the provision of necessary medical care to the patient if the
individual’s personal physician is unable or unwilling to do so;
(G) Approve or deny applications for membership on the facility’s active organized staff in
accordance with subsection(i) (2) of these regulations;
(H) In accordance with the facility’s by-laws, suspend or terminate the facility privileges of
a medical staff member if that member is unable or unwilling to adequately care for a
patient in accordance with standards set by any applicable local and state statutes and
regulations, any federal regulations that may apply to a federal program in which the
facility participates or facility by-laws;
(I) Visit the facility between the hours of 7 a.m. and 9 p.m. to assess the adequacy of
medical care provided in the facility.
(i) A medical director of a chronic and convalescent nursing home shall visit the facility at
least once every 7 days for such purpose.
(ii) A medical director of a rest home with nursing supervision shall visit the facility at least
once every 30 days for such purpose;
(J) Receive reports from the director of nurses on significant clinical developments;
(K) Recommend to the administrator any purchases of medical equipment and/or services
necessary to assure adequate patient care;
(L) Assist in the development of and participate in a staff orientation and training program
in cooperation with the administrator and the director of nurses, as required by subsection
(f) (3) (J) of these regulations.
(3) A record shall be kept by the facility of the medical director’s visits and statements for
review by the department. Such record shall minimally include the date of visit, the names
of the patients audited by the medical director, and a summary of problems discussed with the staff.

(i) Medical staff.
(1) Each facility shall have an active organized medical staff. All members of such staff shall possess a full and unrestricted Connecticut license for the practice of medicine.
(C) The active organized medical staff shall adopt written by-laws governing the medical care of the facility's patients. Such by-laws shall be approved by the medical director and the governing body.
(2) The medical director shall approve or deny applications for membership on the active organized medical staff after consultation with the existing active organized medical staff, if any, and subject to the ratification of the governing body.
(3) All appointments shall be made in writing and shall delineate the physician's duties and responsibilities. The letter of appointment shall be signed by the medical director and the applicant.

(4) Requirements for active organized medical staff members.
(C) The active organized medical staff shall adopt written by-laws governing the medical care of the facility's patients. Such by-laws shall be approved by the medical director and the governing body. The by-laws shall include, but not necessarily be limited to:
(i) acceptable standards of practice for the medical staff;
(ii) criteria for evaluating the quality of medical care provided in the facility;
(iii) criteria by which the medical director shall decide the admission or denial of admission of a patient based on the facility's ability to provide care;
(iv) standards for the medical director to grant or deny privileges and to discipline or suspend the privileges of members of the medical staff, including assurance of a due process of appeal in the event of such actions...
(viii) standards to assure that, in the event of the medical director's absence, inability to act, or vacancy of the medical director's office, another physician on the facility's active organized medical staff is temporarily appointed to serve in that capacity...

(j) Director of nurses.
(1) Qualifications.
(A) For a chronic and convalescent nursing home, the director of nurses, or any person acting in such capacity, shall be a nurse registered in Connecticut...
(2) The director of nurses shall be responsible for the supervision, provision, and quality of nursing care in the facility. The director of nurses' powers and duties shall include, but not necessarily be limited to, the following:
(A) development and maintenance of written nursing service standards of practice, to be ratified by the governing body...
(IJ) assistance in the development of and participation in a staff orientation and training program, in cooperation with the administrator and medical director, as required by subsection (f) (3) (J) of section 19-13-D8t of the Regulations of Connecticut State Agencies...

...[I] Nurse's Aide Training and Employment
(1) On and after February 1, 1990, no person shall be employed for more than 120 days as a nurse's aide in a licensed chronic and convalescent nursing home or rest home with nursing supervision unless such person has successfully completed a training and competency evaluation program approved by the department and has been entered on the
nurse’s aide registry maintained by the department. No such facility shall employ such person as a nurse’s aide without making inquiry to the registry pursuant to subdivision (2).

(A) Effective October 1, 2000, the commissioner shall adopt, and revise as necessary, a nurse’s aide training program of not less than 100 hours and competency evaluation program for nurse’s aides. The standard curriculum of the training program shall include, a minimum of seventy-five (75) hours including but not limited to, the following elements: Basic nursing skills, personal care skills, care of cognitively impaired residents, recognition of mental health and social service needs, basic restorative services and residents’ rights presented in both lecture and clinical settings. An additional twenty-five (25) hours of the standard nurse’s aide lecture and clinical setting curriculum shall include, but not be limited to specialized training in understanding and responding to physical, psychiatric, psychosocial and cognitive disorders. An individual enrolled in a nurse’s aide training program prior to October 1, 2000, may complete such program in accordance with the requirements in effect at the time of enrollment. A trainee’s successful completion of training shall be demonstrated by the trainee’s performance, satisfactory to the nurse’s aide primary training instructor, or the elements required by the curriculum. Each licensed chronic and convalescent nursing home and rest home with nursing supervision that elects to conduct a nurse’s aide training program shall submit such information on its nurse’s aide training program as the commissioner may require on forms provided by the department. The department may re-evaluate the facility’s nurse’s aide training program and competency evaluation program for sufficiency at any time.

(B) The commissioner shall adopt, and revise as necessary, a nurse’s aide competency evaluation program including, at least, the following elements: basic nursing skills, personal care skills, care of cognitively impaired residents, recognition of mental health and social service needs, basic restorative services and residents’ rights and the procedures for determination of competency which may include a standardized test.

(C) Any person employed as a nurse’s aide by a chronic and convalescent nursing home or a rest home with nursing supervision as of January 30, 1990 shall be entered on the nurse’s aide registry if they meet the requirements set forth in OBRA in accordance with the current Federal Omnibus Budget Reconciliation Act of 1987 (OBRA, 87) as it may be amended from time to time. The facility shall provide such person with the initial preparation necessary to successfully complete a competency evaluation program, as may be required by OBRA ’87. This competency evaluation program shall be approved and administered in accordance with this subsection.

(D) Qualifications of nurse’s aide instructors

(i) The training of nurse’s aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of two years of nursing experience, at least one year of which must be in a chronic and convalescent nursing home or rest home with nursing supervision.

(ii) Instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse’s aides.

(iii) Qualified personnel from the health field may serve as trainers in the nurse’s aide training program under the supervision of the nurse’s aide primary training instructor provided they have a minimum of one year of experience in a facility for the elderly or chronically ill of any age within the immediately preceding five years. These health field personnel may include: Registered nurses, sanitarians, fire safety experts, nursing home
administrators, gerontologists, psychologists, physical and occupational therapists therapeutic recreation specialists, speech/language/hearing therapists. All trainers should be, where applicable, licensed, registered and/or certified in their field. 

(iv) Licensed practical nurses, under the supervision of the nurse’s aide primary training instructor, may serve as trainers in the nurse’s aide training program provided the licensed practical nurse has two years experience in caring for the elderly or chronically ill of any age.

(v) The training of nurse’s aides may be performed under the general supervision of the director of nurses. The director of nurses is prohibited from performing the actual training of nurse’s aides.

(E) The State Department of Education and the Board of Trustees of Community-Technical Colleges may offer such training programs and competency evaluation programs in accordance with these regulations.

(F) In accordance with this subsection any person who has not yet satisfactorily completed training as provided for herein, and who is employed by a facility for a period of one-hundred-twenty days or less, as a nurse’s aide may be utilized only to perform tasks for which such person has received training and demonstrated competence to the satisfaction of the employer and shall perform such tasks only under the supervision of licensed nursing personnel. Record of any such training and competence demonstration shall be maintained in the facility for the department’s review for three years from the date of completion thereof. The employer may not use such person to satisfy staffing requirements as set forth in the Public Health Code.

(G) In accordance with this subsection a facility may use any person who has satisfactorily completed training, but has not yet satisfactorily completed the competency evaluation program as provided for herein, and who is employed by a facility for a period of 120 days or less as a nurse’s aide to satisfy staffing requirements as set forth in the Public Health Code. Record of such training shall be maintained by the facility for the departments review for three years from the date of completion thereof.

(H) On and after February 1, 1990 any chronic and convalescent nursing home or rest home with nursing supervision that utilizes nurse’s aides from a placement agency or from a nursing pool shall develop a mechanism to verify that such nurse’s aide has been entered on the nurse’s aide registry maintained by the department in accordance with subdivision 2.

(2) The department shall establish and maintain a registry of nurse’s aides. Information in the nurse’s aide registry shall include but not be limited to: name, address, date of birth, social security number, training site and date of satisfactory completion. It shall also contain any final determination by the department, after a hearing conducted pursuant to Chapter 54 of the Connecticut General Statutes, relative to a complaint against a nurse’s aide, as well as any brief statement of such person disputing such findings, including resident neglect or abuse or misappropriation of resident property.

(3) If, since an individual’s most recent completion of a training and competency evaluation program, there has been a continuous period of twenty-four (24) consecutive months during none of which the individual performed nursing or nursing-related services for monetary compensation, such individual shall complete a new training and competency evaluation program, or a new competency evaluation program.

(4) Any person who successfully completes or has successfully completed prior to January
1, 1989 the state-sponsored Nurse Assistant Training Program provided through the State Department of Education or through the Connecticut Regional Community College system shall be deemed to have completed a nurse’s aide training and competency evaluation program approved by the commissioner in accordance with this subsection.

(5) Any person who has successfully completed a course or courses comprising not less than one-hundred hours of theoretical and clinical instruction in the fundamental skills of nursing in a practical nursing or registered nursing education program approved by the department with the advice and assistance of the State Board of Examiners for Nursing shall be deemed to have completed a nurse’s aide training program approved by the commissioner in accordance with this subsection, if the curriculum meets the minimum requirements as set forth in this subsection.

(6) The department shall, upon receipt of an application and such supporting documents as the commissioner may require, place on the registry a nurse’s aide who shows to the satisfaction of the department completion of a department approved:

(A) Nurse's aide training program, and
(B) Competency Evaluation program.

(7) A nurse’s aide registered in another state or territory of the United States may be entered on the registry, provided the department is satisfied that such nurse's aide has completed a training and competency evaluation program equal to or better than that required for registration in this state as of the date the nurse’s aide was first registered in another state or territory of the United States.

(8) Subject to the provisions of section 20-102ff of the Connecticut General Statutes, a registered nurse or licensed practical nurse licensed in a state other than Connecticut whose license has been verified by the chronic and convalescent nursing home or rest home with nursing supervision as in good standing in the state in which he or she is currently licensed, or a registered nurse trained in another country who has satisfied the certification requirements of the Commission on Graduates of Foreign Nursing Schools, may be utilized as a nurse's aide in Connecticut for not more than a single one hundred-twenty (120) day period. Said licensed registered nurse or licensed practical nurse shall be deemed to have completed a nurse’s aide training and competency evaluation program approved by the commissioner in accordance with this section. The department shall, upon receipt of an application and such supporting documents as the commissioner may require, enter said licensed registered nurse or licensed practical nurse on the nurse’s aide registry.

...(o) Medical records.

(1) Each facility shall maintain a complete medical record for each patient. All parts of the record pertinent to the daily care and treatment of the patient shall be maintained on the nursing unit in which the patient is located.

(2) The complete medical record shall include, but not necessarily be limited to:

(A) patient identification data, including name, date of admission, most recent address prior to admission, date of birth, sex, marital status, religion, referral source, Medicare/Medicaid number(s) or other insurance numbers, next of kin or guardian and address and telephone number;

(B) name of patient’s personal physician;

(C) signed and dated admission history and reports of physical examinations;

(D) signed and dated hospital discharge summary, if applicable;
(E) signed and dated transfer form, if applicable;
(F) complete medical diagnosis;
(G) all initial and subsequent orders by the physician;
(H) a patient assessment that shall include but not necessarily be limited to, health history, physical, mental and social status evaluation of problems and rehabilitation potential, completed within fourteen (14) days of admission by all disciplines involved in the care of the patient and promptly after a change in condition that is expected to have lasting impact upon the patient's physical, mental or social functioning, conducted no less than once a year, reviewed and revised no less than once every ninety (90) days in order to assure its continued accuracy;
(I) a patient care plan, based on the patient assessment, developed within seven (7) days of the completion of the assessment by all disciplines involved in the care of the patient and consistent with the objectives of the patient's personal physician, that shall contain the identification of patient problems and needs, treatments, approaches and measurable goals, and be reviewed at least once every ninety (90) days thereafter;
(J) a record of visits and progress notes by the physician;
(K) nurses notes to include current condition, changes in patient condition, treatments and responses to such treatments;
(L) a record of medications administered including the name and strength of drug, date, route and time of administration, dosage administered, and, with respect to PRN medications, reasons for administration and patient response/result observed;
(M) documentation of all care and ancillary services rendered;
(N) summaries of conferences and records of consultations;
(O) record of any treatment, medication or service refused by the patient including the visit of a physician, signed by the patient, whenever possible, including a statement by a licensed person that such patient was informed of the medical consequences of such refusal; and
(P) discharge plans, as required by Section 19a-535 of the Connecticut General Statutes and subsection (p) of this section.
(3) All entries in the patient’s medical record shall be typewritten or written in ink and legible. All entries shall be verified according to accepted professional standards.
(4) Medical records shall be safeguarded against loss, destruction or unauthorized use.
(5) All medical records, originals or copies, shall be preserved for at least ten (10) years following death or discharge of the patient.
...(s) Social Work.
...(8) All staff of the facility shall receive inservice training by or under the direction of a qualified social worker or social work designee each year concerning patients' personal and property rights pursuant to Section 19a-550 of the Connecticut General Statutes.
(9) All staff of the facility shall receive inservice training by a qualified social worker or qualified social work consultant each year in an area specific to the needs of the facility's patient population.
(t) Infection control.
(1) Each facility shall have an infection control committee which meets at least quarterly, and whose membership shall include representatives from the facility's administration, medical staff, nursing staff, pharmacy, dietary department, maintenance, and housekeeping. Minutes of all meetings shall be maintained...
(u) Emergency preparedness plan.
(1) The facility shall have a written emergency preparedness plan which shall include procedures to be followed in case of medical emergencies, or in the event all or part of the building becomes uninhabitable because of a natural or other disaster. The plan shall be submitted to the local fire marshal or, if none, the state fire marshal for comment prior to its adoption.

(2) The plan shall specify the following procedures:
   (A) Identification and notification of appropriate persons;
   (B) Instructions as to locations and use of emergency equipment and alarm systems;
   (C) Tasks and responsibilities assigned to all personnel;
   (D) Evacuation routes;
   (E) Procedures for relocation and/or evacuation of patients;
   (F) Transfer of casualties;
   (G) Transfer of records;
   (H) Care and feeding of patients;
   (I) Handling of drugs and biologicals.

(3) A copy of the plan shall be maintained on each nursing unit and service area. Copies of those sections of the plan relating to subdivisions (2) (B) and (2) (D) above shall be conspicuously posted.

(4) Drills testing the effectiveness of the plan shall be conducted on each shift at least four times per year. A written record of each drill, including the date, hour, description of drill, and signatures of participating staff and the person in charge shall be maintained by the facility.

(5) All personnel shall receive training in emergency preparedness as part of their employment orientation. Staff shall be required to read and acknowledge by signature understanding of the emergency preparedness plan as part of the orientation. The content and participants of the training orientation shall be documented in writing.

[Additional Material pursuant to a 2007 Statute that required distribution of potassium iodide in day care centers, nursing homes, and child care facilities in counties in range of a particular nuclear power plant.]

(6) Emergency Distribution of Potassium Iodide. Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section 2 of public act 03-236 and, if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a chronic and convalescent nursing home and rest home with nursing supervision licensed under chapter 368v of the Connecticut General Statutes that is located within a 10 mile radius of the Millstone Power Station in Waterford, Connecticut, shall be permitted to distribute and administer potassium iodide tablets to facility staff or visitors present at the chronic and convalescent nursing home, or rest home with nursing supervision during such emergency, provided that:
(1) Prior written consent has been obtained by the chronic and convalescent nursing home, or rest home with nursing supervision for such provision. Written consent forms shall be provided by the chronic and convalescent nursing home, or rest home with nursing supervision to each resident, or resident's conservator, guardian, or legal representative currently admitted and to each employee currently employed promptly upon the effective date of this subdivision. Thereafter, written consent forms shall be provided by the chronic and convalescent nursing home, or rest home with nursing supervision to each resident, or resident's conservator, guardian, or legal representative upon admission to such facility and to each new employee upon hire.

Such documentation shall be kept at the facility;

(2) Each person providing consent has been advised in writing by the chronic and convalescent nursing home, or rest home with nursing supervision that the ingestion of potassium iodide is voluntary;

(3) Each person providing consent has been advised in writing by the chronic and convalescent nursing home, or rest home with nursing supervision about the contraindications and the potential side effects of taking potassium iodide, which include:

(A) persons who are allergic to iodine should not take potassium iodide;

(B) persons with chronic hives, lupus, or other conditions with hypocomplementemic vasculitis should not take potassium iodide;

(C) persons with Graves disease or people taking certain heart medications should talk to their physician before there is an emergency to decide whether or not to take potassium iodide; and,

(D) side effects including minor upset stomach or rash.

(4) Only those individuals with applicable statutory authority may distribute and administer potassium iodide to residents for whom written consent has been obtained; and,

(5) Potassium iodide tablets shall be stored in a locked storage area or container.

19-13-D8u. Intravenous therapy programs in chronic and convalescent nursing homes and rest homes with nursing supervision

...(c) IV Therapy Programs in Chronic and Convalescent Nursing Homes. IV Therapy may be administered in a chronic and convalescent nursing home in accordance with the following requirements:

(1) The IV therapy program shall be developed and implemented in a manner which ensures safe care for all patients receiving IV therapy which shall include at least the following:

...(C) Written policies and procedures concerning:
(i) Establishment of the standards of education, training, ongoing supervision, in-service education and evaluation of all personnel in the program including the IV therapy nurses, licensed nursing personnel and supportive nursing personnel...

19-13-D8v. Pharmaceutical services in chronic and convalescent nursing homes and rest homes with nursing supervision
...(b) Pharmaceutical services.
...(2) The pharmaceutical services obtained by each facility shall be provided under the supervision of a pharmacist as follows:
...(B) When pharmaceutical services are obtained through a community pharmacy, the facility shall have a written agreement with a pharmacist to serve as a consultant on pharmaceutical services, as follows:
(i) The consultant pharmacist shall visit the facility at least monthly, to review the pharmaceutical services provided, make recommendations for improvements thereto and monitor the service to assure the ongoing provision of accurate, efficient and appropriate services.
(ii) Signed dated reports of the pharmacist’s monthly reviews, findings and recommendations shall be forwarded to the facility’s Administrator, Medical Director and Director of Nursing and kept on file in the facility for a minimum of three (3) years.