

*Regulations of Connecticut State Agencies*

TITLE 19a. Public Health and Well-Being

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*Agency*

**Department of Public Health**

*Subject*

**Licensure of Private Freestanding Mental Health Day Treatment Facilities, Intermediate Treatment Facilities and Psychiatric Outpatient Clinics for Adults**

*Inclusive Sections*

**§§ 19a-495-1—19a-495-571**

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**Licensure of Private Freestanding Mental Health Day Treatment Facilities, Intermediate Treatment Facilities and Psychiatric Outpatient Clinics for Adults**

**Sec. 19a-495-1—19a-495-5. Reserved**

**Short-term Hospitals, Special, Hospice and Hospice Inpatient Facilities**

**Sec. 19a-495-5a. Applicability**

(a) Any person, group of persons, association, organization, corporation, institution or agency, public or private, initially licensed prior to the effective date of this section under Connecticut General Statutes section 19a-495 to operate a hospice as defined in section 19-13-D1(b)(1)(c) of the Regulations of Connecticut State Agencies shall comply with the requirements set forth in section 19a-495-5b of the Regulations of Connecticut State Agencies. Any such person or entity operating a hospice under said regulations may file an application with the Department of Public Health for an initial license to operate a hospice inpatient facility in accordance with section 19a-495-6b of the Regulations of Connecticut State Agencies. Upon issuance of said license, the hospice inpatient facility shall comply with sections 19a-495-6a to 19a-495-6m, inclusive, of the Regulations of Connecticut State Agencies and shall immediately surrender its pre-existing license to operate a hospice.

(b) Any person, group of persons, association, organization, corporation, institution or agency, public or private applying for licensure to operate a hospice inpatient facility on or after the effective date of this section shall comply with sections 19a-495-6a to 19a-495-6m, inclusive, of the Regulations of Connecticut State Agencies.

(Effective July 31, 2012)

**Sec. 19a-495-5b. Short-term hospitals, special, hospice**

**(a) Physical plant:**

**(1) General**

(A) A free-standing hospice facility or a distinct hospice unit shall provide all the elements described in this section and shall be built in accordance with the construction requirements described in this section. Appropriate modifications or deletions in space and other physical requirements may be made to these requirements when services are permitted by the Department of Public Health to be shared or purchased, or waived because of a distinct unit's size. Distinct units of hospice facilities, including outpatient, in-patient and hospice-based care programs, shall meet the requirements described in this section, provided that the structure physically permits, the relevant services are provided at the facility and each facility's hospice program requirements are met. Services provided by a short-term hospital, general shall not be considered to constitute a hospice program of care unless such hospital establishes a free-standing or distinct hospice unit to provide such services in which case the requirements of this section shall apply only to such free-standing or distinct hospice units.

(B) Construction plans and specifications, as well as program details, shall be submitted

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to and approved by the Department of Public Health prior to the start of construction.

(C) The facilities and distinct hospice units shall be of sound construction.

(D) Each application for license or renewal thereof shall be accompanied by a certificate of satisfactory inspection by the local fire marshal.

(E) Areas in which medical gases are used, shall meet the requirements of the National Fire Protection Association Standards 56A, 56B, 56F and such other rules, regulations, or standards which may apply.

(F) Equipment and furnishings shall be maintained in good condition, properly functioning and repaired or replaced when necessary.

(G) A short-term hospital, special, hospice shall secure licenses and any other required government authorization to provide hospice care services for terminally ill persons on a twenty-four hour basis in all settings including, but not limited to, a private home, nursing home and residential care home or specialized residence that provides supportive services and shall present to the department satisfactory evidence that the organization that provides the hospice services has the necessary qualified personnel to provide services in such settings.

(2) Site.

(A) The site of new hospice facilities shall be away from uses detrimental to hospice patients such as industrial development and facilities that produce noise, air pollution, obnoxious odors, or toxic fumes.

(B) Adequate roads and walks shall be provided within the property lines to the appropriate entrances to serve patients, visitors, staff and for receiving goods and produce. The walks and roads shall be maintained in a clear and safe condition.

(3) Access for persons who have a physical disability. Facilities should be accessible to and usable by persons who have a physical disability.

(4) Design. The design of a hospice facility shall provide comfort, warmth and safety, privacy and dignity for the patients. Every possible accommodation shall be made to avoid creating an institutional atmosphere. The facility shall provide as homelike an atmosphere as practicable.

(5) Waivers. Each service provided by a hospice facility shall conform to the appropriate requirements set forth in this section and each service shall be provided unless a written waiver is obtained from the Department of Public Health for good cause. A request for a waiver shall be in written form and accompanied by a narrative description of the hospice program. The waiver request shall identify the facility's needs and the rationale for such request.

(6) Nursing unit.

(A) A nursing unit shall consist of not more than thirty beds.

(B) Each patient room shall meet the following requirements:

(i) No patient room entrance shall be located more than one hundred twenty feet from the nurses' station, clean workroom and soiled workroom;

(ii) Maximum room capacity shall be four patients;

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(iii) To provide ample room for patients, families and visitors; the minimum room area exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules shall be one hundred twenty square feet in single-bedrooms and one hundred square feet per bed in multibedrooms. In multibedrooms, a clearance of three feet, ten inches shall be available at the foot of each bed and six feet between the beds to permit the passage of beds;

(iv) Each room shall have a window which can be opened without the use of tools. The windowsill shall not be higher than three feet above the finished floor. If insulated glass windows are not used, storm windows shall be installed. All windows used for ventilation shall be provided with screens;

(v) Each room shall be located on an outside wall of the facility or hospice unit;

(vi) A nurse calling button shall be provided within easy access of each bed;

(vii) Room furnishings for each patient shall include an adjustable hospital bed with gatch spring, side rails, an enclosed bedside stand, an overbed table, an overbed light and a comfortable chair;

(viii) All floors shall be above the outside grade at the outside wall;

(ix) Each patient shall have a lockable wardrobe, locker or closet that is suitable for hanging full length garments and for storing personal effects;

(x) Each patient shall have access to a toilet room without entering the general corridor area. One toilet room shall serve no more than four beds and no more than two patient rooms. The toilet room shall contain a water closet, a lavatory, grab bar and an emergency call station; and

(xi) Cubicle curtains shall be installed for each bed in a multibedroom.

(7) Service area requirements for each nursing unit shall provide:

(A) Storage space for office supplies;

(B) Hand washing facilities conveniently located to each nurses' station and drug distribution station;

(C) Charting facilities for nurses and doctors at each nurses' station;

(D) Individual closets or compartments for the safekeeping of personal effects of nursing personnel at each nurse's station;

(E) A multipurpose room for conference and consultation with a minimum floor space of one hundred square feet;

(F) A clean workroom that contains a work counter, hand washing sink, locked storage facilities, covered waste receptacles and ready access to an autoclave;

(G) A soiled workroom for receiving and cleanup of equipment which contains a clinical sink or equivalent flushing rim fixture, sink equipped for hand washing, work counter, covered waste receptacle, covered linen receptacles and locked storage facilities;

(H) A drug distribution station with a locked room for the storage of drugs and biological products. The drug storage room shall be located so as to be under the visual control of the nursing or pharmacy staff. The drug storage and preparation area shall be of adequate size for proper storage, handling, preparation, and record keeping of all drugs and shall contain a work counter, refrigerator, hand sink with hot water, and necessary equipment such as a

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locked cabinet containers or drug carts;

(I) Clean linen storage in a separate closet or room sized to meet the needs of the unit. If a closed cart system is used, storage may be in an alcove;

(J) A nourishment station in a room which contains a stove, sink, equipment for serving nourishment between scheduled meals, refrigerator, storage cabinets, counter space and an icemaker-dispenser unit to provide ice for patients' service and treatment. This area is for patient, family and staff use and provisions shall be made for small appliance use and storage;

(K) An equipment storage room for I.V. stands, inhalators, air mattresses, walkers, and other patient equipment;

(L) An area out of the path of normal traffic that is adequate to accommodate two wheelchairs and one stretcher for the purpose of parking stretchers and wheelchairs;

(M) At least one bathtub or shower for each fifteen beds and one bathtub per nursing unit shall be of the free standing type with a clearance of three feet on three sides. Each tub or shower shall be located in an individual room or enclosure which provides space for a wheelchair and an attendant as well as dressing;

(N) A janitor's closet with a minimum size of twenty square feet which contains a floor receptor or service sink and locked storage space for housekeeping equipment and supplies;

(O) An isolation room for isolation medical treatment and control within the facility or through equivalent services in connection with a hospital. An isolation room located in a facility may be utilized as a regular patient room when not required for isolation purposes. Each such isolation room shall be a single patient room except as follows:

(i) Entrance shall be through a vestibule that contains a lavatory or sink equipped for hand washing, storage spaces for clean and soiled materials, and gowning facilities;

(ii) Provision shall be made for nursing observation of the patient from the vestibule;

(iii) A private toilet room containing a water closet and a bathtub or shower shall be provided for the exclusive use of the patient with direct entry from the patient bed area without passing through the vestibule;

(iv) A lavatory shall be provided for the exclusive use of the patient either in the patient room or in the private toilet room.

(P) A room for the examination of patients with a minimum floor area of one hundred ten square feet with a minimum dimension of nine feet excluding space for the vestibule, toilet, closets, and work counters, whether fixed or movable. The room shall contain a sink equipped for hand washing, work counter, storage facilities and a desk, counter or shelf space for writing;

(Q) A sitting room with not less than two hundred twenty-five square feet for every thirty beds;

(R) A patient dining area with fifteen square feet per patient to accommodate the total patient capacity of the facility which may be combined with the recreation area;

(S) A single recreation area of fifteen square feet per patient, an office for the director of arts and provisions for storage;

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(T) An office for clergy and a chapel or space for religious purposes that shall be appropriately equipped and furnished;

(U) A separate room for the viewing of a deceased patient's body during bereavement until released to the responsible agent;

(V) A separate locked room or rooms for use as a pharmacy. This area shall be of adequate size to allow for efficient performance of all functions necessary for the provision of proper pharmaceutical services in the facility. The pharmacy shall be constructed so that it is not necessary to enter the pharmacy area to get to areas not directly related to the provision of pharmaceutical services. Proper lighting, a hand sink with hot water, refrigeration, humidity and separate temperature control in the pharmacy area shall be installed. Adequate space to accommodate specialized functions such as I.V. additive preparation, unit dose dispensing, drug information, manufacturing, as well as adequate storage space for bulk supplies, and office space for administrative functions shall be provided. Drug storage equipment such as a completely enclosed masonry room with a vault-type steel door, alarm system, safe, or locked cabinets as may be required to secure controlled substances and other drugs and biological products in compliance with applicable federal and state drug regulations, shall be located in the pharmacy area;

(W) A physical therapy area that includes a sink, cubicle curtains around treatment areas, storage space for supplies and equipment, a separate toilet room and office space;

(X) A dietary service area of adequate size that includes a breakdown and receiving area, storage space for four days food supply including cold storage, food preparation facilities with a lavatory, meal service facilities, dishwashing space in a room or alcove separate from food preparation and serving areas with commercial-type dishwashing equipment and space for receiving, scraping, sorting, and stacking soiled tableware, potwashing facilities, storage areas for supplies and equipment, waste storage facilities in a separate room easily accessible to the outside for direct pickup or disposal, office space(s) for dietitian and the food service manager, an icemaker-dispenser unit and a janitor's closet which contains a floor receptor or service sink and locked storage space for housekeeping equipment and supplies;

(Y) An entrance at grade level, sheltered from the weather, and able to accommodate wheelchairs;

(Z) A lobby with a reception and information counter or desk, waiting space, public toilet facilities, public telephones and a drinking fountain;

(AA) Offices for general business and storage, medical and financial records, and administrative and professional staffs with individual offices for administration, director of nursing, social services, and the medical director and separate spaces for private interviews relating to credit and admissions;

(BB) A medical records librarian's office or space, record review and dictating space, work area for sorting and recording, and a locked storage area for records;

(CC) A laundry area may be located either on the site of the facility or off the site of the facility for processing of linen;

(i) On-site processing requires the following:



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- (I) A laundry processing room with commercial-type equipment;
- (II) A soiled linen receiving, holding and sorting room with hand washing facilities;
- (III) Storage for laundry supplies;
- (IV) Deep sink for soaking clothes;
- (V) Clean linen storage, holding room and ironing area; and
- (VI) Janitor's closet containing a floor receptor or service sink and locked storage space for housekeeping equipment and supplies.
- (ii) Off-site processing requires the following:
  - (I) A soiled linen holding room with hand washing facilities; and
  - (II) A clean linen receiving, holding, inspection and storage room.
- (iii) Each facility shall have a domestic type washer and dryer, located in a separate room, for patients' personal use.
- (DD) A separate room or building for furnaces, boilers, electrical and mechanical equipment and building maintenance supplies;
- (EE) A separate toilet room for employees of each sex with one water closet and one lavatory for each twenty employees of each sex;
- (FF) Separate locker rooms for each sex containing individual lockers of adequate size for employee clothing and personal effects. The lockers shall be in an area divided from the water closets and lavatories; and
- (GG) Separate employee dining space in the ratio of fifteen square feet per employee dining at one time that shall not be included in the space requirement for any other area.
- (8) Construction requirements.
  - (A) Fixtures such as drinking fountains, telephone booths, vending machines, and portable equipment shall be located so as not to restrict corridor traffic or reduce the corridor width.
  - (B) Room's containing bathtubs, showers, and water closets, for use by patients, shall be equipped with doors and hardware that provide access from the outside in any emergency.
  - (C) The minimum width of all doors to rooms needing access for beds or stretchers shall be three feet, eight inches. Doors to patients' toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of two feet, ten inches.
  - (D) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be of the swing type. Openings to showers, baths, patient toilets and other small wet-type areas not subject to fire hazard are exempt from this requirement.
  - (E) Doors, except those to spaces such as small closets that are not subject to occupancy, shall not swing into corridors in a manner that might obstruct traffic flow or reduce the corridor width.
  - (F) Windows and outer doors shall be provided with insect screens. Windows shall either be designed to prevent accidental falls when they are open, or shall be provided with security screens.
  - (G) Dumbwaiters, conveyors, and material handling systems shall not open directly into a corridor or exitway but shall open into a room enclosed by construction having a fire-



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resistance of not less than two hours and provided with class B one and one-half hour labeled fire doors. Service entrance doors to vertical shafts containing dumbwaiters, conveyors, and material handling systems shall be not less than class B one and one-half hour labeled fire doors. Where horizontal conveyors and material handling systems penetrate fire-rated walls or smoke partitions, such openings shall be provided with class D one and one-half hour labeled fire doors for two hour walls.

(H) Thresholds and expansion joint covers shall be made flush with the floor surface to facilitate use of wheelchairs and carts.

(I) Grab bars shall be provided at all patient toilets, showers, and tubs. The bars shall have one and one-half inch clearance to walls and shall have sufficient strength and anchorage to sustain a load of two-hundred fifty pounds.

(J) Recessed soap dishes or an adequate soap dispensing system shall be provided at showers and bath tubs.

(K) Mirrors shall not be installed at hand washing fixtures in food preparation areas or in clean and sterile supply areas.

(L) Paper towel and soap dispensers and covered waste receptacles shall be provided at all hand washing facilities used by patients, medical, nursing or food handling staff.

(M) Lavatories and hand washing facilities shall be securely anchored to withstand an applied vertical load of not less than two hundred and fifty pounds on the front of the fixture.

(N) Handrails shall be provided on both sides of the corridor in patient occupied areas at a height of thirty-two inches above the floor;

(O) Ceiling heights shall be as follows:

(i) Rooms shall be at least eight feet in height except that storage rooms, toilet rooms, and other minor rooms shall be at least seven feet, eight inches in height. Suspended tracks, rails, and pipes located in the path of normal traffic shall be at least six feet, eight inches above the floor;

(ii) Corridors shall be at least eight feet in height.

(P) Enclosures for stairways, elevator shafts and vestibules, chutes and other vertical shafts, boiler rooms, and storage rooms of one hundred square feet or greater area shall be of a construction having a fire-resistance rating of not less than two hours.

(Q) Interior finish materials shall comply with the flame spread limitations and the smoke production limitations of the State Fire Safety Code. If a separate underlayment is used with any floor finish materials, the underlayment and finish materials shall be tested as a unit or equivalent provisions made to determine the effect of the underlayment on the flammability characteristics of the floor finish material.

(R) Facility or hospice unit insulation materials, unless sealed on all sides and edges, shall have a flame spread rating of twenty-five or less and a smoke developed rating of one hundred and fifty or less when tested in accordance with ASTM Standard E 84.

(S) Toxicity of materials. Materials that do not generate toxic products of combustion shall be given preference in selecting insulation and furnishings.

(T) Elevators:

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(i) All floors within the facility, other than the main entrance floor shall be accessible by elevator:

(I) At least one hospital-type elevator shall be installed where one to sixty patient beds are located on any floor other than the main entrance floor;

(II) At least two hospital-type elevators shall be installed where sixty-one to two hundred patient beds are located on any floor other than the main entrance floor, or where the major inpatient services are located on a floor other than those containing patient beds.

(ii) The cars of hospital-type elevators shall have inside dimensions that shall accommodate a patient bed and attendants.

(9) Mechanical system requirements.

(A) General. Prior to the opening of the facility, all mechanical systems shall be tested, balanced and operated to ensure that the installation and performance of these systems conform to the requirements of the plans and specifications and are safe for patients and staff.

(B) Steam and hot water systems.

(i) Boilers shall have the capacity, based upon the net ratings published by the Institute of Boiler and Radiator Manufacturers, to supply the normal requirements of all systems and equipment. The number and arrangement of boilers shall be such that when one boiler breaks down or routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the system shall be sufficient to provide hot water service for clinical, dietary, and patient use.

(ii) Boiler feed pumps, heating circulating pumps, condensate return pumps, and fuel oil pumps shall be connected and installed to provide normal and standby service.

(C) Air conditioning, heating and ventilating systems.

(i) All occupied areas shall be maintained at an inside temperature of seventy-five degrees Fahrenheit (twenty-four degrees Celsius) by heating and eighty degrees Fahrenheit (twenty-seven degrees Celsius) by cooling.

(ii) All air-supply and air-exhaust systems shall be mechanically operated. Fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in table I are the minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates.

(iii) Outdoor intakes shall be located as far as practical from exhaust outlets of ventilating systems, combustion equipment stack, medical-surgical vacuum systems, plumbing vents stacks, or areas that may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical.

(iv) Corridor plenums shall not be used to supply air to or exhaust air from any room.

**TABLE I General Pressure Relationships and Ventilation Of Certain Hospice Areas**

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Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air per Hour Supplied to Room	Minimum Total Air Changes Per Hour Supplied to Room	All Air Exhausted Directly to Outdoors	Recirculated Within Room units
Patient Room	E	2	2	Optional	Optional
Patient Room Corridor	E	2	4	Optional	Optional
Isolation Room	E	2	6	Yes	Yes
Isolation Room Alcove or Anteroom	E	2	10	Yes	No
Examination Room	E	2	6	Optional	Optional
Medication Room	P	2	4	Optional	Optional
Pharmacy	P	2	4	Optional	Optional
Treatment Room	E	2	6	Optional	Optional
X-Ray, Treatment Room	E	2	6	Optional	Optional
Physical Therapy	N	2	6	Optional	Optional
Soiled Workroom	N	2	10	Yes	No
Clean Workroom	P	2	4	Optional	Optional
Workroom	N	2	10	Yes	No
Viewing Room	N	Optional	10	Yes	No

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Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air per Hour Supplied to Room	Minimum Total Air Changes Per Hour Supplied to Room	All Air Exhausted Directly to Outdoors	Recirculated Within Room units
Toilet Room	N	Optional	10	Yes	No
Bedpan Room	N	Optional	10	Yes	No
Bathroom	N	Optional	10	Yes	No
Janitor's closet	N	Optional	10	Yes	No
Sterilizer Equipment Room	N	Optional	10	Yes	No
Linen and Trash	N	Optional	10	Yes	No
P=Positive					
N=Negative					
E=Equal					

(D) Plumbing and other piping systems.

(i) Plumbing fixtures.

(I) The water supply spout for lavatories and sinks in patient care areas shall be mounted so that its discharge point is a minimum distance of five inches above the rim of the fixture. All fixtures used by medical and nursing staff and all lavatories used by food handlers shall be trimmed with valves that can be operated without the use of hands.

(II) Shower bases and tubs shall provide nonslip surfaces for standing patients.

(ii) Water supply systems.

(I) Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

(II) Each water service main, branch main, riser, and branch to a group fixture shall be valved. Stop valves shall be provided at each fixture.

(III) Backflow preventers shall be installed on hose bibbs, laboratory sinks, janitors' sinks, bedpan flushing attachments, equipment that can be directly piped, and on all other fixtures to which hoses or tubing can be attached.

(IV) Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. Hot water at shower, bathing and hand washing facilities personal use shall not exceed one hundred twenty degrees Fahrenheit (forty-nine degrees Celsius.)

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(iii) Hot water heaters and tanks.

(I) The hot water heating equipment shall have sufficient capacity to supply water at the temperatures and amounts indicated below. Water temperatures to be taken at hot water point of use or inlet to processing equipment.

Use	Clinical	Dietary	Laundry
Gallons (per hour Per Bed)	6 ½	4	4 ½
Temperature °(F)	110-120°	Wash 160°	180°
°(C)	43-49°	71°	82°
°(F)		Rinse 180°	
°(C)		82°	

(E) Medical gas and vacuum systems.

(i) Nonflammable medical gas systems. Nonflammable medical gas system installations shall be in accordance with the requirements of National Fire Protection Association Standards 56 F and such other rules, regulations or standards that may apply.

(ii) Clinical vacuum (suction) systems. Clinical vacuum system installations shall be in accordance with the requirements of National Fire Protection Association Standards 56 F and such other rules, regulations or standards that may apply. The vacuum system may either be a central system or a portable system.

(iii) One outlet of oxygen and one of vacuum of each bed shall be provided in each patient room.

(10) Electrical system requirements.

(A) General. All material including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system and shall comply with most recent available standards of Underwriters Laboratories, Inc., or other nationally recognized standards that may apply.

(B) Switchboards and power panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboard's and panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboards shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

(C) Panelboards. Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits the panelboards serve. This requirement does not apply to emergency system circuits.

(D) Lighting.

(i) All spaces occupied by people, machinery, and equipment within buildings,

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approaches to buildings, and parking lots shall have lighting.

(ii) Patients' rooms shall have general lighting and night lighting. A reading light shall be provided for each patient. General room illuminaries shall be switched at the entrance to the patient room. All switches for control of lighting in patient areas shall be of the quiet operating type. Night light circuits for each nursing unit shall be controlled at the nurses' stations.

(E) Receptacles or outlets.

(i) Patients' rooms. Each patient room shall have duplex grounding type receptacles as follows: Three duplex for each bed; two on one side and one on opposite side of the head of each bed; one for television and one on another wall.

(ii) Corridors. Duplex receptacles for general use shall be installed approximately fifty feet apart in all corridors and within twenty-five feet of ends of corridors.

(F) Nurses' calling system. In general patient areas, each room shall be served by at least one calling station and each bed shall be provided with a call button. Two call buttons serving adjacent beds may be served by one calling station. Calls shall register with floor staff and shall actuate a visible signal in the corridor at the patient's door, in the clean workroom, the soiled workroom, and the nourishment station of the nursing unit. In multi-corridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, indicating lights shall be provided at each station. Nurses' calling systems shall be audio visual and provide two-way voice communication and shall be equipped with an indicating light at each calling station, which lights and remains lighted as long as the voice circuit is operating. A nurses' call emergency button shall be provided at each patient's toilet, bath, shower room, dining room and sitting room.

(G) Emergency electric service.

(i) To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power. The source of this emergency electric service shall be an emergency generating set including the prime mover and generator which is located on the premises and shall be reserved exclusively for supplying the emergency electrical system.

(ii) The emergency generating set shall provide electricity:

(I) To illuminate means of egress and exit signs and directional signs;

(II) To operate all essential alarm systems including fire alarms activated at manual stations, water flow alarm devices of sprinkler system if electrically operated, fire and smoke detecting systems, and alarms required for non-flammable medical gas systems;

(III) To operate paging or speaker systems intended for communication during emergency;

(IV) For the general illumination and selected receptacles in the vicinity of the generator set;

(V) For specific task illumination and selected receptacles in medicine dispensing areas; treatment rooms; and nurses' stations;

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- (VI) To one duplex receptacle at each patient bed;
- (VII) To the nurses' calling system;
- (VIII) To operate equipment necessary for maintaining telephone service;
- (IX) To the fire pump, if any; and
- (X) To circuits that serve necessary equipment as follows:

(a) Equipment for heating patient occupied rooms, except that service for heating of general patient rooms shall not be required if the facility is served by two or more electrical services supplied from separate generators or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the generating sources shall not likely cause an interruption of the facility service feeders;

(b) Elevator service shall reach every patient floor. Transfer devices shall be provided to allow temporary operation of any elevator for the release of persons who may be trapped between floors.

(c) Central suction systems serving medical functions;

(d) Laboratory fume hoods.

(H) The connection to the emergency electric services shall be of the delayed automatic type except for heating, ventilation, and elevators which may be either delayed automatic or manual.

(i) The emergency electrical system shall ensure that after interruption of the normal electric power supply the generator is brought to full voltage and frequency and connected within ten seconds through one or more primary automatic transfer switches to emergency lighting systems, alarm systems, blood banks, nurses' calling systems, equipment necessary for maintaining telephone service, and task illumination and receptacles in operating, delivery, emergency, recovery, and cardiac catheterization rooms, intensive care nursing areas, nurseries, and other critical patient areas. All other lighting and equipment required to be connected to the emergency system shall either be connected through the primary automatic transfer switches, as described in this subparagraph, or through other automatic or manual transfer switches. Receptacles connected to the emergency system shall be distinctively marked. Storage-battery-powered lights, provided to augment the emergency lighting or for continuity of lighting during the interim of transfer switching immediately following an interruption of the normal service supply, shall not be used as a substitute for the requirement of a generator. Where stored fuel is required for emergency generator operation, the storage capacity shall be sufficient for not less than forty-eight hour continuous operation. When the generator is operated by fuel which is normally piped underground to the site from a utility distribution system, fuel storage facilities on the site shall not be required.

(11) Maintenance of systems and equipment. All electrical, gas, life safety, life support and critical systems shall be tested to ensure satisfactory performance prior to placing them into service and tested annually thereafter. Permanent records of all tests shall be maintained.

(b) **Administration.**



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(1) The hospice shall be managed by a governing board with full legal authority and responsibility for the conduct of the hospice and the quality of medical care provided at the facility. Duties of the governing board shall include, but not be limited to:

(A) Adoption of the following in writing and upon adoption enforcing compliance with:

(i) admission criteria defining eligibility for hospice services;

(ii) guidelines for community relations;

(iii) a patient bill of rights;

(iv) medical by-laws after considering the recommendations, if any, of the medical staff;

(v) rules and by-laws which include the following:

(I) the purpose of the hospice;

(II) annual review of the rules and by-laws, which shall be dated and signed by the chairperson of the board;

(III) the powers and duties of the officers and committees of the governing body;

(IV) the qualifications, method of selection and terms of office of members and chairpersons of committees;

(V) a mechanism for approval of the appointments to the medical staff;

(VI) qualifications for appointment to the medical staff based upon background, competence, and adherence to the ethics of the profession;

(VII) a schedule of at least ten regular meetings per calendar year; and

(VIII) a specific policy governing conflict of interest of members.

(B) Establishment of a joint practice committee composed of representatives of medical staff, nursing staff, pharmacy staff, social work staff, arts and pastoral care staff, volunteer staff and the administrator or the administrator's designee.

(C) Appointment of the administrator who shall have one of the following:

(i) completed postgraduate training approved by the Association of University Programs in hospital administration;

(ii) attained three years experience as an assistant administrator;

(iii) served three years as a hospice administrator under a state approved hospice program; or

(iv) qualified by other experience approved by the Department of Public Health upon written application to the commissioner.

(2) The administrator shall be responsible to the governing board for the management and operation of the hospice and for the employment of personnel. The administrator shall attend meetings of the governing board and of the medical staff, employ personnel of good character and suitable temperament in sufficient numbers to provide satisfactory care for the patients.

(3) Outside services or resources as required by the facility or ordered by the physician shall be utilized only pursuant to written agreements. The responsibilities, function and terms of each agreement, including financial arrangements and charges, shall be specified therein and signed and dated by the chairperson of the board, or administrator of the hospice and the person or duly authorized official of the agency providing the service or resource.

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(4) Any person may request hospice in-patient, out-patient and hospice-based home care services with the concurrence of a member of the medical staff of the facility.

**(c) Medical staff.**

(1) There shall be a medical staff of not fewer than five physicians, one of whom shall serve as a chief, president, or medical director of the medical staff and all of whom shall be licensed to practice medicine and surgery in Connecticut. The medical staff shall be composed of active medical staff, associate medical staff, courtesy medical staff, consulting medical staff and honorary medical staff.

(2) The medical staff shall adopt written by-laws and rules governing its own activities not inconsistent with any rule, regulation, or policy of the governing board, which by-laws and rules shall not become effective until approved by the governing board and shall be subject to rescission by the governing board, which shall include:

(A) requirements for admission to staff and for the delineation and retention of clinical privileges;

(B) method of control of clinical work, including written consultations for all clinical services that shall be properly entered in the patient's chart;

(C) analysis, review and evaluation of clinical practices within hospice in-patient, out-patient and hospice-based home care programs, to promote and maintain high quality care;

(D) a framework to ensure twenty-four hour, seven-day-a-week on-call availability, including physician home visits, and eight-hour-a-day on-site medical staff coverage;

(E) provision for monthly staff conferences unless clinical groups hold departmental or service conferences at least monthly, then general staff conferences shall be held at least four times each year, and each active staff member shall attend not less than ten departmental or general staff meetings or a combination thereof each year;

(F) establishment of committees including infection control, safety, quality assurance, pharmacy and therapeutics, medical record audit, patient care, and others as necessary; and

(G) procedures for recommending appointments to the medical staff, hearing complaints regarding the conduct of members and referring the same, with recommendations, to the governing board.

(3) Any patient's primary care community physician who is not a member of the hospice medical staff may request hospice services for the patient with the concurrence of a hospice medical staff member.

(4) Medical staff and departmental meetings shall be attended by at least fifty percent of the active staff members to be counted toward the mandatory meeting quotas. Minutes and a record of attendance shall be kept.

(5) There shall be a department of medicine under the direction of a physician licensed to practice medicine and surgery in Connecticut, who shall be responsible for supervising the quality of medical service.

(6) The chief, president, or medical director of the medical staff shall supervise the bereavement team which shall consist of himself, a consulting psychiatrist and one representative from each of the following services: volunteer, pastoral care, arts, social work

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and nursing.

(7) The medical staff shall provide and participate in a continuing program of professional education which shall include hospice-based home care programs scheduled on a regular basis with appropriate documentation of these activities.

**(d) Medical records.**

(1) There shall be a medical record department with adequate space, equipment and qualified personnel including a medical record librarian or a person with training, experience and consultation from a medical record librarian.

(2) A medical record shall be maintained for every individual who is evaluated or treated as a hospice in-patient, out-patient or who received patient services in a hospice-based home care program.

(3) An in-patient record shall be started at the time of admission with identification, date, and a nurse's notation of condition on admission. To the in-patient record shall be added immediately an admission note and orders by the attending member of the active medical staff. A complete history and physical examination shall be recorded by a staff physician within twenty-four hours of admission, unless the patient is being followed by a primary physician who performed the patient's last history and physical examination within forty-eight hours and the referral to the hospice program is made within the same institution. A problem oriented medical record shall be completed by the primary care nurse within twenty-four hours of admission.

(4) All medical records shall be prepared accurately and physicians' entries completed promptly with sufficient information and progress notes to justify the diagnosis and warrant the treatment and palliation. Doctors' orders, nurses' notes and notes from other disciplines, shall be kept current in a professional manner and all entries shall be signed with a legally acceptable signature by the person responsible for making the order or note.

(5) The medical records shall be kept confidential and secured. Written consent of the patient or the patient's legally appointed representative shall be required for release of medical information except as provided in subsection (t) of this section.

(6) The medical records shall be filed and stored in a manner providing easy retrievability and shall be kept for not less than twenty-five years after discharge of patients, except that original medical records may be destroyed sooner if they are microfilmed by a process approved by the Department of Public Health.

(7) Completion of the medical records shall be accomplished within one day after discharge to a hospice-based home care program or within seven days of death.

(8) Persistent failure by a physician to maintain proper records of the physician's patients, promptly prepared and completed, shall constitute grounds for suspending or withdrawing the physician's medical staff privileges.

**(e) Nursing Service.**

(1) The nursing service shall be directed by the director of hospice patient care services who shall be a licensed registered nurse with baccalaureate degree in nursing and an active Connecticut license, and who is further qualified by one of the following:

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(A) a master's degree from a program approved by the National League of Nursing or the American Public Health Association with not less than two years' full-time clinical experience under qualified supervision, in a hospice or home health care agency related community health program that included care of the sick; and

(B) not less than four years of full-time clinical experience in nursing, at least two of which were under qualified supervision in a hospice or home health care agency or community health program that included care of the sick.

(2) A registered nurse with a baccalaureate degree in nursing and an active Connecticut license and one of the following shall serve as a supervisor of hospice in-patient, out-patient and hospice-based home care program under the direction of the director of hospice patient care services:

(A) a master's degree from a program approved by the National League for Nursing or the American Public Health Association with not less than two full-time clinical experience under qualified supervision, one of which shall be in a health care institution and one of which shall be in a hospice or home health care agency or a related community health program; and

(B) not less than four years' full-time clinical experience in nursing under qualified supervision, one of which shall be in a health care institution and one of which shall be in a hospice or home health care agency or related community health program.

(3) The ratio of patients to registered nurses in the hospice shall not be less than one nurse to six patients per eight hour shift.

(4) The ratio of all nursing staff and nurses aides to patients shall not be less than one nurse or nurse aide to three patients.

(5) An organizational plan of the nursing service shall be established that shall delineate its mechanism for cooperative planning and decision making.

(6) Written nursing care and administrative policies and procedures shall be developed to provide the nursing staff with practical methods of meeting its responsibilities and achieving projected goals. Policies shall include, but not be limited to, the following:

(A) assigning the nursing care of patients to a primary care provider who develops a written pertinent care plan;

(B) standardized procedures for evaluation and study;

(C) a program of systematic professional and administrative review and evaluation of the services' effectiveness in relation to stated objectives;

(D) patient and family teaching programs;

(E) the development and implementation of staffing patterns that shall ensure efficient performance of departmental activities; and

(F) participation in the joint practice committee for the improvement of patient care including equal representation of practicing nurses and physicians, and continuous redefining of the scope of medical and nursing practice in the light of experience and patient care needs.

(7) There shall be staff development programs and educational opportunities for nursing

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personnel that include orientation and in-service education.

**(f) Pharmaceutical service.**

(1) The facility shall maintain an organized pharmaceutical service that is conducted in accordance with current standards of practice and all applicable laws and regulations.

(2) The pharmaceutical service shall be directed by a licensed pharmacist trained in the specialized functions of institutional pharmacy who shall serve the institution:

(A) on a full-time basis in a free-standing facility; and

(B) in a distinct unit identified as hospice on a part-time basis consonant with the size and scope of services of the institution.

(3) The scope of pharmaceutical services shall be consistent with the drug therapy needs of the patients as determined by the medical staff.

(4) There shall be an active medical staff committee, composed of a physician, the director of pharmacy, the director of patient care services, and a representative from administration that shall serve in an advisory capacity to the professional staff on matters relating to drugs and drug practices. Specific functions of this committee, which shall meet at least quarterly, shall include:

(A) development of board professional policies regarding the evaluation, selection, procurement, distribution, use, safe-practices and other matters pertinent to drugs and biological products in the facilities;

(B) development of basic formulary system of drugs for use in the facilities;

(C) monitoring and reporting adverse drug reactions in the facility, and introducing proper measures to minimize their incidence;

(D) reviewing and analyzing errors in the administration of drugs and biological products in the facility and taking appropriate action to minimize the recurrence of such incidents; and

(E) determining drug-use patterns and assisting in the setting of drug-use criteria relative to the facility's drug utilization review program.

(5) There shall be a current, written policy and procedures manual approved by the medical staff, pertaining to the drug and biological control system in the facility.

**(g) Social work service.**

(1) There shall be a written plan with clearly defined written policies governing the delivery of social work services in the hospice in-patient, out-patient and hospice-based home care program which shall include a procedure for reporting problem areas to the administrator, recommended solutions, and identifying actions taken. These policies shall incorporate the current standards, guidelines, and code of ethics determined by the National Association of Social Workers. The person having responsibility for the direction and supervision of the delivery of such services shall be a social worker with a master's degree from a school accredited by the Council of Social Work Education, who has not less than four years social work experience in a health care setting including one year in a supervisory capacity.

(2) The social work staff may include baccalaureate social workers with at least one year

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of social work experience in a health care setting.

(3) There shall be a social work department with an adequate staff to meet the medically related social and emotional needs of the patient and family.

(4) Social work services shall be provided in accordance with the plan for treatment. The social worker shall assist and work with the interdisciplinary team in identifying significant social and emotional factors related to care. The scope of social work services shall include: assisting in pre-admission and discharge planning; conducting medico-social assessment; counseling the patient and family on an individual and group basis; identifying, utilizing, and working to develop appropriate community resources; and maintaining adequate records relating to social work services that shall be included in the patient's medical record.

(5) There shall be continuing staff development programs and educational opportunities for social work personnel that include orientation and in-service education.

**(h) Pastoral care service.**

(1) The hospice shall have adequate pastoral care services in the in-patient, outpatient and hospice-bed home care program, twenty-four hour on-call availability, and a well defined written plan and policies for pastoral care services available at the request of the patient.

(2) The plan for pastoral care services shall ensure the supervision of the delivery of such services by an ordained and a qualified individual with a graduate theological degree and at least five years pastoral and clinical experience. The method for providing pastoral care to a patient or family shall be planned and developed in consultation with representatives of administration, medical staff, nursing staff, other departments and services that are involved in direct patient care, and representatives of the community. The director of pastoral care services shall be considered a member of the health care team, and may participate in all staff meetings.

(3) There shall be continuing staff development programs and educational opportunities for the pastoral care staff including orientation and in-service education.

**(i) The arts.**

(1) The hospice shall provide extensive opportunities for experiences in the arts to the patients and families and for staff consultation as appropriate. The arts shall be available to hospice patients both on a scheduled and intermittent basis. Designated arts staff members who are providing such experiences shall be available on a scheduled on-call basis.

(2) These artistic experiences shall be directed and coordinated by a qualified representative of the arts with a graduate degree and clinical experience in a hospital based setting in the arts or pastoral care and not less than five years supervisory experience in the arts and education who, in consultation with hospice staff members and community artist representatives, shall define the need, choose an appropriate art form and select the artist or means to provide this experience.

(3) The director of the arts shall be considered a full-fledged member of the health care team, with participation in all staff meetings. Written policies for the arts shall be developed



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and reviewed at least annually. Adequate records relating to artistic services rendered shall be included in the patient's medical record.

(4) The arts staff shall complete a program of orientation to hospice and shall have appropriate in-service education programs on a quarterly basis.

(j) **Volunteer service.**

(1) A director of volunteers shall be employed full-time to plan, organize and direct a comprehensive volunteer services program for the in-patient, out-patient and hospice-based home care program. The director shall have a bachelor's degree in psychology, sociology, therapeutic recreation, or a related field and one year of employment in a supervisory capacity in a volunteer services program or an associate's degree and three years of supervisory experience in a volunteer services program.

(2) The director shall:

(A) Plan, direct and implement the recruitment of volunteers;

(B) orient and provide for a program of training which includes, direct involvement, on-call service and staff support;

(C) evaluate performances and effectiveness of each volunteer annually;

(D) periodically review and revise policies and procedures; and

(E) coordinate the utilization of volunteers with other directors as appropriate.

(3) There shall be continuing staff development programs and educational opportunities for the volunteer services staff to include at least the following: orientation and in-service education.

(k) **Diagnostic and palliative services.** Services, under competent medical supervision, shall be provided for necessary diagnostic and palliative procedures to meet the needs of the hospice in-patient, out-patient, and hospice-based home care program. This shall include the services of a clinical laboratory and radiological services which shall meet all applicable standards of the Department of Public Health. In addition there may be written agreements for other services including blood bank and pathological services as determined by patient needs. All contracts shall specify twenty-four hour on-call availability.

(l) **Respiratory care services.** There shall be a written plan with clearly defined written policies and procedures governing the delivery of respiratory care services that shall include a procedure for reporting problem areas to the administrator, recommendations, solutions, and identifying action taken. Services, under direct medical supervision, shall be provided as necessary to meet the needs of the hospice programs, which shall meet all applicable standards of the Department of Public Health. Any contract for such services shall specify twenty-four hour on-call availability for hospice in-patient, out-patient, and hospice-based home care programs.

(m) **Specialized rehabilitative services.** There shall be a written plan with clearly defined written policies and procedures governing the delivery of rehabilitative services that shall include a procedure for reporting problem areas to the administrator, recommendations, solutions, and identifying action taken. Any contracts for such services shall specify twenty-four hour on-call availability for hospice inpatient, out-patient, and



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hospice-based home care programs.

**(n) Dietary service.**

(1) There shall be an organized dietetic service, directed by a full-time food service supervisor. The food service supervisor shall be an experienced cook knowledgeable in food service administration and therapeutic diets. The service shall employ an adequate number of individuals to perform its duties and responsibilities.

(2) There shall be written policies and procedures governing all dietetic activities.

(3) The service shall have at least one qualified part-time certified dietitian-nutritionist, with a baccalaureate degree and major studies in food and nutrition who is qualified for membership in and registration by the Academy of Nutrition and Dietetics' Commission on Dietetic Registration. The administration of the nutritional aspects of patient care shall be under the direction of the dietitian whose duties shall include:

(A) recording nutritional histories of in-patients;

(B) interviewing patients regarding their food habits and preferences;

(C) counseling patient and family concerning normal or modified diets and encouraging patients to participate in planning their own modified diets and instructing patient and family in food preparation; and

(D) participating in appropriate hospice rounds and medical conferences;

(E) coordinating activities with the food service supervisor.

(4) Educational programs shall be offered to dietetic service employees including orientation, on-the-job training, personal hygiene, the inspection, handling, preparation, and serving of food, and the proper cleaning and safe operation of equipment.

**(o) Hospice-based home care program.**

(1) The health care services of the hospice-based home care program shall be in accordance with accepted standards of practice, applicable law and hospice policies and shall be provided by the interdisciplinary team as defined in section 19a-495-6a(a)(21) of the Regulations of Connecticut State Agencies. The program of care shall provide medical and health care services for the palliative and supportive care and treatment only for the terminally ill and their families. The hospice-based home care program encompasses the physical, social, psychological and spiritual needs of the patient and family and consists of services on a twenty-four hour basis, seven days per week. The services of hospice-based home care program shall include bereavement service, medical nursing, homemaker home health aide, pharmaceutical, dietary, pastoral care, arts, volunteers, diagnostic and palliative, social work, respiratory care, specialized rehabilitative, infection control and, as needed, inpatient and out-patient hospice services shall be available to hospice-based home care patients and their families.

(2) An organizational structure designed to effectively implement the requirements as described in subdivision (1) of this subsection. The medical director and the director of patient care services shall be vested with the overall coordination of the hospice-based home care program. The hospice-based home care program shall have a supervisor who shall meet the requirements of subparagraphs (e)(2)(A) or (B) of this section.

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(3) The patient's primary care community physician, who is not a member of the hospice medical staff, shall be granted the privilege of requesting services provided by the hospice-based home care program in concurrence with a member of the hospice medical staff and on condition that the physician shall continue to be the primary care provider for the patient while the patient is at home under the auspices of the home care program.

(4) There shall be twenty-four hour, seven-day-a-week on-call availability of the hospice medical director or the hospice medical director's designee and the hospice home care nurse whether or not community service agency nurses are available. All physicians who provide medical services to patients in the hospice-based home care program, whether or not such physicians are members of the hospice medical staff, shall be evaluated as part of the regular hospice medical care evaluation program.

(5) There shall be a written policy and procedure manual implementing the objectives of the hospice-based home care program that shall include a description of the scope of services, criteria for admission and discharge, follow-up policies, and uniform standards to be adopted by the patient's primary care community physician.

(6) The hospice-based home care program shall have necessary personnel to meet the needs of patients, including: licensed registered nurses, licensed practical nurses, and homemaker-home health aides. Personnel assigned by community service agencies to provide services to the program's patients shall meet qualification standards equivalent to those required by hospice for employees in its home care program. When volunteer services are used, volunteers shall be trained and supervised by the hospice director of volunteers or other appropriate hospice directors, and those who provide professional services shall meet the requirements of qualification and performance applied to paid staff and functions. Hospice-based home care program personnel shall be involved in educational programs relating to their activities, including orientation, regularly-scheduled, in-service training programs, workshops, institutes, or continuing education courses to the same extent as other hospice personnel.

(7) There shall be a program of systematic, professional and administrative review and evaluation of the program's effectiveness in relation to its stated objectives.

(8) An accurate medical record shall be maintained for every patient receiving services provided through the home care program.

(9) Arrangements for the provision of basic or major services by a participating community agency or individual provider shall be documented by means of a written agreement or contract. All hospice services available to patients in the in-patient and out-patient program shall be readily available to the home care program patients.

**(p) Infection control.**

(1) Each hospice shall develop an infection prevention, surveillance and control program that shall have as its purpose the protection of patient, family and personnel from hospice or community associated infections in patients admitted to the hospice in-patient, out-patient, and home care program.

(2) The infection prevention, surveillance, and control program of each hospice shall be

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approved by the medical staff and adopted by the governing board. The program shall become part of the by-laws of the medical staff.

(3) A hospice infection control committee shall be established to supervise infection control and report on its activities with recommendations on a regular basis to the medical director. The membership of the committee shall include a physician who shall be the chairperson, a representative from nursing service, hospital administration, pharmacy, dietary service, laundry, housekeeping and the local health director.

(4) The infection control committee shall:

(A) adopt working definitions of hospice-associated infections;

(B) develop standards for surveillance of incidents of hospice-related infection and conditions predisposing patients to infection;

(C) monitor and report infections in all patients, including patients in the home care program, and environmental conditions with infection potential;

(D) evaluate the potential for environmental infection, including identification whenever possible of hospice-associated infections and periodic review of the clinical use of antibiotics in patient care; and

(E) develop preventive measures including aseptic techniques, isolation policy, and a personnel health program.

(5) There shall be an individual employed by the hospice who is qualified by education or experience in infection prevention, surveillance, and control to conduct these aspects of the program as directed by the infection control committee. The employee shall be directly responsible to, and be a member of, the infection control committee. The employee shall make a monthly written report to the committee at its monthly meeting.

(6) The infections control committee shall meet at least monthly and:

(A) review information obtained from day-to-day surveillance activities of the program;

(B) review and revise existing standards; and

(C) report to the medical director.

(7) There shall be regular in-service education programs regarding infection prevention, surveillance and control for hospice personnel. Documentation of these programs shall be available to the Department of Public Health for review.

(q) **General.**

(1) The hospice shall have an adequate laundry service, housekeeping and maintenance services.

(2) Proper heat, hot water, lighting and ventilation shall be maintained at all times.

(3) The hospice shall ensure the health, comfort and safety of the patients at all times.

(4) When a patient ceases to breathe and has no detectable pulse or blood pressure, the body shall be moved to the bereavement room in the same institution pending completion of the medical certification portion of the death certificate by a person authorized to complete such medical certification in accordance with section 7-62b of the Connecticut General Statutes. The facility shall make available a room that shall provide for the dignified holding of the body of the deceased person where the body of the deceased person shall not

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be exposed to the view of patients or visitors, but where the family and friends of the deceased may view the body.

(r) **Out-patient services.**

(1) The hospice out-patient service shall meet the same standards of quality as applied to in-patient care, considering the inherent differences between in-patients and out-patients with respect to their needs and modes of treatment.

(2) The out-patient service shall be provided with services and personnel necessary to meet the needs of patient and family.

(3) There shall be a policy and procedure manual developed for the effective implementation of the objectives of the out-patient service including criteria for eligibility for out-patient care.

(4) There shall be a program of systematic professional and administrative review and evaluation of the service's effectiveness.

(5) Facilities for the out-patient service shall be conducive to the effective care of the patient.

(6) An accurate medical record shall be maintained for every patient receiving care provided by the out-patient service.

(s) **Emergencies:** Provision shall be made to maintain essential services during emergency situations.

(t) **Record availability:** It is an explicit condition for the initial issuance of or the retention or renewal of a license to any person to operate and maintain a hospice that all records, memos and reports, medical or otherwise be maintained on the premises of the facility and that said records shall be subject to inspection review and copying by the Department of Public Health upon demand, including personnel and payroll records. Failure to grant access to the Department of Public Health shall result in the denial of, revocation of, or a determination not to renew the license.

(Effective July 31, 2012)

**Sec. 19a-495-6. Reserved**

**Sec. 19a-495-6a. Hospice inpatient facilities**

Definitions. As used in Sections 19a-495-6a through 19a-495-6m, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Adverse event" means a discrete, auditable and clearly defined occurrence with a negative consequence of care that results in unanticipated injury, illness, or death which may or may not have been preventable;

(2) "Attending practitioner" means a physician, or an advance practice registered nurse, licensed in Connecticut (who may or may not be an employee of the hospice inpatient facility) identified by the terminally ill patient or family as having a significant role in the determination and delivery of the patient's medical care;

(3) "Bereavement" means the extended period of grief, which is usually thirteen months, preceding the death and following the death of a loved one, during which individuals

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experience, respond and adjust emotionally, physically, socially and spiritually to the loss of a loved one;

(4) “Bereavement counseling” means emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment;

(5) “Clinical experience” means employment in providing patient services in a health care setting;

(6) “Commissioner” means the Commissioner of Public Health, or the commissioner’s designee;

(7) “Complementary therapies” means non-traditional therapies that are used in combination with standard medical treatments, including, but not limited to, massage, yoga, art or music therapy;

(8) “Comprehensive assessment” means a thorough evaluation of the patient’s physical, psychosocial, emotional and spiritual status and needs related to the terminal illness and related conditions. This includes an evaluation of the caregiver’s and family’s willingness and capability to care for the patient;

(9) “Contracted services” means services provided by the hospice inpatient facility which are subject to a written agreement with an individual, another agency or another facility;

(10) “Contractor” means any organization, individual or facility that is hired or paid to provide services to hospice patients under a written agreement with the hospice inpatient facility;

(11) “Department” means the Department of Public Health;

(12) “Dietary counseling” means education and interventions provided to the patient and family regarding appropriate nutritional intake as the patient’s condition progresses. Dietary counseling is provided by qualified individuals, which may include an advanced practice registered nurse, registered nurse, registered dietitian or nutritionist, when identified in the patient centered plan of care;

(13) “Direct service staff” means individuals employed or under written agreement with the hospice inpatient facility whose primary responsibility is delivery of care to patients;

(14) “Family” means an individual or a group of individuals whom the patient identifies as such regardless of blood relation or legal status;

(15) “Full-time” means employed and on duty not less than thirty-five hours per work week on a regular basis;

(16) “Twenty-four hour basis” means services provided twenty-four hours per day, seven days per week;

(17) “Hospice care” means a comprehensive set of services identified and coordinated by an interdisciplinary team to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and the patient’s family members, which shall be delineated in the individualized patient centered plan of care across all care settings;

(18) “Hospice inpatient facility” means a facility or hospice residence that provides palliative care for hospice patients requiring short-term, general inpatient care for pain and

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symptom management, end of life care or respite care and provides the services required pursuant to 19a-122b of the Connecticut General Statutes;

(19) “Initial assessment” means an evaluation of the patient’s physical, psychosocial and emotional status at the time of admission related to the terminal illness and related conditions to determine the patient’s immediate care and support needs;

(20) “Inpatient respite care” means short-term inpatient care provided to terminally ill patients to provide relief to family members or others caring for the patient;

(21) “Interdisciplinary team” means a group of individuals who work together to meet the physical, medical, psychosocial, emotional and spiritual needs of the hospice patients and families facing terminal illness and bereavement. The team shall include: a physician, registered nurse, social worker, spiritual counselor and other persons as may be deemed appropriate;

(22) “Licensed independent practitioner” means an individual licensed in Connecticut as a physician, or an advanced practice registered nurse;

(23) “Licensee” means a person, group of persons, association, organization, institution, or agency, public or private that is licensed in accordance with section 19a-495-6b of the Regulations of Connecticut State Agencies;

(24) “Medical director” means a physician with experience and training in hospice care licensed to practice medicine in Connecticut in accordance with Chapter 370 of the Connecticut General Statutes;

(25) “Nurse” means a person licensed under chapter 378 of the Connecticut General Statutes to practice nursing as an advanced practice registered nurse, registered nurse, or licensed practical nurse;

(26) “Nursing assistant” means the hospice aide, home health aide, or a nurse’s aide who is registered and in good standing on the nurse’s aide registry maintained by the department in accordance with section 20-102bb of the Connecticut General Statutes;

(27) “Occupational therapy” shall have the same meaning as provided in section 20-74a of the Connecticut General Statutes and shall be performed in accordance with accepted standards of practice and applicable law by an occupational therapist or occupational therapy assistant licensed under Chapter 376a of the Connecticut General Statutes;

(28) “Palliative care” means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and the facilitation of patient autonomy, access to information, and choice;

(29) “Patient” means a person that is terminally ill and has a medical prognosis with a life expectancy of 6 months or less if the illness runs its usual course;

(30) “Patient centered plan of care” means a comprehensive individualized written plan of care established by the interdisciplinary team in collaboration with a licensed independent practitioner, and the patient or family that addresses the physical, intellectual, emotional, social, and spiritual needs of the patient;

(31) “Pharmacist” shall have the same meaning as provided in section 20-571 of the



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Connecticut General Statutes;

(32) “Physical Therapy” shall have the same meaning as provided in section 20-66 of the Connecticut General Statutes and shall be performed by a physical therapist or physical therapist assistant who is licensed under Chapter 376 of the Connecticut General Statutes;

(33) “Physician” shall have the same meaning as provided in section 20-13a of the Connecticut General Statutes;

(34) “Physician assistant” shall have the same meaning as provided in section 20-12a of the Connecticut General Statutes;

(35) “Quality care” means that the patient receives clinically competent care that meets current professional standards, is supported and directed in a planned pattern toward mutually defined outcomes, achieves maximum symptom management and comfort consistent with individual potential life style and goals, receives coordinated service through each level of care and is taught self-management and preventive health measures;

(36) “Representative” means a designated member of the patient’s family or person legally authorized to act for the patient in the exercise of the patient’s rights in accordance with applicable law;

(37) “Restraint” means:

(A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move the arms, legs, body, or head freely, not including devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, methods that involve the physical holding of a patient for the purpose of escorting the patient or conducting a routine physical examination or test, methods or devices intended to protect the patient from falling out of bed or allowing the patient to participate in an activity without the risk of physical harm; or

(B) A drug or medication when it is used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition;

(38) “Seclusion” means the involuntary confinement of a patient alone in a room or an area from which the patient is physically prevented from leaving;

(39) “Social work services” means services provided in accordance with accepted standards of practice and applicable law by a licensed clinical social worker or licensed master social worker licensed under Chapter 383b of the Connecticut General Statutes;

(40) “Speech and language therapy services” means services provided in accordance with accepted standards of practice and applicable law by a speech and language pathologist licensed under Chapter 399 of the Connecticut General Statutes;

(41) “Spiritual counseling” means the assessment and delivery of services in accordance with the patient and family’s beliefs;

(42) “Spiritual counselor” means a person who is ordained clergy (individual ordained for religious service), pastoral counselor or other person who can support the patient’s spiritual needs;

(43) “Statement of ownership and operation” means a written statement as to the legal



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owners of the premises and legal entity that operates the hospice inpatient facility to be licensed; and

(44) “Volunteer” means a person who receives no remuneration for services provided to the hospice inpatient facility.

(Effective July 31, 2012)

**Sec. 19a-495-6b. Licensure procedures**

(a) No person, group of persons, association, organization, institution or agency, public or private shall establish, conduct or maintain a hospice inpatient facility without a license issued by the Commissioner of Public Health in accordance with this section except as provided in section 19a-491 of the Connecticut General Statutes. Such person or entity shall secure such license and any other required government authorization to provide hospice care services for terminally ill persons on a twenty-four-hour basis in all settings including, but not limited to, a private home, nursing home, residential care home or specialized residence that provides supportive services and shall present to the department satisfactory evidence that such person or entity has retained the services of qualified personnel necessary to provide services in such settings.

**(b) Application for initial or renewal licensure.**

(1) Application for the initial granting or renewal of a license shall be made by the applicant to the department, in writing, on forms provided by the department.

(2) The application shall be signed by the owner of the hospice inpatient facility or by a person duly authorized to act on behalf of owner of the facility and shall include responses to all the information required on the forms provided by the department. The application shall be signed under oath, the signature notarized and the application form shall cite the provisions of section 53a-157b of the Connecticut General Statutes.

(3) Application for the grant or renewal of a license to operate a hospice inpatient facility shall include the following information, if applicable:

- (A) Statement of ownership and operation;
- (B) Names and titles of professional and unlicensed direct care employees;
- (C) Signed acknowledgement of duties for the administrator, medical director, and director of nurses upon initial application only;
- (D) Patient capacity;
- (E) Total number of employees, by category;
- (F) Services provided;
- (G) Evidence of financial capacity;
- (H) Certificates of malpractice and public liability insurance; and
- (I) Local Fire Marshal’s biennial license;
- (J) Affidavits as described in section 19a-491a(a) of the Connecticut General Statutes;
- (K) Reports from criminal history and patient abuse background searches pursuant to section 19a-491c of the Connecticut General Statutes;
- (L) The licensing or renewal fee as provided in the Connecticut General Statutes; and

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(M) Such additional information as the Department may request.

(4) Any person who makes a material false statement in an application shall be subject to penalties in accordance with section 19a-500 of the Connecticut General Statutes.

**(c) Issuance and renewal of license.**

(1) The commissioner may, in the commissioner's discretion, deny an application for licensure or a renewal application for any of the following reasons:

(A) The license application or renewal application is not complete;

(B) The applicant's failure to comply with applicable federal, state and local laws;

(C) If the commissioner determines that any of the individuals identified in subsection (b)(3) of this section have been subject to any of the criminal, civil or administrative actions described in section 19a-491a(a) of the Connecticut General Statutes; or

(D) A material misstatement of fact is made on an initial or renewal application.

(2) Subject to subsection (c)(1) of this section, the commissioner may issue a license or renewal of a license to operate the hospice inpatient facility if the commissioner determines that a hospice inpatient facility is in compliance with the statutes and regulations pertaining to its licensure. The license shall be for a period not to exceed two years.

(3) Each facility providing hospice care not physically connected to a licensed hospice inpatient facility, shall require its own license.

(4) The Commissioner shall issue a license to the hospice inpatient facility in the name of the owner of the hospice inpatient facility or legal entity appearing on the application. The license shall not be transferable or assignable.

(5) Each license shall specify:

(A) The maximum licensed bed capacity; and

(B) The names of the administrator, medical director and director of nurses; and

(C) Any provisional waivers of the Regulations of Connecticut State Agencies that have been granted to the hospice inpatient facility.

(6) Notice to public. The licensee shall post the license in a conspicuous place in the lobby or reception room of the facility.

(7) Change in status. Change in 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 ninety days prior to any such proposed change. For purposes of this subdivision, any change in the ownership of a hospice inpatient facility, owned by a person, group of persons, organization, institution or agency, public or private, partnership or association or the change in ownership or beneficial ownership of ten per cent or more of the stock of a corporation that owns, conducts, operates or maintains such hospice inpatient facility, shall be subject to prior approval of the department after a scheduled inspection of such hospice inpatient facility is conducted by the department, provided such approval shall be conditioned upon a showing by such hospice inpatient facility to the commissioner that it has complied with all regulatory requirements. Any such change in ownership or beneficial ownership resulting in a transfer to a person related by blood or marriage to such an owner or beneficial owner shall not be subject to prior approval of the department unless: (A)

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Ownership or beneficial ownership of ten per cent or more of the stock of a corporation, partnership or association that owns, conducts, operates or maintains more than one hospice inpatient facility is transferred; (B) ownership or beneficial ownership is transferred in more than one hospice inpatient facility; or (C) the hospice inpatient facility is the subject of a pending complaint, investigation or licensure action. If the hospice inpatient facility is not in compliance, the commissioner may require the new owner to sign a consent order providing reasonable assurances that the violations shall be corrected within a specified period of time. Notice of any such proposed change of ownership shall be given to the department at least ninety days prior to the effective date of such proposed change. For the purposes of this subdivision, “a person related by blood or marriage” means a parent, spouse, child, brother, sister, aunt, uncle, niece or nephew. For the purposes of this subdivision, a change in the legal form of the ownership entity, including, but not limited to, changes from a corporation to a limited liability company, a partnership to a limited liability partnership, a sole proprietorship to a corporation and similar changes, shall not be considered a change of ownership if the beneficial ownership remains unchanged and the owner provides such information regarding the change to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the facility or institution. For the purposes of this subdivision, a public offering of the stock of any corporation that owns, conducts, operates or maintains any hospice inpatient facility shall not be considered a change in ownership or beneficial ownership of such hospice inpatient facility if the licensee and the officers and directors of such corporation remain unchanged, such public offering cannot result in an individual or entity owning ten per cent or more of the stock of such corporation, and the owner provides such information to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the hospice inpatient facility.

(8) Change in personnel. The governing authority shall notify the department immediately, and shall confirm in writing not more than five days after such notification to the department, of both the resignation or removal and the subsequent appointment of the hospice inpatient facility’s administrator, medical director, or director of nurses.

(9) Failure to grant the department immediate access to the hospice inpatient facility or to the hospice inpatient facility’s records shall be grounds for denial or revocation of the hospice inpatient facility’s license.

(10) Surrender of license. The administrator shall directly notify each patient or patient representative concerned, the patient’s family, the patient’s primary physician, and any third party payers concerned at least thirty days prior to the voluntary surrender of the hospice inpatient facility’s license or surrender of license upon the department’s order of revocation, refusal to renew or suspension of license. In such cases, the license shall be surrendered to the department no later than seven days after the termination of operation.

**(d) Waiver.**

(1) The commissioner may waive provisions of these regulations if the commissioner determines that such waiver would not endanger the health, safety or welfare of any patient.

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The commissioner may impose conditions upon granting the waiver that assure the health, safety and welfare of patients, or may revoke the waiver upon a finding that the health, safety, or welfare of any patient has been jeopardized. The commissioner may grant a waiver for a specified period of time subject to renewal in the commissioner's discretion. The licensee may seek renewal of the waiver by submitting the required written documentation specified in subsection (d)(2) of this section.

(2) The licensee requesting a waiver shall do so in writing to the department. Such request 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;
  - (D) Any documentation that supports the request for waiver; and
  - (E) Alternative policies and procedures proposed.
- (3) In consideration of any request for waiver, the commissioner may consider:
- (A) The level of care provided;
  - (B) The maximum patient capacity;
  - (C) The impact of a waiver on care provided; and
  - (D) Alternative policies or procedures proposed.
- (4) The Department reserves the right to request additional information before processing the request for waiver.

(Effective July 31, 2012)

**Sec. 19a-495-6c. Governing authority**

(a) A governing authority shall be established by the licensee for the hospice inpatient facility.

(b) The governing authority shall have the authority and responsibility for the overall management and operation of the hospice inpatient facility and shall adopt bylaws or rules that are periodically reviewed and a notation made of the date of such adoption and review. Such bylaws or rules shall include, but not be limited to:

- (1) A mission statement and purpose of the hospice inpatient facility;
- (2) Delineation of the powers, duties and voting procedures of the governing authority, its officers and committees;
- (3) Qualifications for membership, method of selection and terms of office of members and chairpersons of committees;
- (4) A description of the authority delegated to the administrator;
- (5) The conflict of interest policy and procedures;
- (6) Scope of services offered;
- (7) Admission and discharge criteria;
- (8) Medical and dental supervision and plans of treatment;
- (9) Clinical records;

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- (10) Personnel qualifications;
  - (11) Annual review of personnel policies;
  - (12) Adoption of written policies assuring the protection of patients' rights and patient grievance procedures, a description of which shall be posted conspicuously in the hospice inpatient facility and distributed personally to each patient upon admission; and
  - (13) Determination of the frequency of meetings of the governing authority.
- (c) The bylaws or rules shall be available to all members of the governing authority and the administrator.
- (d) The governing authority shall:
- (1) Meet as frequently as necessary to fulfill its responsibilities;
  - (2) Provide a written agenda and minutes for each meeting;
  - (3) For each meeting, provide minutes that include, but are not limited to, the identity of those members in attendance, reports of the quality assessment and performance improvement program and any patient grievances. Such minutes shall be approved by the governing authority and dated and signed by the secretary; and
  - (4) Ensure that the agenda and minutes of any of its meetings or any of its committees are available at any time to the commissioner.
- (e) Other specific responsibilities of the governing authority shall include, but not be limited to:
- (1) Oversight of the management and operation of the hospice inpatient facility;
  - (2) Oversight of the financial viability and management of the hospice inpatient facility's fiscal affairs;
  - (3) Adoption and documented annual review of written bylaws and budget;
  - (4) Services provided by the hospice inpatient facility and the quality of care rendered to patients and their families;
  - (5) Provision of a safe physical plant equipped and staffed to maintain the hospice inpatient 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 hospice inpatient facility participates;
  - (6) Appointment of a qualified administrator;
  - (7) Approval of the administrator's appointment of a medical director;
  - (8) Approval of an organizational chart that establishes clear lines of responsibility and authority in all matters relating to management and maintenance of the facility and patient care;
  - (9) Annual review and update of the operation and fiscal plan, including anticipated needs, income and expenses;
  - (10) Establish and maintain the quality assessment and performance improvement program including, but not limited to, the selection and appointment of a quality assessment and performance improvement advisory committee; review of issues, corrective actions and outcomes; and recommendations for improvement;
  - (11) Policy and program determination and delegation of authority to implement policies

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and programs. The establishment of such policies shall include, but not be limited to:

- (A) Responsibilities of the administrator and the medical director;
  - (B) Conflict of interest on the part of the governing authority, professional staff and employees;
  - (C) Services to be provided;
  - (D) Criteria for the selection, admission and transfer of terminally ill patients and families;
  - (E) Patient or family consent and involvement in the development of patient centered plan of care;
  - (F) Developing a support network when the family is not available and the patient needs and wants that support;
  - (G) Referrals and coordination with community and other health care facilities or agencies that shall include but not be limited to a mechanism for recording, transmitting and receiving information essential to the continuity of patient care. Such information shall include, but not be limited to:
    - (i) Patient identification data including name, address, age, gender, name of representative, and health insurance coverage;
    - (ii) Diagnosis and prognosis, medical status of patient, brief description of current illness, medical and nursing plans of care including information such as drugs and biological products, treatments, dietary needs, baseline laboratory data;
    - (iii) Functional status;
    - (iv) Special services such as physical therapy, occupational therapy, speech and language therapy, and any other therapy; and
    - (v) Psychosocial needs.
  - (H) Professional management responsibilities for contracted services;
  - (I) Reports of patient's condition and procedures for the transmission of such reports to the patient's physician;
  - (J) Provisions governing the relationship of the attending physician or the advanced practice registered nurse to the medical director, and the interdisciplinary team; and
  - (K) Such other matters, as may be relevant to the organization and operation of hospice care.
- (12) Ensure that any and all services provided by hospice inpatient facility volunteers and direct service staff are consistent with accepted standards of practice and applicable law;
- (13) Maintain an active quality assessment and performance improvement committee and provide any and all services offered in compliance with sections 19a-495-6a to 19a-495-6m, inclusive of the Regulations of Connecticut State Agencies; and
- (14) Compliance with any established hospice inpatient facility policy.
- (f) Failure of the administrator to implement the bylaws, rules, policies, or programs adopted by the governing authority shall be grounds for disciplinary action against the



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licensee under section 19a-494 of the Connecticut General Statutes.

(Effective July 31, 2012)

**Sec. 19a-495-6d. Administration**

(a) The governing authority shall appoint a full-time administrator, who possesses:

(1) A master's degree in nursing with an active license to practice nursing in this state and not less than one year of supervisory or administrative experience in a health care facility program which included care of the sick;

(2) A master's degree in public health or administration with a concentration of study in health services administration or social work, and not less than one year of supervisory or administrative experience in a health care facility or program which included care of the sick;

(3) A baccalaureate degree in nursing or a related field with an active license to practice nursing in this state and not less than two years supervisory or administrative experience in a health care facility or program which included care of the sick;

(4) A baccalaureate degree in administration with a concentration of study in health services administration and not less than two years supervisory or administrative experience in a health care facility or program which included care of the sick; or

(5) A license to practice medicine in accordance with chapter 370 of the Connecticut General Statutes and not less than one year supervisory or administrative experience in a health care facility or program which included care of the sick.

(b) The administrator shall:

(1) Implement the bylaws, rules, policies and programs adopted by the governing authority;

(2) Coordinate the activities between the governing authority and the professional staff;

(3) Ensure the hospice inpatient facility's compliance with all local, state and federal laws and regulations that may apply to programs in which the facility participates;

(4) Ensure that there are sufficient qualified staff and services available to meet the needs of patients at all times; and

(5) Obtain a criminal history and patient abuse background search pursuant to section 19a-491c of the Connecticut General Statutes for all employees and volunteers that have direct patient contact or access to patient records within three months from the date of employment for all states the employee has lived or worked in for the past three years; and shall ensure all contractors obtain the same for staff providing direct patient services.

(c) The administrator, with the approval of the governing authority, shall appoint a medical director who is licensed as a physician, with experience and training in hospice care. The medical director shall be designated by the hospice inpatient facility and be responsible for the coordination and oversight of medical services provided by the hospice inpatient facility.

(1) The medical director shall have the responsibility for:

(A) Coordination and oversight of medical care and services provided;



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- (B) Ensuring and maintaining quality standards of professional practice;
  - (C) Implementation of patient care policies;
  - (D) The achievement and maintenance of quality assurance of professional practices through a mechanism for the assessment of patient and family care outcomes;
  - (E) Ensuring completion of health care worker screening and immunization requirements;
  - (F) Certification of patients admitted to the program;
  - (G) Participation as a member of the interdisciplinary team, in the development, implementation and assessment of patient centered plans of care;
  - (H) Consulting with licensed independent professionals regarding patient care plans; and
  - (I) Identifying a designee who is a licensed independent practitioner. The designee shall assume the same responsibilities and obligations as the medical director when the medical director is temporarily not available.
- (2) The medical director shall be available for consultation on a twenty-four hour basis and shall be on site at the hospice inpatient facility a sufficient number of hours to meet the responsibilities described in subparagraphs (1) (A) to (1) (I), inclusive of this subsection.
- (d) The administrator shall appoint a full-time director of nurses who is licensed as a registered nurse and possesses a baccalaureate degree in nursing with coursework or experience in hospice care. The director of nurses shall have the following qualifications:
- (1) A master's degree from a program approved by the Commission on Collegiate Nursing Education or the American Public Health Association with not less than two years' full-time clinical experience or community health program; or
  - (2) Not less than three years of full-time clinical experience in nursing, at least two of which were in a hospice, home health agency or community health program.
- (e) The director of nurses shall be responsible for the overall hospice inpatient facility's nursing services, which shall include:
- (1) Coordination of professional and non-professional nursing services provided;
  - (2) Ensuring and maintaining quality standards of professional practice;
  - (3) Development and implementation of patient care policies;
  - (4) Participation in the development and implementation of the patient centered plans of care;
  - (5) Consulting with other interdisciplinary team members regarding patient care; and
  - (6) Development and implementation of the hospice inpatient facility infection control and hospice inpatient facility safety policies.
- (f) Except for a hospice inpatient facility with twelve licensed beds or less, the administrator shall not serve as the director of nurses.
- (g) There shall be a written agreement for the provision of services if provided by a contractor and not directly by the licensee. The Commissioner shall have access to the records of the contractor related to performance of the agreement and the provision of services. The agreement shall clearly delineate the responsibilities of the contractor and

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licensee and shall include but not be limited to the following provisions:

(1) A stipulation that services may be provided only with the express authorization of the licensee;

(2) A stipulation that the licensee is responsible for the admission of patients;

(3) Identification of services to be provided by the contractor that shall be within the scope and limitations set forth in the patient centered plan of care and shall not be altered by the contractor in type, amount, frequency or duration;

(4) Manner in which the contracted services are coordinated, supervised and evaluated by the governing authority of the hospice inpatient facility;

(5) Assurance of compliance with the patient care policies of the licensed licensee;

(6) Establishment of procedures for and frequency of patient and family care assessment;

(7) Furnishing the patient centered plan of care to other health care facilities upon transfer of patient;

(8) Assurance that the qualifications of the personnel and services to be provided meet the requirements of sections 19a-495-6a to 19a-495m, inclusive, of the Regulations of Connecticut State Agencies, including licensure, personnel qualifications, functions, supervision, hospice training and orientation, in-service training, and attendance at case conferences;

(9) Reimbursement mechanism, charges, and terms for the renewal or termination of the agreement;

(10) Such other provisions as may be mutually agreed upon or as may be relevant and deemed necessary;

(11) Assurance that the medical record shall include a record of all services and events, and a copy of the discharge summary and, that, if requested, a copy of the medical record shall be provided to the licensee; and

(12) The party responsible for the implementation of the provisions of the agreement.

(h) The licensee shall retain responsibility for contracted services and ensure such services are rendered in accordance with accepted standards of practice and applicable law.

(i) A medical record shall be maintained for every patient who is evaluated or treated at a hospice inpatient facility. The medical records shall be:

(1) Safeguarded against loss, destruction or unauthorized use, and all entries in the patient's medical record shall be written in ink and legible. Electronic medical records shall be consistent with state and federal applicable law, policies and procedures for interoperability, privacy and security.

(2) Started at the time of admission with identification, date, and a nurse's notation of condition on admission. Within twenty-four hours of admission, the attending practitioner shall add an admission note and orders. The attending practitioner shall record the patient's complete history and physical examination within twenty-four hours of admission, unless the patient's primary provider performed the patient's last history and physical examination within the last thirty days and is following the patient. In such case, the patient's last history and physical examination shall be noted in the medical record and a copy of that history

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and physical examination shall become part of the medical record.

(3) Prepared accurately and entries completed promptly with sufficient information and progress notes to justify the diagnosis and warrant the treatment and palliation. Physician's orders, nurses' notes and notes from other disciplines including, but not limited to, pastoral, contractor, nurse aide and volunteers, shall be kept current in a professional manner and all entries shall be signed by the person responsible for making the order or note and such person's title.

(4) Kept confidential and secured. Written consent of the patient or the patient's representative shall be required for release of medical information or medical records unless otherwise provided by law.

(5) The records shall be filed and stored in an accessible manner and shall be kept for not less than seven years after discharge of patients, except that original medical records may be destroyed sooner if they are electronically preserved by a accepted mechanism for medical records.

(6) Completion of the patient's medical records shall be accomplished no later than thirty days after discharge or no later than thirty days of death.

(Effective July 31, 2012)

**Sec. 19a-495-6e. General requirements**

(a) Core services provided directly by the licensee shall, except as provided in subsection (b) of this section, include the following:

- (1) Services of a physician or advanced practice registered nurse;
- (2) Nursing services provided by a registered nurse, or licensed practical nurse;
- (3) Social services;
- (4) Counseling services if required;
- (5) Pain assessment and management; and
- (6) Availability of drugs and biological products on a twenty-four hour basis.

(b) The licensee may use contracted services to supplement the hospice inpatient facility's staff under extraordinary circumstances when it is necessary to meet the needs of the patients. If contractors are used, the licensee shall maintain responsibility for the services and shall assure that the qualifications of staff and services provided meet the requirements of the Regulations of Connecticut State Agencies and relevant Connecticut General Statutes. When a contractor is providing services during an outpatient admission, the licensee and contractor shall have a "Coordination of Outpatient Services Agreement" in place for the provision of services which includes, but is not limited to:

- (1) A criminal history and patient abuse background search pursuant to section 19a-491c of the Connecticut General Statutes including, but not limited to, all hospice inpatient facility employees or contracted employees and volunteers who have direct patient contact or access to patient records;
- (2) Mechanisms for the collaboration and coordination of care; and
- (3) The exchange of information to meet the ongoing needs of the patient and family;

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(c) In addition to the core services, the licensee shall ensure that the following services are provided, as needed, directly by the licensee or by a contractor under written agreement with the licensee:

- (1) Home health aide and homemaker services;
- (2) Short-term respite care and general inpatient care;
- (3) Physical therapy, occupational therapy, and speech and language pathology services;
- (4) Medical supplies and appliances;
- (5) Nutrition counseling;
- (6) Complementary therapies; and
- (7) Any other services identified in the patient centered plan of care.

(d) The licensee shall make services available as follows:

(1) Nursing services, physician services, drugs and biological products continuously available on a twenty-four hour basis;

(2) All other services available on a twenty-four hour basis to the extent necessary and reasonable to meet the needs of the patient care for the palliation and management of the patient's terminal illness and related conditions in accordance with the patient centered plan of care;

(3) Assessment capability available on a twenty-four hour basis to respond to acute and urgent patient or family needs; and

(4) Additional health services or related services may be provided as deemed appropriate to meet the patient's and family's needs, and all services shall be rendered in a manner consistent with accepted standards of practice and applicable law.

(e) The licensee shall ensure patient accessibility to the following:

(1) A functioning system that enables inpatients or outpatients and their families to make telephone contact with hospice inpatient facility staff on a twenty-four hour basis. Mechanical answering devices shall not be acceptable;

(2) A system that provides twenty-four hour, pharmacy services for the palliative care and management of the patient; and

(3) A system that ensures that patients are permitted to receive visitors, including small children and pets, at any hour, provided that a therapeutic environment is maintained.

(f) The licensee shall ensure the continuity of patient and family care through adoption and implementation of written policies, procedures and criteria providing for the following:

(1) Coordination of community physicians and nurses with hospice inpatient facility staff prior to and at the time of admission;

(2) Admission criteria for the initial assessment of the patient or family needs and decision for care;

(3) Signed informed consent;

(4) Ongoing assessment of the patient's and family's needs;

(5) Development and review of the patient centered plan of care by the interdisciplinary team;

(6) Transfer of patients to inpatient care facilities for inpatient respite care or general

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inpatient care;

(7) The provision of appropriate patient and family information at the point of transfer between care settings;

(8) Community or other resources to ensure continuity of care and to meet patient and family needs;

(9) Management of pain and symptom control through palliative care and utilization of therapeutic services; and

(10) Constraints imposed by limitations of services or family conditions and such other criteria as may be deemed appropriate for each patient and family.

(Effective July 31, 2012)

**Sec. 19a-495-6f. Hospice inpatient facility services**

(a) The licensee shall provide staff in sufficient numbers and services of sufficient duration to meet the physical, psychosocial and spiritual needs of patients and their families. The licensee is responsible for ensuring that staffing for all services reflect its volume of patients, their acuity, and the level of intensity of services needed to ensure that the plan of care outcomes are achieved and negative outcomes are avoided.

(b) The licensee shall provide quality care through the provision of the following services:

(1) Physical, occupational, and speech and language therapy shall be available and when provided, such services shall be rendered by a licensed person in accordance with the patient centered plan of care and in a manner consistent with accepted standards of practice and applicable law.

(2) Attending practitioner services shall be provided by a licensed physician or advanced practice registered nurse to meet the medical needs of patients for the management of the terminal illness and related conditions, through palliative and supportive care. Attending practitioner services shall be provided in accordance with hospice inpatient facility policies in a manner consistent with accepted standards of practice and applicable law. In addition to palliation and management of terminal illness and related conditions, physicians and advanced practice registered nurses that are part of the staff of the hospice inpatient facility or members of the interdisciplinary team, shall meet the medical needs of the patients to the extent that these needs are not met by the attending practitioner.

(3) Bereavement counseling services shall be provided to meet the needs of the family both before and after the death of the patient.

(4) Dietary counseling services for the patient and family shall be available as may be required, while the patient is in hospice care.

(5) Dietary services shall be provided to patients under the supervision of a certified food protection manager as defined in section 19a-36g of the Connecticut General Statutes. The certified food protection manager shall:

(A) Ensure the dietary services operation complies with all applicable state regulations and statutes;

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(B) Employ an adequate number of individuals to perform the duties and responsibilities of the food service operation; and

(C) Consult with a registered dietician on a regular basis, and an advanced practice registered nurse, or physician concerning patients' diets, as necessary.

(6) Medical supply services including, but not limited to, appliances, drugs and biological products as may be needed, shall be provided for the palliation and management of the patients' terminal illness.

(7) Nursing assistants shall provide personal care and other related support services under the delegation and supervision of a registered nurse. Duties of nursing assistants shall include, but not be limited to:

(A) Personal care;

(B) Ambulation and exercise;

(C) Assisting a patient with eating;

(D) Reporting changes in a patient's condition and needs;

(E) Completing a patient's medical records as directed; and

(F) Assisting with the patient's self-administration of drugs and biological products by:

(i) Reminding a patient to self-administer the drugs or biological products;

(ii) Verifying that a patient has self-administered their drugs or biological products;

(iii) Opening bottles, bubble packs or other forms of packaging if the patient is not capable of performing this function.

(8) Nursing services shall be provided under the direction of a licensed registered nurse to meet the nursing care needs of the patient and family, as identified in the patient centered plan of care. Nursing services shall be provided in accordance with accepted standards of practice, applicable law and hospice inpatient facility policies. There shall be a registered nurse on the premises on a twenty-four hour basis and there shall be a sufficient number of nursing personnel on a twenty-four hour basis to:

(A) Assess patients' needs;

(B) Assist in the development and implementation of patient centered plans of care;

(C) Provide direct patient care services; and

(D) Coordinate or perform other related activities to maintain the health and safety of the patients.

(9) Pharmacy services shall be provided under the direction of a licensed pharmacist who is an employee of or has a written agreement with the hospice inpatient facility. Duties of the pharmacist shall include, but not be limited to the following:

(A) Identification of potential adverse drug reactions, and recommended appropriate corrective action;

(B) Compounding, packaging, labeling, dispensing, and distributing all drugs to be administered to patients;

(C) Monitoring patient drug therapy for potential drug interactions and incompatibilities at least monthly with documentation of same;

(D) Inspecting all areas within the facility where drugs (including emergency supplies)



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are stored at least monthly to assure that all drugs are properly labeled, stored and controlled; and

(E) Serving as a consultant to the interdisciplinary team for pain control and symptom management.

(10) Spiritual counseling services shall be provided in accordance with the wishes of the patient as noted in the patient centered plan of care. Services may include, but not be limited to:

(A) Communication and support from a spiritual counselor;

(B) Consultation and education for the patient, family and interdisciplinary team members.

(11) Social work services shall be provided as identified in the patient centered plan of care and in accordance with accepted standards of practice, applicable law and hospice inpatient facility policies. The social worker's functions shall include, but not be limited to:

(A) Comprehensive evaluation of the psychosocial status of the patient and family as it relates to the patient's illness and environment;

(B) Counseling of the patient, family and primary caregivers;

(C) Participation in development of the patient centered plan of care; and

(D) Participation in ongoing case management with the hospice inpatient facility interdisciplinary team.

(12) Volunteer Services shall be provided under the supervision of designated hospice inpatient facility employees.

(A) Volunteers may provide administrative services or non-direct patient care services under the supervision of designated hospice inpatient facility employees;

(B) Direct patient care services may be provided by licensed or registered volunteers who meet the requirements for the provision of such services, under the supervision of appropriate, licensed hospice inpatient facility employees;

(C) The licensee shall provide and document a volunteer orientation and training program for each volunteer;

(D) Volunteer services involving any direct patient care services shall be provided in accordance with the patient centered plan of care.

(Effective July 31, 2012; Amended February 17, 2023)

**Sec. 19a-495-6g. In-service training and education**

(a) In-service educational programs shall be conducted. Such programs shall include but not be limited to:

(1) An orientation program for new personnel, volunteers and contracted staff who provide care to hospice inpatient facility patients. The orientation program shall be provided before the start of employment, volunteering, or provision of contract services at the hospice inpatient facility. The orientation program shall address:

(A) The purpose, goals, mission and philosophy of hospice care; and

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(B) Each individual's specific duties.

(2) Not less than once a year, a training program for employees, volunteers and contracted staff who provide care to hospice inpatient facility patients concerning the development and improvement of hospice-related skills that are identified by the quality assessment and performance improvement program;

(3) Annual training for all employees of the hospice inpatient facility, volunteers and contracted staff in:

(A) Prevention and control of infection;

(B) Patient rights and confidentiality;

(C) Fire prevention and safety; and

(D) Food services and sanitation.

(b) The administrator shall assess the skills and competency of all individuals providing patient care and, as necessary, provide in-service training.

(c) The administrator shall maintain documentation and an attendance list of all in-service programs and education for a period of three years after completion.

(Effective July 31, 2012)

**Sec. 19a-495-6h. Patient rights and hospice inpatient facility responsibilities**

(a) The licensee shall have a written bill of rights and responsibilities governing services, which shall be provided and explained to each patient, family or representative at the time of admission. The medical record of each patient shall contain documentation of compliance with this provision.

(1) The patient's rights and responsibilities shall include, but are not limited to:

(A) Be afforded considerate and respectful care;

(B) Receive effective pain management and symptom control on a twenty-four hour basis for the palliation and management of the terminal illness and related conditions;

(C) Be involved in the development of the patient centered plan of care;

(D) Be fully informed of one's condition;

(E) Refuse care or treatment;

(F) Choose an attending physician;

(G) Have a confidential medical record;

(H) Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property;

(I) Receive information about the services covered under the hospice benefits, which shall include but not be limited to a description of available services, unit charges and billing mechanisms;

(J) Receive information about the scope of services that the hospice inpatient facility shall provide and specific limitations on those services including, but not limited to, the hospice inpatient facility's policy on uncompensated care and criteria for admission to and discharge from service;

(K) Receive an explanation of the grievance procedure and the right to file a grievance

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without discrimination or reprisal regarding treatment or care to be provided or regarding the lack of respect for property by anyone providing hospice care;

(L) Receive information concerning the procedure for registering complaints with the commissioner and information regarding the availability of the Medicare toll-free hotline, including telephone number, hours of operation for receiving complaints; and

(M) Be free from unnecessary restraint and seclusion.

(b) The licensee shall ensure compliance with subsection (a) of this section and shall:

(1) Immediately investigate all complaints made by a patient, family, representative, hospice inpatient facility employee, volunteer or contractor regarding the quality or appropriateness of treatment or care provided to a patient;

(2) Ensure that any employee or volunteer of the hospice inpatient facility or any contractor having reasonable cause to suspect or believe that a patient has been abused, neglected or mistreated reports the abuse, neglect or mistreatment to the administrator and Department. An oral report to the administrator shall be made immediately. A written report to the administrator and Department shall be made as soon as practicable but no later than twenty-four hours after said employee, volunteer or contractor has reasonable cause to suspect or believe that a patient has been abused, neglected or mistreated;

(3) Ensure that all allegations of patient abuse, neglect or mistreatment are thoroughly investigated. Such investigation shall be initiated within twenty-four hours of the oral report and concluded within five days of receipt of the written report;

(4) Ensure that any further potential abuse, neglect or mistreatment has been prevented while the investigation is in progress; and

(5) Report the results of all investigations to the Department not more than five days after the investigation has concluded.

(c) Unanticipated events resulting in hospitalization or death of any patient shall be immediately investigated and reported to the administrator and Department within twenty-four hours. All patient deaths occurring within the hospice inpatient facility that are suspicious or unnatural, including, but not limited to, trauma, a drug overdose, poisoning, or an infectious disease with epidemic potential shall immediately be reported to the hospice inpatient facility's administrator and the Department.

(Effective July 31, 2012)

**Sec. 19a-495-6i. Quality assessment and performance improvement**

(a) The licensee shall implement the quality assessment and performance improvement program established by the governing authority that includes all patient care disciplines and services provided, including those services provided by a contractor, throughout the hospice inpatient facility. The governing authority shall ensure that the program reflects the complexity of its organization and services, involves leadership working with input from facility staff, patients and families, involves all hospice inpatient facility services including those furnished under contract or arrangement, focuses on performance indicators to monitor a wide range of care processes and outcomes related to palliative care, and initiates actions

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to demonstrate improvement in hospice inpatient facility performance and promote sustained improvement.

(b) Such plan and program shall be ongoing and shall include:

- (1) Oversight responsibility and program objectives;
- (2) The use of quality indicator data to assess and monitor patient care and services;
- (3) Evidenced based practices and policies for:
  - (A) Pain and symptom management;
  - (B) The prevention and treatment of pressure sores;
  - (C) The prevention of abuse, neglect and mistreatment;
  - (D) The prevention of accidents and injuries; and
  - (E) The prevention, surveillance and control of health care associated infections and communicable diseases.

(4) A method and mechanism for identifying, and as required, reporting:

- (A) Infectious and communicable disease occurrences among patients and personnel;
  - (B) Health care associated infections and a plan for the implementation of actions that are expected to result in improvement and disease prevention;
  - (C) Adverse events; and
  - (D) Potential sources of injuries and medical errors and a plan for the implementation of actions that are expected to result in improvement and prevention of such occurrences.
- (5) Review and investigation of all adverse events;
- (6) Other criteria and data necessary to monitor the quality of patient care; and
- (7) Evidence based practices to identify, evaluate, and correct problems.

(c) The hospice inpatient facility administrator shall designate a licensed employee to coordinate and manage the quality assessment and performance improvement program. The licensed employee shall ensure that:

- (1) Program activities focus on high risk, high volume, or problem-prone areas;
- (2) The program maintains records of appropriate corrective action to address problems identified through the quality assessment and performance improvement program; and
- (3) The outcome of the corrective action is documented and submitted to the governing authority for its review.

(d) The members of the quality assessment and performance improvement committee members as described in section 19a-495-6c(e)(10) of the Regulations of Connecticut State Agencies shall be employees of the hospice inpatient facility and shall include at least one licensed independent practitioner, one registered nurse, and spiritual counselor.

(e) The functions of the quality assessment and performance improvement committee shall be to:

- (1) Monitor the effectiveness and safety of services and quality of care;
- (2) Identify opportunities for improvement;
- (3) Recommend the frequency and detail of data collection to the governing authority;
- (4) Develop, implement and evaluate performance improvement projects based on the hospice inpatient facility's population and needs that reflect the scope, complexity and past

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performance of the hospice inpatient facility's services and operations;

(5) Ensure there is a rationale as well as a goal and measurable objectives for each project that is implemented;

(6) Ensure progress is documented for each project;

(7) At least annually review and recommend to the governing authority revisions to the hospice inpatient facility's policies relating to:

(A) Quality assessment and improvement activities;

(B) Standards of care;

(C) Professional issues especially as they relate to the delivery of services and findings of the quality assessment and improvement program.

(f) The quality assessment and performance improvement committee shall meet at least twice per year and shall maintain records of all quality improvement activities.

(g) Written minutes shall document dates of meetings, attendance, agenda and recommendations. The minutes shall be presented, reviewed, and accepted at the next regular meeting of the governing authority of the hospice inpatient facility following the quality assessment and performance improvement committee meeting. These minutes shall be available upon request to the commissioner.

(Effective July 31, 2012)

**Sec. 19a-495-6j. Assessment and patient centered plan of care**

(a) At the time of admission, an initial assessment shall be completed by a licensed registered nurse to identify and meet the immediate needs of the patient. Within forty-eight hours of a patient's admission, a licensed registered nurse shall complete the assessment to evaluate the patient's immediate physical, psychosocial, emotional, and spiritual status.

(b) Not later than five days after a patient's admission to the hospice inpatient facility, the interdisciplinary team shall complete a comprehensive assessment for the patient that shall include but not be limited to the following:

(1) History of pain, symptoms, and treatment;

(2) Characteristics of pain and symptoms;

(3) Physical examination;

(4) Current medical conditions and drugs and biological products;

(5) Patient or family's goal for pain and symptom management;

(6) Condition causing admission;

(7) Relevant history as well as complications and risk factors that affect care planning;

(8) Functional status;

(9) Imminence of death;

(10) Severity of symptoms;

(11) Drug profile;

(12) Bereavement;

(13) The need for referrals or further evaluation by appropriate health professionals; and

(14) Data elements that allow for the measurement of patient outcomes and are related

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to aspects of care.

(c) The comprehensive assessment shall be updated as frequently as the condition of the patient requires, but not less than once every fourteen calendar days.

(d) Upon completion or update of the comprehensive assessment, a written patient centered plan of care shall be established or revised for the patient.

(e) Such patient centered plan of care shall be developed to include only those services that are acceptable to the patient and family.

(f) The patient and family shall be involved whenever possible in the implementation and continuous assessment of the patient centered plan of care.

(g) The interdisciplinary team shall ensure that the patient and family receive education and training provided by the licensee regarding the responsibilities of the patient and family for the care and services identified in the patient centered plan of care.

(h) The patient centered plan of care shall include, but not be limited to:

- (1) Pertinent diagnosis and prognosis;
- (2) Interventions to facilitate the management of pain and other symptoms;
- (3) Measurable targeted outcomes anticipated from implementing and coordinating the patient centered plan of care;

(4) A detailed statement of the patient and family needs addressing the:

- (A) Physical, psychological, social, and spiritual needs;
  - (B) The scope of services required;
  - (C) The frequency of services;
  - (D) The need for respite or general inpatient care;
  - (E) Nutritional needs;
  - (F) Drugs and biological products;
  - (G) Management of pain and control of other symptoms; and
  - (H) Management of grief.
- (5) Drugs and treatments necessary to meet the needs of the patient;
- (6) Medical supplies and appliances necessary to meet the needs of the patient;
- (7) The interdisciplinary team's documentation of the patient's and family's understanding, involvement, and agreement with the patient centered plan of care; and
- (8) Such other relevant modalities of care and services as may be appropriate to meet individual patient and family care needs.

(i) The patient centered plan of care shall be reviewed and updated by the interdisciplinary team as needed, but not less than once every fourteen calendar days. This review and update shall be documented in the medical record.

(j) A revised patient centered plan of care shall include information from the patient's updated comprehensive assessment and the patient's progress toward outcomes specified in the patient centered plan of care.

(Effective July 31, 2012)



**Sec. 19a-495-6k. Drugs and biological products**

(a) The interdisciplinary team shall confer with a licensed pharmacist or independent practitioner with education and training in drug management, who is an employee of or has a written agreement with the licensee, to ensure that drugs and biological products meet the patient's needs on a twenty-four hour basis.

(b) Only a licensed independent practitioner shall order drugs and biological products for the patient, in accordance with the patient centered plan of care.

(1) The written or electronic order shall only be given to a registered nurse, advanced practice registered nurse, physician assistant, pharmacist, or physician; and

(2) If the drug order is verbal, the registered nurse, advanced practice registered nurse, pharmacist, or physician receiving the order shall record, read back and sign it immediately, and have the prescribing person sign the order in accordance with state and federal regulations and statutes.

(c) The licensee shall ensure that:

(1) Drugs and biological products are obtained from community or institutional pharmacies or establish its own institutional pharmacy licensed by the Department of Consumer Protection in accordance with section 20-594 of the Connecticut General Statutes;

(2) A written policy is in place that promotes dispensing accuracy;

(3) Current and accurate records of the receipt and disposition of all controlled drugs are maintained; and

(4) Drugs and biological products are only administered to patients by a licensed nurse, physician's assistant, or licensed independent practitioner consistent with accepted standards of practice and applicable law.

(d) Drugs and biological products shall be labeled in accordance with currently accepted professional practice and shall include appropriate usage and cautionary instructions, as well as an expiration date.

(e) Drugs and biological products shall be stored in a secure area. Controlled drugs listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse Prevention and Control Act of 1976 shall be stored in locked compartments within such secure storage areas. Only personnel authorized to administer controlled drugs shall have access to the locked areas.

(f) Controlled drugs shall be disposed of in compliance with the hospice inpatient facility policy and in accordance with state and federal requirements.

(g) Discrepancies in the acquisition, storage, dispensing, administration, disposal, or return of controlled drugs shall be investigated immediately by the pharmacist and administrator, and where required, reported to the appropriate state authority. A written account of the investigation shall be made available to state and federal officials as required by law.

(Effective July 31, 2012)

**Sec. 19a-495-6l. Medical supplies and durable equipment**

(a) The licensee shall:

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(1) Comply with manufacturer recommendations for performing routine and preventive maintenance on durable medical equipment; and

(2) Develop routine repair and maintenance policies when a manufacturer recommendation does not exist for such durable medical equipment.

(b) All durable medical equipment shall be safe and work as intended for use in the patient's environment.

(c) The licensee shall ensure that the patient, family, and any other caregiver, as appropriate, receive instruction in the safe use of durable medical equipment and medical supplies. The licensee may contract with an outside entity to be responsible for ensuring that durable equipment is properly maintained and repaired.

(Effective July 31, 2012)

**Sec. 19a-495-6m. Hospice inpatient facility physical plant**

(a) All hospice inpatient facilities shall be of sound construction. Equipment and furnishings shall be maintained in good condition, properly functioning and repaired or replaced when necessary. Requirements shall include:

(1) New construction and renovation of hospice inpatient facility buildings and systems shall meet the requirements of the Connecticut State Fire Code, National Fire Protection Association Standards, Health Care Facilities, No. 99; Connecticut State Building Code, applicable local codes and ordinances and the 2010 edition of the Facility Guidelines Institute (FGI)/ American Institute of Architects (AIA) Guidelines for Design and Construction of Health Care Facilities.

(2) An operations and preventative maintenance program shall be established and implemented on an ongoing basis to maintain the hospice inpatient facility, systems, equipment and grounds in a clean, sanitary, safe and operational condition.

(3) A program shall be established and maintained to provide for the safety and well-being of the hospice inpatient facility occupants and shall provide for the testing, servicing and maintenance of all life safety, emergency and bio-medical equipment in accordance with applicable state laws and regulations and manufacturer recommendations.

(4) Records of all inspections, testing, maintenance and repairs shall be maintained for Department review.

(b) 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.

(c) All floors within the hospice inpatient facility, other than the main entrance floor shall be accessible by elevator. The cars of elevators shall have inside dimensions that shall accommodate a patient bed and attendants.

(d) All hospice inpatient facilities licensed for more than one hundred and twenty beds shall be connected to a public water supply and sanitary sewer systems.

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(e) Water temperatures shall meet the following requirements to ensure patient safety:

(1) In patient areas, hot water temperatures shall not be less than one hundred degrees Fahrenheit and shall not exceed one hundred ten degrees Fahrenheit;

(2) Thermostatic or pressure balanced mixing valves are required at each site or fixture used for immersion or showering of patients; and

(3) Thermometers or skin sensory methods shall be used to verify the appropriateness of the water temperature prior to each use.

(f) An emergency source of electricity shall be provided to protect the health and safety of patients in the event the normal electrical supply is interrupted. The source of the emergency electrical service shall be an emergency generator, which shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system.

(1) When fuel to the hospice inpatient facility is not piped from a utility distribution system, fuel shall be stored on site sufficient to provide seventy-two hours of continuous service.

(2) The emergency source shall have the capacity for:

(A) Delivering eighty percent of normal power;

(B) Lighting all means of egress;

(C) Equipment to maintain detection, alarm, and extinguishing systems;

(D) Life support systems; and

(E) Routine patient care.

(g) Patient areas shall be designed and equipped for the comfort and privacy of each patient and family that includes:

(1) Physical space for private patient and family visiting;

(2) Accommodations for family members, including children, if they wish to remain with the patient overnight;

(3) Family privacy after a patient's death; and

(4) A home like environment to the extent possible.

(h) Patient rooms shall have a maximum capacity of one patient per room and be located within one hundred and thirty feet of a nursing station.

(i) Patient bathing facilities shall include:

(1) One shower stall or bathtub for every fifteen beds not individually served;

(2) A toilet and sink directly accessible to the bathing area; and

(3) Bathing and shower rooms shall be of sufficient size to accommodate one patient and one attendant and shall not have curbs.

(j) Service area requirements shall include but not be limited to:

(1) Hand washing facilities conveniently located next to each nurses' station and drug distribution station;

(2) A janitor's closet that contains a floor receptacle or service sink, and locked storage space for housekeeping equipment and supplies;

(3) A family and patient common area with not less than two hundred twenty-five square

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feet for every thirty beds;

(4) A common dining area with fifteen square feet per patient to accommodate the total patient capacity of the facility that may be combined with the recreation area;

(5) A single recreation area of thirty-five square feet per patient and provisions for storage;

(6) A comfortable space for spiritual purposes, which shall be appropriately equipped and furnished;

(7) For those patients who do not have a private room, a separate room shall be made available for the viewing of a deceased patient's body until released to the responsible agent;

(8) A dietary service area of adequate size that includes, but is not limited to:

(A) A breakdown and receiving area, storage space for a three day food supply including cold storage;

(B) Food preparation facilities with a lavatory;

(C) Meal service facilities;

(D) Dishwashing space in a room or alcove separate from food preparation and serving areas with commercial-type dishwashing equipment and space for receiving, scraping, sorting, and stacking soiled tableware;

(E) Pot washing facilities;

(F) Storage areas for supplies and equipment;

(G) Waste storage facilities in a separate room easily accessible to the outside for direct pickup or disposal;

(H) An icemaker-dispenser unit;

(I) A janitor's closet that contains a floor receptacle or service sink; and

(J) Locked storage space for housekeeping equipment and supplies.

(k) An entrance at grade level, sheltered from the weather, and able to accommodate wheelchairs.

(l) Access to the hospice inpatient facility shall be physically and operationally distinct from other patient care facilities that share the facility space. Visitors shall be prohibited from passing through the hospice inpatient facility space to access another area of the building.

(m) There shall be a laundry service. The licensee may contract for these services. If laundry services are provided on site, they shall comply with the following requirements:

(1) A laundry processing room with commercial-type equipment;

(2) A soiled linen receiving, holding and sorting room with hand washing facilities;

(3) Storage for laundry supplies;

(4) Deep sink for soaking clothes;

(5) Clean linen storage, holding room and ironing area;

(6) Janitor's closet containing a floor receptacle or service sink, and locked storage space for housekeeping equipment and supplies;

(7) Off-site processing requires a soiled linen holding room with hand washing facilities, and a clean linen receiving, holding, inspection and storage room; and

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(8) Each hospice inpatient facility shall have a domestic type washer and dryer located in a separate room for patients' personal use.

(n) Provisions shall be made by the licensee to ensure the following are maintained at all times:

- (1) Adequate and comfortable lighting levels in all areas;
- (2) Limitation of sounds at comfortable levels;
- (3) Comfortable temperature levels for the patients in all parts of patient occupied areas with a centralized heating system to maintain not less than seventy degrees Fahrenheit during the coldest periods;
- (4) Adequate ventilation through windows or by mechanical means;
- (5) Corridors equipped with firmly secured handrails on each side; and
- (6) Heat relief to patients when the outdoor temperature exceeds eighty degrees Fahrenheit and air conditioning is not available.

(Effective July 31, 2012)

**Sec. 19a-495-7—19a-495-499. Reserved**

**Licensure of private freestanding mental health day treatment facilities,  
intermediate treatment facilities and psychiatric outpatient clinics for adults**

**Sec. 19a-495-22-1. Definitions**

As used in this section and sections 19a-495-22-2 to 19a-495-22-6, inclusive, of the Regulations of Connecticut State Agencies:

- (1) "Admission" means admission of a patient in accordance with patient admission criteria, as described in 42 CFR 8.12, for maintenance treatment using opioid agonist treatment medication to treat opioid use disorder;
- (2) "Advanced practice registered nurse" or "APRN" means an advanced practice registered nurse licensed pursuant to Chapter 378 of the Connecticut General Statutes;
- (3) "Authorized healthcare provider" means a physician licensed pursuant to Chapter 370 of the Connecticut General Statutes, a physician assistant licensed pursuant to Chapter 370 of the Connecticut General Statutes, or an advanced practice registered nurse licensed pursuant to Chapter 378 of the Connecticut General Statutes. Authorized healthcare providers are those who can prescribe or dispense narcotic drugs in DEA schedule II to V, inclusive, and maintain an active controlled substance registration pursuant to Chapter 420c of the Connecticut General Statutes;
- (4) "Commissioner" means the Commissioner of Public Health or the commissioner's designee;
- (5) "DMHAS" means the Department of Mental Health and Addiction Services;
- (6) "DMHAS accreditation" means approval to operate a mobile narcotic treatment program issued by DMHAS as the State Opioid Treatment Authority and in accordance with 42 CFR 8;
- (7) "Department" means the Department of Public Health;

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(8) “Drug Enforcement Administration” or “DEA” means the United States Drug Enforcement Administration including local DEA administration;

(9) “Mobile narcotic treatment program” means a mobile narcotic treatment program, as defined in 21 CFR 1300.01, that is operated by a multicare institution and maintains a controlled substance registration pursuant to Chapter 420c of the Connecticut General Statutes;

(10) “Mobile narcotic treatment vehicle” means a motor vehicle, as defined in 21 CFR 1300.01(b), as amended from time to time, that is used in the operation of a mobile narcotic treatment program and is considered a satellite unit of a multicare institution;

(11) “Multicare institution” has the same meaning as provided in Section 19a-490 of the Connecticut General Statutes;

(12) “Physician assistant” means a physician assistant licensed pursuant to Chapter 370 of the Connecticut General Statutes;

(13) “Registered nurse” means a registered nurse licensed pursuant to Chapter 378 of the Connecticut General Statutes; and

(14) “Satellite unit” has the same meaning as provided in Section 19a-490(n) of the Connecticut General Statutes.

(Effective August 1, 2024)

**Sec. 19a-495-22-2. Approval procedures**

(a) Pursuant to Section 19a-493(d) of the Connecticut General Statutes, a multicare institution may, under the terms of its existing license, provide medication or other treatments to individuals with opioid use disorder through a mobile narcotic treatment program outside of the multicare institution using a mobile narcotic treatment vehicle if approved by the commissioner. Each mobile narcotic treatment vehicle shall require a separate application and approval by the department.

(b) Issuance and renewal of approval to provide services from a mobile narcotic treatment program.

(1) Any multicare institution whose license is in good standing that intends to offer services through a mobile narcotic treatment program shall submit an application to the Department of Public Health for approval of the mobile narcotic treatment program.

(2) Application for approval shall be made to the Department of Public Health upon forms provided by the department.

(3) The application, specific to the mobile narcotic treatment program and vehicle, shall include the following:

(A) A description of proposed services which shall include the maximum number of individuals to be served and the duration of services;

(B) Insurance certificate or rider or both for workers compensation;

(C) Insurance certificate or rider or both for general liability;

(D) Directory and resume of all professional staff providing services through the mobile narcotic treatment program;



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(E) Affirmative evidence of ability to comply with reasonable standards and regulations prescribed under the provisions of Chapter 368v of the Connecticut General Statutes and all other applicable state and federal laws and regulations as it relates to the proposed mobile narcotic treatment program, including, but not limited to, patient confidentiality and the privacy and security of patient protected information;

(F) The type of mobile narcotic treatment vehicle;

(G) The proposed schedule of the location or locations where the mobile narcotic treatment vehicle will be serving, and the overnight parking location for the mobile narcotic treatment vehicle to be registered with the DEA; and

(H) Any other information required by the department.

(4) Following initial review and approval of complete application materials submitted pursuant to this section, the department shall schedule and conduct an on-site inspection at a time suitable to the proposed mobile narcotic treatment program and the department. Upon completion of a satisfactory inspection by the department, the department shall provide the inspection report to the multicare institution, and the multicare institution shall secure accreditation from DMHAS for the proposed mobile narcotic treatment program as follows:

(A) The multicare institution shall submit the department's inspection report to DMHAS and shall submit a copy of the application for DMHAS accreditation to the department. The multicare institution shall secure DMHAS accreditation in accordance with DMHAS procedures for the proposed mobile narcotic treatment program.

(B) The multicare institution shall submit documentation of DMHAS accreditation to the department. The department shall issue an approval determination for the mobile narcotic treatment program after receipt of documentation of DMHAS accreditation.

(5) Failure by the multicare institution to submit documentation of DMHAS accreditation to the department not later than forty-five days after the date the department receives a complete application for approval of the proposed mobile narcotic treatment program shall result in denial of the application.

(6) A mobile narcotic treatment program's approval may be renewed biennially at the time of the multicare institution's biennial renewal pursuant to Section 19a-493(a) of the Connecticut General Statutes.

(7) A copy of the multicare institution's license, listing the mobile narcotic treatment program, shall be posted in a conspicuous location accessible to the public in the mobile narcotic treatment program vehicle.

(8) The multicare institution shall notify the department in writing not less than thirty days prior to enacting any changes in services provided by the mobile narcotic treatment program, including, but not limited to, termination of mobile narcotic treatment program services. The multicare institution shall also notify each patient receiving services in writing not less than thirty days prior to enacting any changes in services provided by the mobile narcotic treatment program, including, but not limited to, termination of mobile narcotic treatment program services.

(9) The commissioner may, in the commissioner's discretion, deny, suspend, or revoke

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any approval for, or impose a civil penalty pursuant to Section 19a-494 of the General Statutes upon, a mobile narcotic treatment program for the following reasons:

(A) The multicare institution has been found by the authority with jurisdiction to be noncompliant with applicable federal, state, local or administrative laws;

(B) The program does not have DMHAS accreditation for the mobile narcotic treatment program;

(C) The failure of the mobile narcotic treatment program to comply with these regulations; or

(D) The submission of any false or misleading statements to the department in order to obtain an initial approval or renewal of the mobile narcotic treatment program's approval.

(Effective August 1, 2024)

**Sec. 19a-495-22-3. Mobile narcotic treatment program vehicles**

(a) The multicare institution shall register all mobile narcotic treatment program vehicles with the Department of Motor Vehicles pursuant to Chapter 246 of the Connecticut General Statutes. Such vehicles may not be a trailer, in accordance with 21 CFR 1300.01. The multicare institution shall present the vehicle registration to the department upon request.

(b) The multicare institution shall ensure all mobile narcotic treatment program vehicles comply with the following requirements:

(1) A safe is installed in the mobile narcotic treatment program vehicle to store narcotic drugs in DEA schedules II to V, inclusive, utilized for maintenance or detoxification treatment. The safe shall be secured to the floor or wall so that it cannot be moved in accordance with 21 CFR 1301.72;

(2) An alarm system is installed in the vehicle that will alert upon unauthorized entry in accordance with 21 CFR 1301.72;

(3) The area used for storage of any medications or treatment supplies is not accessible from the outside of the vehicle;

(4) The controlled substance area is only accessible to authorized healthcare providers;

(5) The vehicle has a bathroom facility;

(6) The vehicle has handwashing capacity;

(7) A refrigerator is installed in the vehicle;

(8) The vehicle has the capacity for adequate storage for both clean and utility purposes; and

(9) The vehicle has a door that physically separates the areas between narcotic drug dispensing and the patient waiting area. If the vehicle is not equipped with a door that physically separates the area, patients shall wait outside the vehicle.

(Effective August 1, 2024)

**Sec. 19a-495-22-4. Mobile narcotic treatment program and policies**

(a) A multicare institution that provides services with an approved mobile narcotic treatment program shall specify the scope of services offered, which may include, but need

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not be limited, to admission, counseling, induction, dispensing take-home treatment, outreach, and referrals.

(b) A multicare institution that provides services with an approved mobile narcotic treatment program shall implement and maintain written policies and protocols for each service offered.

(c) If the mobile narcotic treatment program opts to offer admission services, the mobile component shall be staffed with a physician, physician assistant, or APRN.

(d) If the multicare institution opts to offer counseling services from the mobile narcotic treatment program, the mobile narcotic treatment program shall ensure confidentiality in the provision of such services to patients in accordance with applicable state and federal laws and regulations.

(e) If the multicare institution opts to offer take-home narcotic treatments, the following requirements shall be met:

(1) The mobile narcotic treatment program shall adopt and implement a written policy on dispensing take-home treatment; and

(2) The mobile narcotic treatment program shall make lockboxes available as needed to patients initiating take-home treatment.

(f) The multicare institution shall issue and implement written contingency policies and protocols for the mobile narcotic treatment program, including, but not limited to, contingency policies and protocols concerning the following:

(1) Vehicle malfunction;

(2) Weather emergency;

(3) Medical emergency;

(4) Schedule changes; and

(5) Staff illness or absence.

(g) Contingency policies and protocols shall ensure the safety of staff and individuals and shall ensure all controlled substances are accounted for in accordance with 21 CFR 1301.72(e)(1).

(h) The mobile narcotic treatment program shall only dispense or administer medication in the form and manner as prescribed in Section 19a-495-570(m)(9) of the Regulations of Connecticut State Agencies, as applicable. The mobile narcotic treatment program shall have the ability to respond to any adverse medication reactions or overdose in accordance with standards of practice.

(i) All medication maintenance and disposal shall be conducted in compliance with Sections 19a-495-570(m)(9) and 21a-262-3 of the Regulations of Connecticut State Agencies, as applicable, and with 21 CFR 1317.

(j) All patient and controlled substance records for the mobile narcotic treatment program shall comply with the record requirements outlined in Section 19a-495-570 of the Regulations of Connecticut State Agencies and shall be stored and maintained at the licensed multicare institution in accordance with Section 19a-495-22-5 of the Regulations of Connecticut State Agencies and 21 CFR 1304.24.

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(k) The mobile narcotic treatment vehicle shall not transport patients for any purpose or cross state lines.

(Effective August 1, 2024)

**Sec. 19a-495-22-5. Record keeping**

(a) As an alternative to maintaining a paper dispensing and medication administration log, a mobile narcotic treatment program may use an automated and computerized data processing system for the storage and retrieval of the program's dispensing and administration records, if the following conditions are met:

- (1) The automated system maintains the information required in 21 CFR 1304.24(a);
- (2) The automated system has the capability of producing a hard copy printout of the program's dispensing records;
- (3) The mobile narcotic treatment program prints a hard copy of each day's dispensing and administration log, which is then initialed appropriately by each person who dispensed or administered medication to the program's patients;
- (4) The automated system is approved by DEA;
- (5) The multicare institution or its mobile narcotic treatment program maintains an off-site back-up of all computer-generated program information; and
- (6) The automated system is capable of producing accurate summary reports for both the registered site of the multicare institution and any mobile narcotic treatment program, for any timeframe selected by Department and DEA personnel during an investigation. If these summary reports are maintained in hard copy form, they shall be kept in a systematically organized file located at the registered site of the multicare institution.

(b) All records shall be maintained in accordance with Sections 19a-14-40 to 19a-14-44, inclusive, of the Regulations of Connecticut State Agencies.

(c) Authorized healthcare providers may obtain written consent signed by the patient to share records with a prescription drug monitoring program in accordance with 42 CFR 2 Subpart B. No records shall be shared with a prescription drug monitoring program without such consent.

(Effective August 1, 2024)

**Sec. 19a-495-22-6. Diversion**

(a) The multicare institution shall ensure authorized healthcare providers comply with the following requirements pursuant to 21 CFR 1301.72 for transferring, transporting or dispensing controlled substances as part of a mobile narcotic treatment program:

- (1) The authorized healthcare providers shall have control over all narcotic drugs in DEA schedules II to V, inclusive, when transferring them from the free-standing facility for the care or treatment of substance abusive or dependent persons to the mobile narcotic treatment vehicle, and when dispensing at the location;
- (2) Any narcotic drugs in DEA schedules II to V, inclusive, transferred to the mobile narcotic treatment vehicle shall be secured in the safe when not dispensing;

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(3) The mobile narcotic treatment vehicle shall return to the licensed multicare facility at the end of each day when the mobile narcotic treatment vehicle has finished providing services. The mobile narcotic treatment vehicle shall park at the existing registered location on file with the DEA and the Department. Authorized healthcare providers shall remove all narcotic drugs in DEA schedules II to V, inclusive, from the mobile narcotic treatment vehicle, secure such drugs in the facility and park the mobile narcotic treatment vehicle in a secure area; and

(4) Approved mobile narcotic treatment programs may apply to the DEA for a waiver of the daily return requirement for DEA approval. The mobile narcotic treatment program shall notify the department of any waiver approved by the DEA.

(b) Authorized healthcare providers shall not:

(1) Receive controlled substances from other mobile narcotic treatment vehicles or any other entity;

(2) Deliver controlled substances to other mobile narcotic treatment vehicles or any other entity; or

(3) Conduct reverse distribution of controlled substances on a mobile narcotic treatment vehicle.

(c) The Department of Consumer Protection shall be notified of any loss, theft, diversion, or robbery of controlled substances from the mobile narcotic treatment program.

(Effective August 1, 2024)

**Sec. 19a-495-550. Licensure of private freestanding mental health day treatment facilities, intermediate treatment facilities and psychiatric outpatient clinics for adults**

(a) **Definitions.**

(1) “Aftercare” means the continuing contact of the client with a facility which helps to maintain and increase his or her well-being after the completion or termination of participation in a residential treatment facility;

(2) “Applicant” means any individual, firm, partnership, corporation or association applying for a license or renewal of a license under these regulations;

(3) “Certificate of need” means approval of capital expenditures or functions or services from the Commission on Hospitals and Health Care in accordance with Sections 19a-154 to 19a-155, inclusive, of the Connecticut General Statutes;

(4) “Client” means an individual utilizing the services of and admitted to facility;

(5) “Commissioner” means the Commissioner of Health Services;

(6) “Department” means the Connecticut Department of Health Services;

(7) “Direct care staff” means those persons who are directly involved in the delivery of care or treatment;

(8) “Goals” means attainable ends towards which facility and client activities or services are directed and focused;

(9) “Governing body” means the individual or individuals with the ultimate authority

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and responsibility for the overall operation of a facility's program;

(10) "Intermediate treatment facility" means a facility which provides evaluative, diagnostic, and treatment services in a residential setting for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the Diagnostic and Statistical Manual of the American Psychiatric Association, as may be revised from time to time, which do not require a hospital level of treatment;

(11) "License" means the form of permission issued by the department that authorizes the applicant to operate a facility;

(12) "Licensee" means any individual, firm, partnership, corporation or association licensed to conduct a facility;

(13) "Licensed nurse" means registered nurse or practical nurse licensed in Connecticut;

(14) "Day treatment facility" means a facility which provides evaluation, diagnosis, and ambulatory treatment services for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the Diagnostic and Statistical Manual of the American Psychiatric Association as it may be revised from time to time and whose unit of service to each client is a minimum of four hours and a maximum of twelve hours;

(15) "Objectives" means specific, measurable and time limited statements designed to achieve overall goals in an incremental process;

(16) "Paraprofessional" means a person trained as a mental health aide to assist a professional;

(17) "Patient rights" means those personal, property, and civil rights to which all clients in any facility defined by these regulations are entitled to under the provisions of Sections 17-206a to 17-206k, inclusive, of the Connecticut General Statutes, as well as all present and revised Federal and State laws, statutes, codes or regulations concerning confidentiality of communication and records;

(18) "Physician" means an individual who has a license to practice medicine in Connecticut;

(19) "Psychiatric outpatient clinic" means a facility which provides evaluation, diagnosis, and ambulatory treatment, to individuals who have mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, as it may be revised from time to time;

(20) "Psychosocial rehabilitation services" means services which are designed for individuals in need of mental health services which enable individuals to live, learn, work in their own communities with maximum independence;

(21) "Therapeutic recreation" means individual and group activities designed to improve the physical and mental health and condition of each client;

(22) "Treatment services" means those services including, but not limited to, psychosocial rehabilitation and counseling, which are designed to arrest, reverse or ameliorate the client's



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mental, emotional or behavioral problems, disturbances, dysfunctions or disorders.

**(b) Licensure Procedure**

(1) Commission on Hospitals and Health Care. A facility shall not be constructed, expended or licensed to operate except upon application for, receipt of approval, and compliance with any limitations and conditions required by the Commission on Hospitals and Health Care pursuant to Connecticut General Statutes, Sections 19a-154 through 19a-155, when applicable.

(2) No person shall operate a facility without a license issued by the Department in accordance with Connecticut General Statutes, Section 19a-491.

**(3) Application for Licensure.**

(A) Application for the grant or renewal of a license to operate a facility shall be made in writing on forms provided by the Department; shall be signed by the person seeking the authority to operate the facility; shall be notarized, and shall include the following information:

- (i) Type of facility proposed to be licensed;
- (ii) Evidence of compliance with local zoning ordinances and local building codes upon initial application;
- (iii) Local fire marshal's annual certificate of compliance;
- (iv) Statement of ownership and operation;
- (v) Certificate of public liability insurance;
- (vi) Current organizational chart;
- (vii) Description of services provided;
- (viii) Names and titles of professional staff;
- (ix) Evidence of financial capacity, upon initial application.

(B) Application for license renewal shall be made in accordance with subdivision A above and not less than 30 days preceding the date of expiration of the facility's current license.

**(4) Issuance and Renewal of Licensure.**

(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 a facility for a period not to exceed one year.

(B) The license shall not be transferable to any other person, or facility or location.

(C) Each license shall list on its face, the location and licensed capacity of the facility, the name of the licensee, the doing business as name, the name of the executive director, the name of the director of the facility and the date of issuance and expiration.

(D) The license shall be posted in a conspicuous place in a room accessible to the public.

(E) The licensee shall immediately notify the Department of any change in executive director or director.

(F) The licensee shall notify the Department in writing of any proposed change of ownership, location or services at least ninety days prior to the effective date of such proposed changes.

**(5) Suspension, Revocation, Denial or Non-Renewal of License.**

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(A) A license may be suspended, revoked, denied or its renewal refused whenever in the judgment of the Department the facility:

- (i) Fails to comply with applicable regulations prescribed by the Commissioner;
- (ii) Fails to comply with applicable federal, state and local laws, ordinances, rules and regulations relating to building, health, fire protection, safety, sanitation and zoning;
- (iii) Furnishes or makes any false or misleading statements to the Department in order to obtain or retain the license.

(B) Refusal to grant the Department access to the facility or to the facility's records shall be grounds for suspension, revocation, denial or non-renewal of the facility's license.

(C) Surrender of license. The facility shall notify in writing each client concerned, the next of kin or legal representative, and any third party payors concerned at least 30 days prior to the voluntary surrender of a facility's license or surrender of license upon the Department's order of revocation, refusal to renew, or suspension of license. In such cases, the current license shall be surrendered, to the Department, within seven days of the termination of operation.

(c) **Multi-Services Facilities.** Each program of a multi-service facility shall conform to those requirements set forth in the Regulations of Connecticut State Agencies governing the applicable program services provided.

(d) **Governing Body and Management.**

(1) A governing body shall be responsible for a facility.

(2) The governing body shall provide written documentation of its source of authority through by-laws or charter.

(3) The governing body shall exercise general direction over the establishment of policies of the organization and may delegate formulation and enactment of procedures in compliance with all local, state, and federal laws. The responsibilities of the governing body shall include:

(A) Adoption and implementation of policies governing all administrative, record management, program evaluation, personnel, fiscal, rehabilitative, clinical, dietary and maintenance aspects of facility operations.

(B) Appointment of a qualified executive director, whose qualifications, authority, and duties are defined in writing.

(C) Provide a safe, equipped physical plant and maintain the facility and services in accordance with any applicable local, state, and federal laws and regulations.

(D) Establishment of an organizational chart which clearly defines lines of responsibility and authority relating to management and maintenance of the facility.

(E) Establishment of mechanisms and documentation of annual review of all facility policies and procedures.

(F) Meet as required but not less than semi-annually.

(G) Documentation of all current agreements with consultants, practitioners, agencies and providers required by the facility in the delivery of services.

(H) Adoption and review of an emergency preparedness plan.

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**(e) Director and Executive Director**

(1) Each facility shall have an Executive Director who is accountable to the governing body.

(2) Each facility shall employ a director responsible for the day-to-day management of the facility. From and after July 1, 1986 no person shall be employed as a director in a facility unless such person has a minimum of a master's degree in a related human service discipline and five years experience in the field of human service, except that any person employed as a director on June 30, 1986 shall be eligible to continue in the facility of employment without restriction.

**(f) Fiscal**

(1) Each facility shall have an individual with the designated responsibility for fiscal affairs.

(2) Each facility shall develop and implement written policies and procedures which govern the fiscal operation. Such policies shall include at least the following:

(A) An annual written budget which shall have documentation of review and approval by the governing body. Revisions in the budget during the fiscal year shall be reviewed and approved by the governing body.

(B) Identification of revenues by source and expenditures for component or services.

(C) Identification of the fiscal year.

(D) Documentation of an annual audit by an independent certified public accountant.

(E) Clients' Funds, Monies and Valuable. Intermediate Treatment Facilities:

(i) Whenever a facility receives or disburses client funds or valuables, the facility shall have a written policy and procedure governing this activity and shall document these transactions. Such documentation shall include:

(aa) Source, date and amount of funds or itemized valuables received by the facility for or from each client.

(bb) Receipts, signed and dated by the facility, given to the client verifying receipt of these monies or valuables.

(cc) Amount of the above funds applied toward the services provided to the client by the facility and the amount made available to the client for his or her personal use.

(dd) Receipts, signed and dated by the client verifying monies received for personal use or the identifying of valuables returned to the client.

(ee) For purchases made by the facility on behalf of clients, the client shall sign a receipt which identifies the item, the date of receipt of such item, the amount of such purchase and an acknowledgement of having received the sales slip.

(ff) The facility shall document quarterly in writing to the client by date and amount, monies being held for the client by the facility.

**(g) Personnel Practices**

(1) Each facility shall have written policies and procedures governing the recruitment, selection, promotion and termination of program staff as well as policies and procedure relating to:

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- (A) Wage and salary administration;
- (B) Employee benefits;
- (C) Organization chart;
- (D) Employee work rules;
- (E) Disciplinary action including suspension or dismissal of staff;
- (F) Annual job performance evaluation;
- (G) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease.

(2) Personnel policies shall ensure a provision that the facility shall not discriminate because of race, color, religious creed, age, sex, marital status, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability, including, but not limited to, blindness in its hiring, termination, or promotion practices.

(3) Personnel files shall be maintained identifying all personnel, including consultants, and shall be stored in a manner to protect the confidentiality of the employee in accordance with all state or federal laws governing the same. Each file shall contain:

- (A) An application as completed by employee;
- (B) A resume, if applicable;
- (C) Licensed staff credential verification;
- (D) Past employment reference checks;
- (E) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease;
- (F) Job performance evaluations;
- (G) Documentation of orientation.

(4) There shall be a written job description for each staff position within the facility which includes:

- (A) Definition of duties to be performed;
- (B) Supervision received;
- (C) Minimum qualifications;
- (D) Effective revision date.

(5) The facility shall have written policies and procedures governing the utilization of volunteers and which shall include:

- (A) Screening of applicants;
- (B) Training;
- (C) Supervision exercised;
- (D) Responsibilities;
- (E) Limitations as to duties;
- (F) Termination of services;
- (G) A provision that volunteers shall not be utilized in lieu of required staff.

(6) Staff Development and Orientation.

(A) Employees shall have made available to them all policies and procedures necessary for them to perform the duties specified in their job descriptions and provide for the safety

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of the clients. Changes in these policies and procedures shall be communicated in a manner prescribed by the Executive Director.

(B) Each facility shall establish a plan to provide initial orientation and ongoing training for staff which clearly describes the type of training necessary to maintain current skills and provide for growth in skill and which relates to the objectives of the services offered.

(C) Each facility shall document staff attendance at inservice or workshops, seminars, etc., with the date, topic discussed, and the person conducting the session.

(h) **Environment.**

(1) Physical Plant.

(A) The standards established by the following sources for the construction, renovation, alteration, maintenance and licensure of all facilities, as they are amended from time to time, are hereby incorporated and made a part hereof by reference:

- (i) State of Connecticut Basic Building Code.
- (ii) State of Connecticut Fire Safety Code.
- (iii) State of Connecticut Public Health Code.
- (iv) Local Codes and Ordinances.

(B) Waiver.

(i) The Commissioner or his or her designee, in accordance with the general purposes and intent of these regulations, may waive provisions of subparagraphs (D), (F), (G) and (H) of subdivision (1) of subsection (h) if the Commissioner determines that such waiver would not endanger the life, safety or health of any client. The Commissioner shall have the power to impose conditions which assure the health, safety and welfare of clients upon the grant of such waiver, or to revoke such waiver upon a finding that the health, safety or welfare of any client has been jeopardized.

(ii) Any facility requesting a waiver shall apply in writing to the Department. Such application shall include:

- (aa) The specific regulations for which the waiver is requested;
  - (bb) 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;
  - (cc) The specific relief requested; and,
  - (dd) Any documentation which supports the application for waiver.
- (iii) In consideration of any application for waiver, the Commissioner or his or her designee may consider the following:
- (aa) The level of care provided;
  - (bb) The maximum client capacity;
  - (cc) The impact of a waiver on care provided;
  - (dd) Alternative policies and procedures proposed.

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

(v) 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

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regulations.

(C) Any facility initially licensed after the effective date of these regulations shall conform to the construction requirements described herein. Any facility licensed prior to the effective date of these regulations shall comply with construction requirements in effect at the time of licensure, provided, however, that if the Department shall determine that a pre-existing non-conformity creates serious risk of harm to the clients in the facility, the Department may order such facility to comply with the pertinent portion of subdivision (1) of subsection (h) of these regulations. Failure of the facility to comply with a Department order under this subparagraph shall be grounds for action against the license.

(D) General

(i) The facility shall be structurally sound and equipped in a safe and sanitary manner to prevent or minimize all health and fire hazards.

(ii) The building equipment and services shall be maintained in a good state of repair. A maintenance program shall be established to insure that the interior, exterior and grounds of the building are maintained, clean, and free from accumulations of refuse, dilapidated structures, or other health hazards.

(iii) Residential facilities shall provide for an individualized social and physical environment, including opportunities for privacy, in clearly defined living, sleeping and personal care spaces, and shall be sufficient in size to accommodate comfortably the approved number of clients and staff.

(E) New Facilities, Expansions and Conversions. Notification of new construction, expansions and conversions indicating the proposed use shall be submitted to the Department sixty days prior to the initiation of construction.

(F) Basic Requirements.

(i) Site locations shall be accessible to the community, to emergency service vehicles, and where possible to public transportation.

(ii) Established walkways shall be provided for each exit from the building leading to a driveway or street.

(iii) Administration and Public Areas. The following shall be provided based on program needs:

(aa) A lobby with a reception counter or desk, or a waiting area.

(bb) Access to public toilet facilities and telephones.

(cc) Storage space for office equipment, supplies and records.

(G) Special Requirements. Psychiatric Outpatient Clinics and Day Treatment Facilities. Each facility shall have private office space to conduct direct client services.

(H) Special Requirements. Intermediate Treatment Facilities.

(i) Each facility shall have a private office in which to conduct client interviews.

(ii) Client bedrooms shall meet the following requirements:

(aa) There shall be no more than 3 beds per bedroom;

(bb) Net minimum room floor area shall not be less than 80 square feet in single bedrooms and 70 square feet per bed in multi-bed rooms. A variance of this requirement up to 10% of



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the total square footage will be permitted if it can be demonstrated that the room configuration results in comfortable accommodation;

(cc) Provide a minimum of three (3) feet space between beds in multi-bed rooms;

(dd) Bunk beds shall not be used;

(ee) All client bedrooms shall open to a common corridor or common room which leads to an exit;

(ff) No client bedroom shall be located in an attic or basement;

(gg) Each client bedroom shall be an outside room with not less than 10% of its total area, devoted to windows;

(hh) Windows shall be equipped with insect screening;

(ii) No room, which opens into the kitchen or necessitates passing through the kitchen to reach any other part of the facility, shall be used as a bedroom; except when occupancy is 15 or less beds;

(jj) Separate rooms shall be provided for men and women;

(kk) The room furnishings for each client shall include: a single bed with a clean, unstained and washable mattress with a mattress pad, an available reading light, one dresser with three drawers, one closet or wardrobe to hang clothing, one chair and one mirror per room.

(iii) Toilet and Bathing Facilities.

(aa) One toilet room shall be directly accessible for each six persons without going through another bedroom; in addition to a toilet, each room shall be equipped with a sink, mirror, toilet tissue, soap, single use disposable paper towels and receptacle.

(bb) A minimum of one toilet, one handwashing sink and one bathtub or shower shall be provided on each residential floor.

(cc) One shower or bathtub shall be provided for each eight clients or fraction thereof in an individual room or enclosure which provides space for the private use of the bathing fixture and for drying and dressing.

(dd) All toilet and bathing facilities shall be well lighted, and ventilated to the outside atmosphere, either by means of a window that can be opened, or by exhaust fans.

(iv) Service Areas. Each facility shall provide adequate areas for living, dining and individual or general program functions.

(aa) A space for group therapy activities shall be provided.

(bb) Multi-purpose rooms shall be provided for general meetings, educational and other social purposes. The total area set aside for these purposes shall not be less than 25 square feet times total licensed capacity.

(cc) Dining area sufficient to accommodate all clients in one sitting shall be provided.

(v) Laundry Service.

(aa) If clients are responsible for their own laundry, residential type laundry facilities shall be provided or made accessible in the community.

(bb) Linen and towels sufficient for two times the capacity of the facilities are to be provided.

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(cc) Each facility shall supply bedding for each client which consists of at least one blanket, one bedspread, one pillow, one pillow cover, one pillow case, one bottom sheet, one top sheet and one mattress pad. Bedding shall be appropriate to weather and climate.

(dd) If linen is to be processed on the site, space for soiled linen sorting, adequate laundry equipment including washer and dryer, and clean linen storage space shall be provided.

(ee) If linen is processed outside of the facility, a soiled linen holding room and a clean linen storage room or area shall be provided.

(vi) Environmental Details.

(aa) All areas used by clients shall have temperatures of not less than 68° F.

(bb) The hot water heating equipment shall have sufficient capacity to supply hot water at the temperature of 110–120° F and at amounts required at all times.

(cc) Only central or permanently installed heating systems shall be used.

(dd) All doors to client bathrooms, toilet rooms, and bedrooms shall be equipped with hardware which will permit access in an emergency.

(ee) Walls, ceilings and floors shall be maintained in a good state of repair and be washable or easily cleanable.

(ff) Hot water or steam pipes located in areas accessible to clients shall have adequate protective insulation.

(gg) Each building shall be provided with a telephone that is accessible for emergency purposes. The facility shall have a public telephone for client use.

(hh) Provisions shall be made to assure an individual's privacy in the bathroom areas.

(ii) All spaces occupied by people, equipment within buildings, approaches to buildings, and parking lots shall have lighting.

(jj) All rooms shall have general lighting and all bedrooms, toilet rooms and offices shall have at least one light fixture switch at the entrance to each room.

(kk) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall not reduce the corridor width below the width of three feet.

(ll) All doors to client bedrooms and means of egress shall be of a swing type.

(mm) The minimum width of all doors to rooms accessible to clients shall be 2' 4"; except that bathroom doors shall be not less than 2'.

(nn) Effective measures shall be taken to protect against the entrance into the facility or breeding on the premises of vermin. During the season when flies are prevalent, all openings into outer air shall be effectively screened and doors shall be provided to prevent the entrance of flies.

(2) Emergency and Disaster Procedures.

(A) Each facility shall establish written policies and procedures governing appropriate intervention in the event of an emergency or disaster. Such procedures shall require:

(i) Orientation of all staff, and volunteers, in the use of fire extinguishers. Such orientation shall be documented.

(ii) Orientation of all staff, including volunteers, and clients to the written evacuation plan and the diagram of the facility exit routes.

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(iii) There shall be documentation of staff orientation to emergency and disaster procedures.

(iv) Fire plans and procedures shall be posted in conspicuous areas throughout the facility.

(v) Emergency and disaster drills shall be conducted on a monthly basis for all residential facilities and on a quarterly basis for all non-residential treatment facilities. Resident facilities shall conduct such drills at various times to provide for three drills per shift in a year.

(vi) Each facility shall have a plan for assigning staff specific duties in the event of disaster or emergency.

(vii) Each facility shall develop and implement a written plan for the checking of first aid supplies on a monthly basis. The plan shall specify the supplies to be stocked, the required amounts of each supply and position title of any staff person responsible for the audit. The facility shall document when first aid supplies are checked.

(B) Special Requirements. Intermediate Treatment Facilities.

(i) Each facility shall have written plans for a provision of temporary physical facilities, to include shelter and food services for their clients, in the event the facility becomes uninhabitable due to disaster or emergency.

(ii) Special Requirements. Psychiatric Outpatient Clinics or Day Treatment Facilities. Each non-residential facility shall have written plan to provide appropriate services for their clients in the event the facility becomes unusable due to disaster or emergency.

(3) Dietary Facilities.

(A) Each intermediate treatment facility shall provide an organized dietary service. It shall include space and equipment for storage, preparation, assembling and serving food, cleaning dishes and disposal of garbage. The following shall apply:

(i) Kitchens shall be separate from other areas and large enough to allow for adequate equipment to prepare and keep food properly.

(ii) All equipment and appliances shall be installed to permit thorough cleaning of the equipment, the floor and the walls around them. The floor surface shall be of non-absorbent material.

(iii) A dishwashing machine shall be provided in any facility with ten or more beds. Commercial dishwashing machines shall be provided in any facility with twenty-five or more beds and shall be separated from the food preparation areas.

(iv) A handwashing sink with a soap dispenser shall be provided. Single service towels and a covered waste receptacle shall be provided in the kitchen area for the exclusive use of the kitchen personnel.

(v) Dry storage space, for at least a three-day supply of food.

(vi) Functional refrigerators and freezers shall be provided for the storage of food to meet the needs of the clients.

(vii) Trash shall be kept in covered receptacles outside the facility.

(viii) A ventilation system shall be provided in the kitchen area.

(4) Pharmaceutical Facilities. Each facility which dispenses medications shall provide:

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locked storage space; handwashing sink, a non-portable steel narcotics locker; soap and paper towel dispenser; and equipment for preparing and dispensing of medications.

**(i) Food Services. Intermediate Treatment Facility.**

(1) Each facility that provides residential services, shall have a written plan for the provision of food services.

(2) Each facility shall have a dietitian who shall provide consultation on a semiannual basis. Records of such consultation shall be maintained by the facility.

(3) Each facility shall have written menus for the minimum of a one week period in advance which includes breakfast, lunch and dinner. Substitutions in planned menus shall be recorded on the menu in advance whenever possible. Menus and substitutions shall be kept on file for at least a thirty day period.

(4) Menu selection and food preparation shall take into consideration the clients' cultural background, personal preferences, food habits and dietary needs.

(5) A minimum of three days supply of staple foods shall be maintained at all times.

**(j) Accident or Incident Reports.**

(1) Classification. All accident or incident reports to the department shall employ the following classifications of such events:

Class A: One which has resulted or had the potential to result in serious injury to death.

Class B: One which has interrupted or has the potential to interrupt the services provided by the facility.

Class C: One which results in legal action against the facility.

(2) Report. The Executive Director shall report any accident or incident to the Department as follows:

Class A & B: Immediately by telephone to the department, to be confirmed by written report as provided herein within seventy-two hours of said events.

Class C: Written report to the department as provided herein within seventy-two hours of the initiation of legal action.

(3) Each written report shall contain the following information:

(A) Date of report and date of event.

(B) Facility classification.

(C) Identification of the individuals affected by the event, including, where available: client identification and age, name of employee, visitor, or other, nature of incident, action taken by the facility and disposition.

(D) If an affected individual is or was at the time of the reported event a client of the facility:

(i) Date of admission;

(ii) Current diagnosis;

(iii) Physical and mental status prior to the event; and

(iv) Physical and mental status after the event.

(E) The location, nature and brief description of the event.

(F) The name of the physician consulted, if any, and time of notification of the physician

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and a report summarizing any subsequent physical examination, including findings and orders.

(G) The name of any witnesses to the event.

(H) Any other information deemed relevant by the reporting authority.

(I) The signature of the person who prepared the report and the Executive Director.

(4) Numbering. Each report shall be identified on each page with a number as follows: the number appearing on the facility license; the last two digits of the calendar year; the sequential number of the report during the calendar year.

(5) The Executive Director shall submit subsequent reports relevant to any accident or incident.

**(k) Service Operations**

(1) Program Evaluation.

(A) Each facility shall have established goals and objectives appropriate to the population served and program model.

(B) Each facility shall establish a program evaluation process, which will determine the degree to which these goals and objectives are being met. Documentation of corrective action shall be based on this evaluative process.

(2) Client Records.

(A) An organized written record for each client shall be maintained which contains current information sufficient for identification and assessment for the provision of appropriate care, treatment and other applicable services.

(B) Each client record shall contain the following:

(i) Documentation of advisement of client rights;

(ii) Social or family background;

(iii) Next of kin or other designated individual to be notified in the event of an emergency;

(iv) Physical examination inclusive of medical history when indicated;

(v) Substance abuse history, if applicable;

(vi) Educational background;

(vii) Employment history;

(viii) Referral source summary to include reason for referral and medications at time of referral;

(ix) Legal history;

(x) Releases and notations of release of information.

(C) Each client record shall contain an individualized care plan which must include:

(i) Specific objectives which are related to stated goals;

(ii) Name of assigned staff person to develop and monitor the individualized care plan;

(iii) Description of the type and frequency of services to be provided;

(iv) Provision for periodic review by designated staff member;

(v) Description of supportive services determined to be needed;

(vi) Signatures of the counselor or other staff person formulating the individualized care plan.

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(D) Each individual client record shall contain progress notes which document services provided to the client and progress made towards goals and objectives in accordance with the individualized care plan. Each note shall be entered in ink by a direct care staff member or consultant and shall be dated, legible, signed by the person making the entry and his or her position title.

(E) Each individual client record shall contain a current list of all medications and instructions for administration.

(F) Each client record shall contain documentation of the periodic individualized care plan review. Such documentation shall include the date of the review, person conducting the review and any changes in the individualized care plan as the result of the review.

(G) Each client records shall contain a discharge summary which has been written within fifteen days of the individual client's discharge date. This summary shall:

- (i) Indicate the client's progress towards the established individualized care plan goals;
- (ii) Address original reason for referral;
- (iii) Describe the type, frequency and duration of treatment or services;
- (iv) Specify reasons for discharge; and
- (v) Identify expectations for future functioning.

(H) Client records shall be stored in a secure manner and shall be accessible only to authorized persons. Originals or copies of these records shall be retained for at least seven years following discharge. The method of destruction of any such records shall be either incineration or shredding.

(I) Each client record shall have documentation, at the time of admission, or an initial assessment which identifies the client's appropriateness for participation in the facility.

(J) Each client record shall contain a comprehensive written assessment which shall be written within 15 days of admission and include identification of individual needs of the client as well as the approaches to meet each identified need, i.e., psychiatric, psychological, recreational, creative arts, dietary, nursing and social work as applicable.

(K) A comprehensive individualized care plan based on the above assessment shall be developed and reviewed as follows:

- (i) Day and Intermediate Treatment Facilities.
  - (aa) Developed no later than thirty calendar days after admission.
  - (bb) Reviewed at least every sixty calendar days.
- (ii) Psychiatric Outpatient Clinics.
  - (aa) Developed no later than thirty calendar days after admission.
  - (bb) Reviewed at least every ninety calendar days.
- (3) Admissions, Discharge, or Referrals.

Each facility shall have written policies and procedures governing admissions, discharges, and referrals. Such policies shall include:

- (A) Identification of the target population and the length of stay;
- (B) Criteria for assessing the clients for appropriateness for the facility;
- (C) Criteria for admission and readmission;



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- (D) The admission process;
- (E) Criteria for voluntary and involuntary discharge;
- (F) Discharge summaries;
- (G) Referrals.

(4) Other Agency Agreements. Each facility shall maintain a written agreement with a hospital for emergency and inpatient treatment.

(5) Staffing.

(A) Each facility shall have a sufficient number of staff qualified by virtue of education and training to meet the needs of the clients and the programs or services the facility proposes to deliver.

(B) The services of a consultant may be utilized, in the area of treatment, to meet the needs of the facility or client.

(i) Each consultant to a facility shall have a minimum of a masters degree or license or registration in the field, or in a related area, to which he or she is providing consultation.

(ii) Each consultant's hours and duties shall be documented.

(C) Each facility shall designate a psychiatrist to be responsible for diagnostic and treatment services, whose hours and duties shall be documented. Such psychiatrist shall be a currently licensed physician in the State of Connecticut who is certified or is eligible for certification by the American Board of Psychiatry.

(D) Each psychiatric outpatient clinic and day treatment facility which administers medication shall have a licensed nurse on duty to administer such medications.

(E) Intermediate treatment facilities during sleeping hours shall have at least one direct care staff person on duty and awake for each thirty clients or fraction thereof.

(F) Intermediate treatment facilities during non-sleeping hours shall at no time have less than one direct care staff person on duty for each ten clients or fraction thereof.

(G) At no time shall there be less than two direct care staff on duty in any intermediate treatment facility.

(H) Each intermediate treatment facility shall have a qualified person designated responsible for a program of recreation or creative arts activities.

(I) Each intermediate treatment facility shall have a licensed nurse on duty and awake at all times.

(6) Medication Control.

(A) Each facility shall have policies and procedures governing medications as they relate to the services provided. Such policies and procedures shall include:

- (i) Identification of the system to be utilized;
- (ii) Method of obtaining prescription medications;
- (iii) Storage of medications;
- (iv) Establishment of reasonable controls and monitoring methods necessary to assure the safety of all clients;
- (v) Method of destruction and documentation of controlled and uncontrolled substances;
- (vi) Disposal of unused medication; and

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(vii) A provision for staff education related to medication. This shall be conducted on a semi-annual basis.

(B) Facilities which administer drugs obtained pursuant to the prescriptions of physicians in a therapeutic program shall provide medical, pharmaceutical and nursing services which are consistent with the needs of the clients, the stated purposes of the facility, and State, Federal laws.

(Effective June 25, 1990)

**Licensure of Private Freestanding Mental Health Residential Living Centers**

**Sec. 19a-495-551. Licensure of private freestanding mental health residential living centers**

**(a) Definitions**

(1) “Applicant” means any individual, firm, partnership, corporation or association applying for a license or renewal of a license under these regulations;

(2) “Commissioner” means the Commissioner of Health Services;

(3) “Department” means the Connecticut Department of Health Services;

(4) “Director” means the individual designated by the executive director as directly responsible for the management of the residence;

(5) “Executive director” means the Chief Executive Officer of an agency or facility;

(6) “Goals” means attainable ends towards which residence or resident activities or services are directed and focused;

(7) “Governing body” means the individual or individuals with the ultimate authority and responsibility for the overall operation of a residence’s program;

(8) “License” means the form of permission issued by the department that authorizes the applicant to operate a residence;

(9) “Licensee” means any individual, firm, partnership, corporation or association licensed to conduct a residence;

(10) “Objectives” means statements designed to achieve measurable and time limited statements of overall goals in an incremental process;

(11) “Physician” means an individual who has a license to practice medicine in Connecticut;

(12) “Psychosocial rehabilitation services” means services which are designed for individuals in need of mental health services which enable individuals to live, learn, and/or work in their own communities with maximum independence;

(13) “Resident” means an individual requiring the services of and admitted to a residential living center.

(14) “Residential Living Center” or “residence” means a facility which provides a supervised, structured and supportive group living arrangement which includes psychosocial rehabilitation services and may also provide assistance in obtaining necessary community services to persons in need of mental health service;

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**(b) Licensure Procedure**

(1) No person shall operate a residence without a license issued by the Department in accordance with Connecticut General Statutes, Section 19a-491.

(2) Application for Licensure

(A) Application for the grant or renewal of a license to operate a residence shall be made in writing on forms provided by the Department; shall be signed by the person seeking the authority to operate the residence; shall be notarized, and shall include the following information:

(i) Evidence of compliance with local zoning ordinances and local building codes upon initial application and when applicable;

(ii) Local fire marshal's annual certificate of compliance;

(iii) Statement of ownership and operation;

(iv) Certificate of public liability insurance;

(v) Current organizational chart;

(vi) Description of services provided;

(vii) Names and titles of professional staff;

(viii) Evidence of financial capacity upon initial application.

(B) Application for license renewal shall be made in accordance with subdivision (A) above not less than 30 days preceding the date of expiration of the residence's current license.

(3) Issuance and Renewal of Licensure

(A) Upon determination by the Department that a residence is in compliance with the statutes and regulations pertaining to its licensure, the Department shall issue a license or renewal of license to operate a residence for a period not to exceed one year.

(B) The license shall not be transferable to any other person, residence or location.

(C) Each license shall list on its face, the location and licensed capacity of the residence, the name of the licensee, the doing business as name, the name of the executive director, the name of the director of the residence and the date of issuance and expiration.

(D) The license shall be posted in a conspicuous place in a room accessible to the public.

(E) The licensure shall immediately notify the Department of any change in executive director or director.

(F) The licensee shall notify the Department in writing of any proposed change of ownership, location or services at least ninety days prior to the effective date of such proposed change.

(4) Suspension, Revocation, Denial or Non-Renewal of License

(A) A license may be suspended, revoked, denied or its renewal refused whenever in the judgment of the Department the residence:

(i) Fails to comply with applicable regulations prescribed by the Commissioner;

(ii) Fails to comply with applicable federal, state and local laws, ordinances, rules and regulations relating to building, health, fire protection, safety, sanitation and zoning;

(iii) Furnishes or makes any false or misleading statements to the Department in order to

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obtain or retain the license.

(B) Refusal to grant the Department access to the residence or to the residence's records shall be grounds for suspension, revocation, denial or non-renewal of the residence's license.

(C) Surrender of license. The residence shall in writing notify each resident concerned, the next of kin or legal representative, and any third party payors concerned at least 30 days prior to the voluntary surrender of a residence's license or surrender of license upon the Department's order or revocation, refusal to renew or suspension of license. In such cases, the license shall be surrendered to the Department within the seven days of the termination of operation.

(c) **Multi-Services Residences.** Each program of a multi-service residence shall conform to those requirements set forth in the Regulations of Connecticut State Agencies governing the applicable program services provided.

(d) **Governing Body and Management**

(1) Every residence shall be responsible to a governing body.

(2) The governing body shall provide written documentation of its source of authority through by-laws or charter.

(3) The governing body shall exercise general direction over the establishment of policies of the organization and may delegate formulation and enactment of procedures in compliance with all local, state, and federal laws. The responsibility of the governing body shall include:

(A) Adoption and implementation of policies governing all administrative, record management, program evaluation, personnel, fiscal, rehabilitative, dietary and maintenance aspects of residence operations.

(B) Appointment of a qualified Executive Director whose qualifications, authority, and duties are defined in writing.

(C) Provide a safe, equipped physical plant and maintain the residence and services in accordance with any applicable local, state and federal laws and regulations.

(D) Establishment of an organizational chart which clearly defines lines of responsibility and authority relating to management and maintenance of the residence.

(E) Establishment of mechanisms and documentation of annual review of all residence policies and procedures.

(F) Meet as required but not less than semi-annually.

(G) Documentation of all current agreements with consultants, practitioners, agencies and providers required by the residence in the delivery of services.

(H) Adoption and review of an emergency preparedness plan.

(e) **Director and Executive Director**

(1) Each residence shall have an executive director who is the chief executive officer and shall be accountable to the governing body.

(2) Each residence shall employ a director responsible for the day to day management of the residence. From and after July 1, 1986 no person shall be employed as a director in a residence unless such person has a minimum of a baccalaureate degree in a related human

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service discipline plus three years experience in the field of mental health or three years experience in an administrative or supervisory capacity in the field of human services, except that any person employed as a director on June 30, 1986 shall be eligible to continue in the facility of employment without restriction.

**(f) Fiscal**

(1) The governing body of each residence shall have or delegate an individual responsibility for fiscal affairs.

(2) Each residence shall develop and implement written policies and procedures which governs the fiscal operation, such policies shall include at least the following:

(A) An annual written budget which shall have documentation of review and approval by the governing body. Revisions in the budget during the fiscal year shall be reviewed and approved by the fiscal officer designated by the governing body.

(B) Identification of revenues by source and expenditures of component/services.

(C) Identification of the fiscal year from the beginning to ending date.

(D) Documentation of an annual audit by an independent certified public accountant.

(E) Resident's Funds, Monies and Valuables.

(i) Whenever a residence receives or disburses resident funds or valuables, the residence shall have and implement a written policy and procedure governing this activity and shall document these transactions. Such documentation shall include:

(aa) Source, date and amount of funds or itemized valuables received by the residence for or from each resident.

(bb) Receipts, signed and dated by the residence, given to the resident verifying receipt of the monies or valuables.

(cc) Amount of the above funds applied toward the services provided to the resident by the residence and the amount made available to the resident for his/her personal use.

(dd) Receipts, signed and dated by the resident verifying monies received for personal use or the identifying of valuables returned to the resident.

(ee) For purchases made by the residence on behalf of residents, the resident shall sign a receipt which identifies the item, the date of receipt of such item, the amount of such purchase and an acknowledgement of having received the sales slip.

(ff) The residence shall document quarterly in writing to the resident by date and amount, monies being held for the resident by the residence.

**(g) Personnel Practices**

(1) Each residence shall have written policies and procedures governing the recruitment, selection, promotion and termination of program staff as well as policies and procedures relating to:

(A) Wage and salary administration;

(B) Employee benefits;

(C) Table of organization;

(D) Employee work rules;

(E) Disciplinary action including supervision or dismissal of staff;

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(F) Annual job performance evaluation;

(G) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease.

(2) Personnel policies shall ensure a provision that the residence shall not discriminate because of race, color, religious creed, age, sex, marital status, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability, including, but not limited to, blindness in its hiring, termination, or promotion practices.

(3) Personnel files shall be maintained identifying all personnel, including consultants, and shall be stored in a manner to protect the confidentiality of the employee in accordance with all state and federal laws governing the same. Each file shall contain:

(A) An application as completed by employee;

(B) A resume, if applicable;

(C) Licensed staff credential verification;

(D) Past employment or experience verification;

(E) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease;

(F) Job performance evaluations;

(G) Documentation of orientation.

(4) There shall be a written job description for each staff position within the residence and which includes:

(A) Definition of duties to be performed;

(B) Supervision received;

(C) Minimum qualifications;

(D) Effective or revision date.

(5) Any residence which utilizes volunteers shall have written policies and procedures governing their utilization and which shall include:

(A) Screening of applicants;

(B) Training;

(C) Supervision exercised;

(D) Responsibilities;

(E) Limitations as to duties;

(F) Termination of services;

(G) A provision that volunteers shall not be utilized in lieu of required staff.

(6) Staff Development and Orientation

(A) Employees shall have made available to them all policies and procedures necessary for them to perform the duties specified in their job descriptions and provide for the safety of the residents. Changes in these policies and procedures shall be communicated in a manner prescribed by the Executive Director.

(B) Each residence shall establish a plan providing initial orientation and ongoing training to staff which clearly describes the type and extent of training necessary to maintain current skills, provides for growth in skill and which relate to the objectives of the services offered.



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(C) Each residence shall document staff attendance at inservice or workshops, seminars, etc., with the date, topic discussed, and any presenting person.

**(h) Environment**

**(1) Physical Plant**

(A) The standards established by the following sources for the construction, renovation, alteration, maintenance and licensure of all residences, as they are amended from time to time, are hereby incorporated and made a part hereof by reference:

- (i) State of Connecticut Basic Building Code.
- (ii) State of Connecticut Fire Safety Code.
- (iii) State of Connecticut Public Health Code.
- (iv) Local Codes and Ordinances.

(B) Any residence initially licensed after the effective date of these regulations shall conform to the construction requirements described herein. Any residence that was 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 department determines that a pre-existing non-conformity with subdivision (1) of subsection (h) of these regulations creates serious risk or harm to residents in the residence, the commissioner may order such residence to comply with the pertinent portion of subdivision (1) this subsection of (h). Failure to comply with the commissioner's order will be grounds for suspension, revocation or non-renewal of the license.

**(C) Waiver.**

(i) The Commissioner, in accordance with the general purposes and intent of these regulations, may waive provisions of subparagraphs (D) and (F) of subdivision (1) of subsection (h) if the Commissioner determines that such waiver would not endanger the life, safety or health of any resident. The Commissioner shall have the power to impose conditions which assure the health, safety and welfare of residents upon the grant of such waiver, or to revoke such waiver upon a finding that the health, safety or welfare of any resident has been jeopardized.

(ii) Any residence requesting a waiver shall apply in writing to the Department. Such application shall include:

- (aa) The specific regulations for which the waiver is requested;
  - (bb) Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the residence upon enforcement of the regulations;
  - (cc) The specific relief requested; and
  - (dd) Any documentation which supports the application for waiver.
- (iii) In consideration of any application for waiver, the Commissioner or his or her designee may consider the following:
- (aa) The level of care provided;
  - (bb) The maximum resident capacity;
  - (cc) The impact of a waiver on care provided;
  - (dd) Alternative policies or procedures proposed.

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

(v) 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.

(D) General

(i) The residence shall be structurally sound and equipped in a safe and sanitary manner to prevent or minimize all health and fire hazards.

(ii) Any building, equipment and services shall be maintained in a good state of repair. A maintenance program shall be established to insure that the interior, exterior and grounds of the building are maintained, kept clean, and orderly, and free from accumulations of refuse, dilapidated structures, or other health hazards.

(iii) The residence shall provide for an individualized social and physical environment, including opportunities for privacy, in clearly defined living, sleeping and personal care spaces, and shall be sufficient in size to accommodate comfortably the approved number of residents and staff.

(E) New Facilities, Expansions and Conversions. Notification of new construction, or expansions, indicating the proposed use, shall be submitted to the State Department of Health Services, sixty days prior to the initiation of construction.

(F) Basic Requirements

(i) Site locations shall be accessible to the community, to emergency service vehicles, and where possible to public transportation.

(ii) Established walkways shall be provided for each exit from the building leading to a driveway or street.

(iii) Each residence shall have a private office in which to conduct resident interviews.

(iv) Resident bedrooms shall meet the following requirements:

(aa) There shall be no more than 3 beds per bedroom;

(bb) Net minimum room floor area shall be not less than 80 square feet in single bed rooms and 70 square feet per bed in multi-bed rooms. A variance of this requirement up to 10% of the total square footage will be permitted if it can be demonstrated that the room configuration results in comfortable accommodation;

(cc) Provide a minimum of three (3) feet space between beds in multi-bed rooms;

(dd) Bunk beds shall not be used;

(ee) All resident rooms shall open to a common corridor or common room which leads to an exit;

(ff) No resident room shall be located in an attic or basement;

(gg) Each resident bedroom shall be an outside room with not less than 10% of its floor area, excluding closets, devoted to windows;

(hh) Windows shall be equipped with insect screening;

(ii) No room which opens into the kitchen or necessitates passing through the kitchen to reach any other part of the residence shall be used as a bedroom; except when occupancy

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is 15 or less beds;

(jj) Separate rooms shall be provided for men and women;

(kk) The room furnishings for each resident shall include: a single bed with a clean unstained mattress, a washable mattress pad or cover, an available reading light, one dresser with three drawers, one closet or wardrobe to hang clothing, and one chair. One mirror per room shall be provided.

(v) Toilet and Bathing Facilities.

(aa) One toilet room shall be directly accessible for each six persons without going through another bedroom; in addition to a toilet, each room shall be equipped with a sink, mirror, toilet tissue, soap, single use disposable towels and receptacle.

(bb) A minimum of one toilet, one handwashing sink and one bathtub or shower shall be provided on each residential floor.

(cc) One shower or bathtub shall be provided for each eight residents or fraction thereof in an individual room or enclosure which provides space for the private use of the bathing fixture and for drying and dressing.

(dd) All toilet and bathing facilities shall be well lighted, and ventilated to the outside atmosphere, either by means of a window that can be opened, or by exhaust fans.

(vi) Service Areas. Each residence shall provide adequate areas for living, dining and individual or general program functions.

(aa) Multi-purpose rooms shall be provided for general meetings, educational and other social purposes. The total area set aside for these purposes shall not be less than 25 square feet times total licensed capacity.

(bb) Dining area sufficient to accommodate all residents in one sitting shall be provided.

(vii) Laundry Service.

(aa) If residents are responsible for their own laundry, laundry facilities shall be provided or accessible in the community.

(bb) Each residence shall supply towels for any resident who does not have them.

(cc) Each residence shall supply bedding for each resident which consists of at least one blanket, one bedspread, one pillow, one pillow case cover, one pillow case, one top sheet, one bottom sheet and one mattress pad. Bedding shall be appropriate to weather and climate.

(viii) Environmental Details.

(aa) All areas used by residents shall have temperatures of not less than 68°F.

(bb) The hot water heating equipment shall have sufficient capacity to supply hot water at the temperature of 110–120° F and at amounts required at all times.

(cc) Only central heating or permanently installed electric heating systems shall be used.

(dd) All doors to resident bedrooms, toilet rooms and bedrooms shall be equipped with hardware which will permit access in an emergency.

(ee) Walls, ceilings and floors shall be maintained in a good state of repair and be washable or easily cleanable.

(ff) Hot water or steam pipes located in areas accessible to residents shall have adequate protective insulation.

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(gg) Each building shall be provided with a telephone that is accessible for emergency purposes. Each building shall have a public telephone for resident use.

(hh) Provisions shall be made to assure an individual's privacy in the bathroom areas.

(ii) The interior of the residence shall be furnished in a home-like setting.

(jj) All spaces occupied by people, equipment within buildings, approaches to buildings, and parking lots shall have lighting.

(kk) All rooms shall have general lighting and all bedrooms, toilet rooms and offices shall have at least one light fixture at the entrance to each room.

(ll) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall not reduce the corridor width below the width of three feet.

(mm) All doors to residents bedrooms and means of egress shall be of a swing type.

(nn) The minimum width of all doors to rooms accessible to residents, shall be 2'-4"; except that bathroom doors shall not be less than 2'.

(oo) Effective measures shall be taken to protect against the entrance into the residence or breeding on the premises of vermin. During the season when flies are prevalent, all openings into outer air shall be effectively screened and doors shall be provided to prevent the entrance of flies.

(2) Emergency and Disaster Procedures

(A) Each residence shall develop and implement written policies and procedures governing appropriate intervention in the event of an emergency or disaster. Such procedures shall require:

(i) Orientation of all staff, residents and volunteers, in the use of fire extinguishers. Such orientation shall be documented.

(ii) Orientation of all staff, including volunteers, and residents with the written evacuation plan instructions and diagrams for routes of exit.

(iii) There shall be documentation of staff and resident orientation to emergency and disaster procedures.

(iv) Fire plans and procedures shall be posted in conspicuous areas throughout the residence and in each resident bedroom.

(v) Fire drills shall be conducted as often as the local fire marshal recommends, at irregular intervals during the day, evening and night, but not less than monthly.

(vi) Each residence shall have documentation of assignment of each staff member to specific duties in the event of disaster or emergency.

(vii) Each residence shall develop and implement a written plan for the checking of first aid supplies on a monthly basis. The plan shall specify the supplies to be stocked, the required amounts of each supply and position title of the staff person(s) responsible for the audit. The residence shall document when first aid supplies are checked.

(viii) Each residence shall develop and implement written plans for a provision of temporary physical facilities to include shelter and food services for their residents in the event the residence becomes uninhabitable due to disaster or emergency.

(3) Dietary Facilities

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(A) Each residence shall have its own kitchen area which shall have the quality and appearance of that in a normal home. It shall include space and equipment for storage, preparation, assembling and serving food, cleaning or disposal of dishes and garbage. The following shall apply:

(i) Kitchens shall be separate from other areas and large enough to allow for adequate equipment to prepare and keep food properly.

(ii) All equipment and appliances shall be installed to permit thorough cleaning of the equipment, the floor and the walls around them. The floor surface shall be of non absorbent material.

(iii) A dishwashing machine shall be provided in all residences. Commercial dishwashing machines shall be provided in any residence with twenty-five or more beds and separated from the food preparation areas.

(iv) A sink with a soap dispenser shall be provided. Single service towels and a covered waste receptacle shall be provided in the kitchen area.

(v) Dry storage space, for at least a three day supply of food.

(vi) Functional refrigerators and freezers shall be provided for the storage of food to meet the needs of the residents.

(vii) Trash shall be kept in covered receptacles outside the residence.

(viii) A ventilation system shall be provided in the kitchen area.

**(i) Food Services**

(1) Each residence shall have a written plan for the provision of food services.

These services shall assure the arrangement for a nourishing and well balanced meals to all residents which includes at least three (3) meals a day provided at normal times.

(2) Each residence shall make available nutritional information such as cookbooks and opportunities for residents to learn cooking techniques as a routine part of the in-house program.

(3) Each residence shall have written menus for the minimum of a one week period in advance which includes available breakfast, foods for lunch and a planned dinner. Substitutions in planned menus shall be recorded on the menu in advance whenever possible. Menus and substitutions shall be kept on file for at least a thirty day period.

(4) Menu selection and food preparation shall take into consideration the residents cultural background, personal preferences, food habits and dietary needs.

(5) A minimum of three days supply of staple foods shall be maintained at all times.

**(j) Accident or Incident Reports**

(1) Classification. All accident or incident reports to the department shall employ the following classifications of such events:

Class A: One which has resulted in or had the potential to result in serious injury or death.

Class B: One which has interrupted or had the potential to interrupt the services provided by the residence.

Class C: One which results in legal action against the residence.

(2) Report. The Executive Director shall report any accident or incident to the department

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as follows:

Class A & B: Immediate by telephone to the department, to be confirmed by written report as provided herein within seventy-two hours of said events;

Class C: Written report to the department as provided herein within seventy-two hours of the initiation of legal action.

(3) Each written report shall contain the following information:

(A) Date of report and date of event.

(B) Residence classification.

(C) Identification of the individuals affected by the event, including, where available: resident identification, age, and status (or name, of employee, visitor, and other), nature of incident, action taken by the residence and disposition.

(D) If an affected individual is or was at the time of the reported event a resident of the residence:

(i) Date of admission;

(ii) Current diagnosis;

(iii) Physical and mental status prior to the event; and

(iv) Physical and mental status after the event.

(E) The location, nature and brief description of the event.

(F) The name of the physician consulted, if any, and time of notification of the physician and a report summarizing any subsequent physical examination, including findings and orders.

(G) The name of any witnesses to the event.

(H) Any other information deemed relevant by the reporting authority.

(I) The signature of the person who prepared the report and the Executive Director.

(4) Numbering. Each report shall be identified on each page with a number as follows: The number appearing on the residence license; the last two digits of the calendar year; the sequential number of the report during the calendar year.

(5) The Executive Director shall submit subsequent reports relevant to any accident or incident.

(k) **Service Operations**

(1) Program Evaluation

(A) Each residence shall have established goals and objectives appropriate to the population served and program model.

(B) Each residence shall establish a program evaluation process, which will determine the degree to which these goals and objectives are being met. Documentation of corrective action shall be based on this evaluative process.

(2) Resident Rights

(A) Resident Grievance Procedure

(i) A residence shall have a written grievance procedure which shall be available to residents upon admission that identifies areas appropriate for grievance, including, but not limited to dismissal from the residence and a perceived lack of compliance to program rules;



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(ii) It shall be the duty of the residence staff to assist the resident in exercising his or her rights under the grievance procedure;

(iii) It shall be the duty of the governing body or management to adopt a mechanism to review unresolved resident grievances.

(B) Dismissal From the Residence. A resident shall be fully informed of the grounds for his or her dismissal from the residence and in writing when requested by the resident. In the event that a resident is aggrieved by such a dismissal, such resident shall have recourse to the mechanism established by the governing body or management.

(3) Resident Records.

(A) An organized written record for each resident shall be maintained which contains current information sufficient for identification and assessment for the provision of appropriate services.

(B) Each resident record shall contain the following:

(i) Documentation of advisement of resident rights, program rules and regulations;

(ii) Psychosocial summary;

(iii) Next of kin or other designated individual to be notified in the event of an emergency;

(iv) Physical examination performed by a licensed physician;

(v) Medical history;

(vi) Substance abuse history, is applicable;

(vii) Educational background;

(viii) Employment history;

(ix) Referral source summary to include reason for referral and current medications;

(x) Criminal history, if applicable;

(xi) Releases and notations of release of information, if any.

(C) Each resident record shall contain an individualized program plan based on individual resident needs, and which shall include:

(i) Description of the type and frequency of services to be provided by the residence program;

(ii) Description of the services determined to be needed that are available in the community;

(iii) Specific objectives which are related to stated goals;

(iv) Name of assigned staff person to document and monitor the individualized program plan;

(v) Provision for periodic review by designated staff members(s);

(vi) Signatures of the resident and counselor or other appropriate staff person to verify participation in the formulation of the individualized program plan.

(D) Each individual resident record shall contain notes which document services provided and progress made towards goals and objectives by the resident in accordance with the individualized program plan. Each note shall be entered in ink by a qualified staff member or consultant and shall be dated, legible, signed by the person making the entry and his or her position title.

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(E) Each individual resident record shall contain current list of all medications and instructions for use.

(F) Each resident record shall contain documentation of the periodic individualized program plan review. Such documentation shall include the date of the review, the name of any person conducting the review and any changes in the individualized program plan as the result of the review.

(G) Each resident record shall contain a departure summary which has been written within fifteen days of the individual resident's leaving the program. This summary shall:

- (i) Indicate the resident's progress towards the objective of independent living.
- (ii) Address original reason for referral, indicating level of functioning upon admission and leaving the residence;
- (iii) Address the services received;
- (iv) Specify reasons for departure and length of stay;
- (v) Describe departure plan.

(H) Current resident records shall be stored in a secure manner on the premises and shall be accessible only to authorized persons. Resident records (originals or copies) shall be preserved in a secure manner for at least five years following departure. The method of destruction of any such records shall be either incineration or shredding.

(I) An individualized program plan shall be written no later than thirty calendar days after entrance into the program and reviewed at least every ninety calendar days thereafter.

(J) Any materials required to be kept confidential under statute shall be maintained separately in the resident's record and apart from program entries.

(4) Admissions, Departure, Referrals. Each residence shall have written policies and procedures governing admissions, departures, and referrals. Such policies shall include:

- (A) Identification of the target population and the length of stay.
- (B) Criteria for assessing the resident for appropriateness for the residence.
- (C) Criteria for admission and readmission.
- (D) The admission process.
- (E) Criteria for dismissal or departure which includes the residents' rights to leave the residence at any time.
- (F) Departure summaries.
- (G) Referrals.

(5) Each residence shall develop and implement policies and procedures which govern all rehabilitative and support services to be provided on an individual and group basis, which shall include:

- (i) Direct training in activities of daily living (i.e., personal hygiene and self care, menu planning and food preparation, household chores, budgeting of money and use of transportation systems and goal setting).
- (ii) Assistance in linking residents with those community systems or agencies with which residents may interact (i.e., medical, psychiatric, recreational, social, welfare, educational or vocational).

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(iii) Offering assistance to all residents with respect to departure planning.

(6) Each resident in a residence shall have a documented physical examination not more than one month prior to or an appointment scheduled not later than five days after admission.

(7) Staffing.

(A) Each residence shall have appropriately qualified individuals, professional or paraprofessionals to meet the needs of the residents and the programs or services the residence proposes to deliver.

(B) When services of a consultant are utilized to meet the needs of the residence or resident, the following shall apply:

(i) Each consultant to a residence shall have a minimum of a masters degree or license or registration in the field, or in a related area, or in lieu thereof, five years demonstrated experience in the field to which he or she is providing consultation.

(ii) Each consultant's hours and duties shall be documented.

(C) There shall be a minimum overall ratio of total number of staff to residents of at least 1:8.

(D) There shall be at least one staff person present when a resident is scheduled to be in the residence, except that such staff person may leave the residence to perform staff duties necessary to meet the needs of the residents, provided that the health and safety of any resident will not be endangered and the activity of the staff person is authorized by the executive director, if possible, or the director is notified of same and the activity is documented in writing.

(E) Provisions shall be made to ensure that sufficient backup personnel are available to respond in emergency situations.

(8) Medication Control

(A) Each residence shall have policies and procedures governing either the self administration or supervised self administration of medication practice of the residence. Such policies and procedures shall include:

(i) Identification of the system to be utilized.

(ii) Storage of medications if a supervised self administration program is utilized.

(iii) Method of destruction and documentation of controlled and uncontrolled substances.

(iv) Disposal of unused medication.

(v) A provision for staff education related to medication. This shall be conducted on a semi-annual basis.

(B) Each residence shall develop and implement a policy and procedure for securing from a referring or attending physician a written assessment of the resident's ability to possess and self-administer medications utilized in the treatment of a psychiatric disorder. This written assessment shall be done upon admission and at least every six months thereafter.

(C) Facilities which utilize a supervised self-administration of medication program shall provide for the following:

(i) Central, non-portable locked storage areas.

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- (ii) A list of staff members authorized to supervise the self-administration of medications.
- (iii) Supervision of self-administration of medication shall be witnessed and documented in the resident record after each dose.

(Effective June 25, 1990)

**Sec. 19a-495-552—19a-495-559. Reserved**

**Licensure of Private Freestanding Community Residences**

**Sec. 19a-495-560. Licensing of private freestanding community residences**

(a) **Applicability.** This section applies only to community residences as that term is used in Sections 8-3g, 19a-495 (c), and 19a-507a of the Connecticut General Statutes.

(b) **Definitions.**

(1) “Community residence” means a community residence as defined in the General Statutes of Connecticut, Section 19a-507a (4).

(2) “Mentally ill adult” means a mentally ill adult as defined in the General Statutes of Connecticut, Section 19a-507a (1).

(3) “Regional mental health board” means a regional mental health board, as defined in the General Statutes of Connecticut, Section 17-226j.

(4) “Regional mental health director” means a director appointed by the commissioner of mental health under the General Statutes of Connecticut, Section 17-226g.

(c) **Standards and Requirements.**

(1) Each community residence shall conform to the Regulations of Connecticut State Agencies, Section 19a-495-551 and shall comply with the General Statutes of Connecticut, Sections 19a-507a, 19a-507b, 19a-507c and 19a-507d. In addition, such community residence shall comply with the additional requirements described herein. Where conflicts in the regulations exist, the more stringent shall apply.

(2) Population to be served. Each community residence shall develop and implement a policy and procedure which shall limit admissions in accordance with the General Statutes of Connecticut, Section 19a-507a.

(3) Medication Control. Each community residence shall include a provision in medication control policies and procedures for assuring each residents’ compliance with their individually prescribed medication regimes.

(4) Staffing. Each community residence shall have a minimum overall ratio of total number of staff to residents of at least 1:4.

(5) Program goals and objectives. Each community residence shall conduct a program evaluation on a semi-annual basis. Documentation of the date that the review was conducted, the names of the persons performing the review and content of the review shall be maintained.

(6) Administration. Each community residence shall maintain a copy of the Department of Mental Health evaluation findings and shall document action taken by the residence as a result of these findings.

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(7) Human Rights. Each community residence shall post in a conspicuous place the names, addresses and telephone numbers of those federal, state or local agencies for residents to refer complaints regarding violations of human rights.

(8) Services to be offered. Each community residence shall provide those services as defined in the General Statutes of Connecticut, Section 19a-507a (4).

(9) Fire Safety.

(A) If the basement area is to be used for client recreation, a second means of exit shall be provided from the basement area exclusive of a hatchway.

(B) A source of continuous illumination not less than five (5) foot candles shall be provided in all exit access corridors.

(C) Emergency lighting shall be provided on each level/floor to illuminate the way to the exitways.

(D) Wall mounted portable extinguishers shall be located on each level of the residence.

(E) If a fireplace is to be used, its opening shall be enclosed with an approved tempered glass screen. The opening shall be permanently sealed if an existing fireplace is not to be used.

(10) Physical Plant. All bathroom electrical receptacles shall be of ground fault interrupter type.

(11) Maintenance. Records of all major maintenance programs undertaken shall be retained for a period of three years.

(Effective December 23, 1987)

**Sec. 19a-495-561—19a-495-569. Reserved**

**Licensure of Private Freestanding Facilities for the Care or the Treatment of Substance Abusive or Dependent Persons**

**Sec. 19a-495-570. Licensure of private freestanding facilities for the care or the treatment of substance abusive or dependent persons**

(a) **Definitions.** For the purposes of these regulations:

(1) “Administering” means an act in which a single dose of a prescribed drug or biological is given to a client by an authorized person in accordance with Federal and State laws and regulations governing such act. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician’s order, giving the individual dose to the proper client, and recording the time and dose given;

(2) “Ambulatory Chemical Detoxification” means a non-residential service to which a person may be admitted for a systematic reduction of physical dependence upon a substance. This service utilizes prescribed chemicals and provides an assessment of needs and motivation of the client toward continuing participation in the treatment process;

(3) “Applicant” means any individual, firm, partnership, corporation, association or other entity applying for a license or renewal of a license under these regulations;

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(4) “Auricular Acupuncture” means the insertion of needles at a specified combination of points, on the surface of the outer ear, for the purpose of facilitating the detoxification treatment and rehabilitation of substance abusers;

(5) “Biologicals” means products such as antitoxins, antiuvenins, blood, blood derivatives, immune serums, immunologic diagnostic aids, toxoids, vaccines and related articles that are produced under license in accordance with the terms of the Federal Public Health Service Act (58 Stat. 682) approved 7/1/44, as amended;

(6) “Care and Rehabilitation” means a residential service to which a person may be admitted for a structured and supervised group living experience;

(7) “Certificate of Need” means approval of capital expenditures or functions or services from the Commission on Hospitals and Health Care in accordance with the Connecticut General Statutes;

(8) “Chemical Maintenance Treatment” means a service to which a person may be admitted for continued medical supervision of the planned use of a prescribed substance;

(9) “Client” means an individual receiving services from a substance abuse care or treatment facility;

(10) “Community Pharmacy” means a pharmacy licensed pursuant to Section 20-168 of the Connecticut General Statutes;

(11) “Controlled Substance” means a drug, substance, or immediate precursor in Schedule I to V, inclusive, of Section 21a-242 of the Connecticut General Statutes or in regulations promulgated by the Department of Consumer Protection;

(12) “Compounding” means the act of selecting, mixing, combining, measuring, counting or otherwise preparing a drug or medicine;

(13) “Day or Evening Treatment” means a non-residential service to which a person may be admitted for the provision of counseling and other supervised activities, whose daily unit of service to each person is a minimum of four hours, which are designed and developed to arrest, reverse or ameliorate the disorder or problem;

(14) “Department” means the Connecticut Department of Public Health;

(15) “Dispense” means that act of processing a drug for delivery to a client pursuant to the order of a practitioner consisting of: The checking of the directions on the label with the directions on the prescription or order to determine accuracy; the selection of the drug from stock to fill the order; the counting, measuring, compounding or preparing of the drug; the placing of the drug in the proper container; the affixing of the label to the container; and the addition to a written prescription of any required notations;

(16) “Facility” or “Private Freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons” means an ambulatory chemical detoxification treatment, care and rehabilitation, chemical maintenance treatment, day or evening treatment, intensive treatment, intermediate and long term treatment, medical triage, outpatient treatment, and residential detoxification and evaluation, center;

(17) “Governing Authority” means the individual or individuals with the ultimate authority and responsibility for the overall operation of a facility’s program;



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(18) “Institutional Pharmacy” means that area within a care-giving institution, commonly known as the pharmacy, which is under the direct charge of a full-time pharmacist and wherein drugs are stored and regularly compounded or dispensed and the records of such compounding or dispensing maintained, by such pharmacist, including the stock room from which such pharmacist obtains supplies but not including other rooms or areas in such institutions wherein drugs may be stored for the convenience of nursing units, surgical units, laboratories and the like notwithstanding that a pharmacist may control the stocks thereof and may compound or dispense drugs therein. Such full-time pharmacist shall be actively engaged in the practice of pharmacy at such institution no less than thirty-five hours per week;

(19) “Intensive Treatment” means a residential service to which a person may be admitted for twenty-four hour a day supervision and services which are designed to arrest, reverse, or ameliorate the disorder or problem and motivate the person toward recognizing dependence, needs, and to obtain help and make changes;

(20) “Intermediate and Long Term Treatment and Rehabilitation” means a residential service to which a person may be admitted for a structured and supervised group living experience, the aim of which is to arrest, reverse, or ameliorate the problem or disorder and providing ongoing evaluation and activities supportive of integration into educational, vocational, familial or social structures independent of the service;

(21) “Legend Drug” means any article, substance, preparation or device which bears the legend: Caution: Federal Law Prohibits Dispensing Without a Prescription;

(22) “License” means the form of permission issued by the Department that authorizes the applicant to operate a facility;

(23) “Licensee” means the person, firm, corporation, organization or other legal entity licensed to conduct a facility as defined in these regulations;

(24) “Licensed Nurse” means a registered nurse or practical nurse licensed in Connecticut;

(25) “Medical Triage” means a service to which a person may be received for the provision of immediate assessment of symptoms of substance abuse, the immediate care and treatment of these symptoms as necessary, a determination of need for treatment, and assistance in attaining appropriate continued treatment;

(26) “Objectives” means specific statements which are related to the attainment of goals and which shall be quantitative, qualitative and time limited;

(27) “Outpatient Treatment” means a non-residential service to which a person may be admitted for a variety of counseling and other structured activities which are designed to arrest, reverse, ameliorate the disorder or problem;

(28) “Pharmaceutical Services” means the functions and activities encompassing the procurement, dispensing, distribution, storage and control of all pharmaceuticals used within the facility and the monitoring of client drug therapy;

(29) “Pharmacist” means a person duly licensed by the Connecticut Commission of Pharmacy to engage in the practice of pharmacy pursuant to Section 20-170 of the

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Connecticut General Statutes;

(30) “Pharmacist’s Drug Room” means a room within a care-giving institution or a correctional or juvenile training institution, containing drugs in bulk and from which drugs are regularly dispensed for clients of such institution when such institution does not have an institutional pharmacy but employs a pharmacist on a part-time basis;

(31) “Practitioner” means a physician, dentist, or other person authorized to prescribe drugs in the course of professional practice in the State of Connecticut;

(32) “Physician” means an individual licensed pursuant to Section 20-10 of the Connecticut General Statutes;

(33) “Private” means not a unit of or part of a unit of a public or government entity;

(34) “Residential Detoxification and Evaluation” means a residential service to which a person may be admitted for the management of detoxification from a substance or substances of abuse, for an assessment of needs and motivation toward continuing participation in an ongoing treatment process or for a combination of both detoxification and assessment;

(35) “Serious Condition” means an event which significantly jeopardizes or impairs a person’s physical or mental well being.

(36) “Substance Abuse” means the illegal use of a controlled substance; or the compulsive use of alcohol or a drug, apart from or outside of licensed medical care, which usage results in impaired function;

(37) “Substance Dependence” means the physical or psychological reliance upon alcohol or a drug, which reliance results (1) from substance abuse, or (2) from the lawful use of any alcohol or drug for the sole purpose of alleviating such a physical or psychological reliance, or (3) from repeated use of prescribed alcohol or drug within or as part of licensed medical care;

(38) “Substance-Dependent Persons” means individuals who are physically or psychologically reliant upon alcohol or a drug (1) as a result of substance abuse or (2) as a result of the lawful use of alcohol or a drug for the sole purpose of alleviating such a physical or psychological reliance, or (3) as the result of repeated use of prescribed alcohol or drug within or as part of licensed medical care;

(39) “Substance” means any alcohol or drug or controlled substance;

(40) “Treatment” means the engaging of persons in a particular plan of action, the aim of which is to arrest, reverse, ameliorate substance abuse;

(41) “Treatment Services” means those activities which are designed and developed to arrest, reverse or ameliorate the client’s disorder or problem.

**(b) Service Classifications Which Are Defined Categories of Care or Treatment Services Contained in These Regulations**

(1) Ambulatory Chemical Detoxification Treatment

(2) Care and Rehabilitation

(3) Chemical Maintenance Treatment

(4) Day or Evening Treatment

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- (5) Intensive Treatment
- (6) Intermediate and Long Term Treatment and Rehabilitation
- (7) Medical Triage
- (8) Outpatient Treatment
- (9) Residential Detoxification and Evaluation

(c) **Licensure Procedure**

(1) A facility shall not be constructed, expanded or licensed to operate except upon application for, receipt of, and compliance with any limitations and conditions required by the Commission on Hospitals and Health Care per Connecticut General Statutes, Sections 19a-154 through 19a-155, when applicable.

(2) No one shall operate a facility without a license issued by the Department in accordance with Connecticut General Statutes, Section 19a-491.

(3) Application for Licensure.

(A) Application for the grant or renewal of a license to operate a facility shall be made in writing on forms provided by the Department; shall be signed by the applicant seeking the authority to operate the facility; shall be notarized, and shall contain the following information:

(i) Evidence of compliance with local zoning ordinances and local building codes upon initial application;

(ii) Local fire marshal's annual certificate of compliance;

(iii) Statements of ownership and operation;

(iv) Certificate of public liability insurance;

(v) Current organizational chart;

(vi) Licensed classification(s) requested and description of services provided;

(vii) Names and titles of staff;

(B) Application for license renewal shall be made in accordance with Subdivision A above not less than 30 days preceding the date of expiration of the facility's current license.

(4) Issuance and Renewal of Licensure.

(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 a facility for a period not to exceed one year.

(B) The license shall not be transferable to any other entity, location or facility.

(C) Each license shall list on its face the level of service to be provided, the location and licensed capacity of the facility, where applicable, the name of the licensee, and the name of executive director of the facility, the date of issuance and expiration.

(D) The license shall be posted in a conspicuous place accessible to the public.

(E) The licensee shall notify the Department prior to any change in executive director or change in the facility name.

(F) The licensee shall notify the Department in writing of any proposed change of ownership ninety days prior to the effective date for the purposes of initiating application for a new license.

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(G) The licensee shall notify the Department in writing of any proposed change of location or services at least ninety days prior to the effective date of such proposed change.

(5) Suspension, Revocation, Denial or Non-Renewal of License.

(A) Refusal to grant the Department access to the facility or to the facility's record shall be grounds for denial or revocation of the facility's license.

(B) Surrender of License. The facility shall notify the Department of Health Services, each facility client, and third party payors, as appropriate, in writing, at least 30 days prior to the voluntary surrender of a facility's license. In the event of surrender of license upon the Department's order of revocation, refusal to renew or suspension of license, 30 day written notice to each facility client and third party payors shall be provided by the facility. The license shall be surrendered to the Department within seven days of the termination of operation.

**(d) Transfer or Discharge of Clients. Plan Required**

Except in an emergency, or when a client leaves of his or her own accord or against program advice, no client shall be transferred or discharged unless a written plan has been developed by the facility staff in conjunction with the client and his or her primary counselor.

**(e) Multi-Service Facilities**

(1) Each program of a multi-service facility shall conform to those requirements set forth in the Regulations of Connecticut State Agencies governing the applicable program services provided.

**(f) Governing Authority and Management**

(1) The governing authority shall have overall responsibility for the management and operation of the facility.

(2) The governing authority shall provide written documentation of its source of authority.

(3) The governing authority shall exercise general direction over the establishment of written policies of the organization and may delegate formulation and enactment of same in compliance with all local, state, and federal laws. The responsibilities of the governing authority shall include:

(A) Adoption and implementation of policies governing all administrative, program evaluation, personnel, fiscal, rehabilitative, clinical, dietary and maintenance aspects of facility or operations.

(B) Establishment of the qualifications, authority and duties of the executive director and appointment of a qualified executive director.

(C) Provision of a safe, equipped physical plant and maintenance of the facility and services in accordance with any applicable local, state and federal regulations.

(D) Establishment of an organizational chart which clearly defines lines of responsibility and authority relating to management and maintenance of the facility.

(E) Establishment of procedures for and documentation of, annual review of all facility policies and procedures.

(F) Meet not less than semi-annually.

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(G) Documentation of all current agreements with consultants or practitioners required by the facility in the delivery services.

(i) Each medical triage facility shall have written agreements for the provision of the following:

- (a) Laboratory services,
- (b) Referral to other levels of care or treatment

(ii) Each facility providing services shall have written transfer agreements with a facility(s) to provide for clients continued participation in the care giving process when indicated.

(H) Each residential detoxification and evaluation, ambulatory detoxification, chemical maintenance treatment facility which admits persons whose substances of abuse is other than alcohol, shall have a provision for regular monitoring of chemical levels in urine specimens collected from clients.

(I) Documentation of a written agreement maintained with a licensed laboratory for the purpose of performing the required urine screenings.

(J) Adoption and review of an emergency preparedness plan.

(g) **Executive Director**

(1) Each facility shall have an executive director who is accountable to the governing authority.

(2) The executive director shall be responsible for the management of the facility.

(h) **Fiscal Management**

(1) Each facility shall have an individual with the designated responsibility for fiscal affairs.

(2) Each facility shall develop and implement written policies and procedures governing the fiscal operation which shall include:

(A) An annual written budget which shall have documentation of review and approval by the governing authority.

(B) Identification of revenues by source and expenditures by service component.

(C) Identification of the fiscal year.

(D) Documentation of an annual audit by an independent public accountant.

(i) **Personnel Practices**

(1) Each facility shall develop and implement written policies and procedures governing the recruitment, selection, promotion and termination of program staff as well as policies and procedures relating to:

(A) Employee work rules;

(B) Disciplinary action including suspension or dismissal of staff;

(C) Annual job performance evaluation;

(D) Physician documentation of periodic physical examinations which are performed for the purpose of preventing infection or contagion from communicable disease.

(2) Personnel policies shall ensure a provision that the facility shall not discriminate because of race, color, religious creed, age, sex, marital status, national origin, ancestry,

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present or past history or mental disorder, mental retardation or physical disability, including, but not limited to, blindness in its hiring, termination, or promotion practices.

(3) Personnel files shall be maintained identifying all personnel, including consultants, and shall be stored in a manner to protect the confidentiality of the employee in accordance with all state or federal laws governing the same. Each file shall contain:

- (A) A written verification of the date of hire and position for which hired;
- (B) A resume, if applicable;
- (C) Verification of credentials of licensed or certified staff;
- (D) Past employment reference checks;
- (E) Documentation of required physical examinations;
- (F) Job performance evaluations, except for consultants;
- (G) Documentation of orientation.

(4) There shall be a written job description for each staff position within the facility which includes:

- (A) Definition of duties to be performed;
- (B) Notation of direct supervision;
- (C) Minimum qualifications;
- (D) Effective and/or revision date.

(5) The facility shall develop and implement written policies and procedures governing the utilization of volunteers which shall include:

- (A) Screening of applicants;
- (B) Training;
- (C) Supervision of activities;
- (D) Responsibilities;
- (E) Limitations as to duties;
- (F) Termination of services;
- (G) A provision that volunteers shall not be utilized in place of a staff person required by these regulations.

(6) Staff Development and Orientation

(A) Employees shall receive orientation to all policies and procedures necessary for them to perform duties specified in their job descriptions and provide for the safety of the clients. Changes in these policies and procedures shall be communicated in a manner prescribed by the executive director.

(B) Each facility shall establish and implement a staff development plan.

(C) Each facility shall document staff attendance at inservice or workshops, seminars, etc., with the date, topic discussed, and the presenting person(s).

(j) **Environment**

(1) Physical Plant

(A) The standards established by the following sources for the construction, renovation, alteration, maintenance and licensure of all facilities, as they are amended from time to time, are hereby incorporated and made hereof by reference:



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- (i) State of Connecticut Basic Building Codes.
- (ii) State of Connecticut Fire Safety Code.
- (iii) State of Connecticut Public Health Code.
- (iv) Local Zoning Codes.

(B) Any facility initially licensed after the effective date of these regulations shall conform to the requirements described herein. Any facility licensed prior to the effective date of these regulations shall comply with construction requirements in effect at the time of licensure, provided however, that if the Department shall determine that a pre-existing non-conformity creates serious risk of harm to clients in the facility, the Department may order such facility to comply with the pertinent portion of Subdivision (1) of Subsection (j) of these regulations. Failure of the facility to comply with a Department order under this Subparagraph shall be grounds for action against the license.

(C) Waiver

(i) The Commissioner or his or her designee, in accordance with the general purposes and intent of these regulations, may waive provisions of subparagraphs (D) and (F) of subdivision (1) of subsection (j) Environment of this section if the Commissioner determines that such waiver would not endanger the life, safety or health of any client. The Commissioner shall have the power to impose conditions which assure the health, safety and welfare of client upon the grant of such waiver, or to revoke such waiver upon a finding that the health, safety, or welfare of any client has been jeopardized.

(ii) 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, cost, and degree of hardship that would result to the facility upon enforcement of the regulations;
- (c) The specific relief requested; and
- (d) The duration of time for which the waiver is requested.
- (e) Any documentation which supports the application for waiver.
- (f) The level of care provided;
- (g) The maximum client capacity;
- (h) The impact of a waiver on care provided;
- (i) Alternative policies or procedures proposed.

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

(iv) 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.

(D) General

(i) The facility shall be of structurally sound construction, equipped, and operated so as to sustain its safe and sanitary characteristics to prevent or minimize all health and fire hazards in the facility for the protection of clients, personnel and visitors.

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(ii) The interior, exterior and grounds of the building shall be maintained in an acceptable state of repair, kept clean, and orderly and free from accumulations of refuse, dilapidated structures, or other health hazards.

(iii) The design, construction and furnishings of the clients' living and clinical or rehabilitative service areas shall be sufficient in size to accommodate the changing needs of the clients.

(E) New Facilities, Expansions and Conversions

(i) Notification of new construction, expansions or conversions indicating the proposed use shall be submitted to the State Department of Health Services, 60 days prior to the initiation of construction.

(F) Basic Core Requirements

(i) Site locations shall have unobstructed passage to emergency vehicles.

(ii) Walkways shall be provided for each exit from the building leading to a driveway or street.

(iii) Administration and Public Areas.

The following shall be provided:

(a) Storage space for office equipment, supplies and records.

(b) Each facility shall have a private office in which to conduct client interviews.

(iv) Client bedrooms shall meet the following requirements:

(a) Except in residential detoxification and evaluation and medical triage facilities there shall be no more than 4 single beds per bedroom;

(b) The net minimum room floor area shall be not less than 80 square feet for single bed room and 70 square feet per individual in multi-bed rooms. A variance of this requirement up to 10% of the total square footage shall be permitted if it can be demonstrated that the room configuration results in comfortable accommodation;

(c) Provide a minimum of three (3) feet space between parallel beds in multi-bed rooms;

(d) All client bedrooms shall open to a common corridor or common room which leads to an exit;

(e) No client bedroom shall be located in an attic or basement;

(f) Each client bedroom shall be an outside room with windows devoted to not less than 10% of its floor area, excluding closets;

(g) Windows shall be equipped with insect screening;

(h) No room which opens into the kitchen or necessitates passing through the kitchen to reach any other part of the facility shall be used as a bedroom; except when occupancy is 15 or less beds;

(i) The bedroom furnishings for each client shall include: a single bed with a mattress, three dresser drawers, closet or wardrobe space to hang clothing. One mirror per room shall be provided. In addition, each client in a residential facility, except residential detoxification and evaluation and medical triage facilities, shall be provided a chair and a reading light.

(v) Toilet and Bathing Facilities:

(a) Each facility shall have a lavatory equipped with a toilet, sink, mirror, toilet tissue,

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soap and single service towels. In a residential facility one toilet shall be provided for every eight persons.

(b) A minimum of one toilet, one handwashing sink and one bathtub or shower shall be provided on each floor, designated as client sleeping areas.

(c) In each residential facility one shower or bathtub shall be provided for each 10 clients or fraction thereof. An individual enclosure which provides space for private bathing and dressing, shall be available in bathing areas with multiple bathtubs or showers.

(d) All toilet and bathing facilities shall be well lighted, and ventilated to the outside atmosphere, either by means of a window that can be opened, or by exhaust fans.

(vi) Services Areas

Each facility shall provide adequate areas for living, dining and individual or general program functions.

(a) Multi-purpose rooms shall be provided for general meetings, educational and other social purposes. The total area set aside for these purposes shall not be less than 25 square feet per licensed bed capacity.

(b) Dining area(s) sufficient to accommodate all clients shall be provided.

(vii) Laundry Service - Residential Facilities.

(a) If clients are responsible for their own laundry, residential type laundry facilities shall be provided or made accessible in the community.

(b) Facilities which supply towels shall maintain a stock equivalent to two times the capacity of the facility.

(c) Facilities which supply bedding shall provide for each client at least one blanket, one pillow, one pillowcase, one top sheet, one bottom sheet and one mattress pad or plastic covered mattress. Bedding shall be appropriate to weather and climate.

(d) Each facility which does not provide bedding or towels shall make provisions to supply such items to any client who does not have such supplies.

(e) If linen is processed outside of the facility, a soiled linen holding room and a clean linen storage room or area shall be provided.

(viii) Environmental Details

(a) All areas used by clients shall have temperatures of not less than 68° F. during the heating season.

(b) The hot water heating equipment shall have sufficient capacity to supply hot water at the temperature of 110–120° F. at client use taps.

(c) Only central heating or permanently installed electric heating systems shall be used.

(d) All doors to client bathrooms, toilet rooms and bedrooms shall be equipped with hardware which will permit access in an emergency.

(e) Walls, ceilings and floors shall be maintained in a good state of repair and be washable or easily cleanable.

(f) Hot water or steam pipes located in areas accessible to clients shall have adequate protective insulation.

(g) Each building shall be provided with a telephone that is accessible for emergency

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purposes. Each facility shall have a telephone for client use except in nonresidential facilities.

(h) All spaces within buildings, occupied by people, or equipment, approaches to buildings, and parking lots, shall have lighting.

(i) All rooms shall have lighting and all bedrooms, toilet rooms and offices shall have general illumination with a control switch at the entrance to each room.

(j) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall not reduce the corridor width below the width of three feet.

(k) All doors to bedrooms and doors which are a means of egress from the facility shall be of a swing type.

(l) The minimum width of all doors to rooms accessible to clients, shall be 2'-4" except bathroom doors shall not be less than 2'.

(G) Special Requirement – Medical Triage

(i) In each medical triage service there shall be specified areas to conduct examinations. Such areas shall contain the equipment necessary to conduct such examinations. In addition, there shall be the following minimum equipment:

(a) A suction machine,

(b) Oxygen,

(c) Breatholizer,

(d) Scale,

(e) Lamp,

(f) Ambu bag,

(g) Airways,

(h) In multiple occupancy rooms, privacy screens or curtains,

(i) A washable examination table.

(ii) Each medical triage facility shall have a designated holding room area for clients awaiting proper disposition. This area shall provide for each client:

(a) A single bed with a mattress,

(b) In multiple occupancy rooms, private screens or curtains.

(2) Emergency and Disaster Procedures

(A) Each facility shall develop and implement written policies and procedures governing appropriate intervention in the event of an emergency or disaster. Such procedures shall require:

(i) Orientation to staff, volunteers, in the use of fire extinguishers. Such orientation shall be documented.

(ii) Orientation of all staff, including volunteers, and clients with the written evacuation plan instructions and diagrams for facility exit routes.

(iii) There shall be documentation of staff orientation to emergency and disaster procedures.

(iv) Fire plans shall be posted in conspicuous areas throughout the facility.

(v) Fire drills shall be conducted on a monthly basis, at various times, to provide for four

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drills per shift each year, for all residential facilities. All fire drills shall be documented.

(vi) Each facility shall develop and implement a written plan for the checking of first aid supplies on a monthly basis. The plan shall specify the supplies to be stocked, the required amounts of each supply and title of the staff person(s) responsible for the audit. The facility shall document when first aid supplies are checked.

(vii) Each facility shall have a written emergency preparedness plan which shall include the following:

- (a) Identification and notification of appropriate persons.
- (b) Instructions as to locations and use of emergency equipment and alarm systems.
- (c) Tasks and responsibilities of assigned staff.
- (d) Evacuation routes.
- (e) Procedures for relocation and/or evacuation of clients.
- (f) Transfer of casualties.
- (g) Transfer of records.
- (h) Procedures for maintenance of the care and meal service for clients in a residential facility.

(i) Handling of drugs and biologicals.

(3) Dietary Service Areas – Residential Facilities

(A) Each facility shall have a kitchen area, which shall include space and equipment for storage, preparation, assembling and serving food, cleaning or disposal of dishes and garbage. The following shall apply:

(i) Kitchens shall be separate from other areas and large enough to allow for adequate equipment to prepare and keep food properly.

(ii) No food shall be stored directly on the floor.

(iii) All equipment and appliances shall be installed to permit thorough cleaning of the equipment, the floor and the walls around them. The floor surface shall be of non-absorbent material.

(iv) A dishwashing machine shall be provided in all facilities with ten or more beds. Commercial dishwashing machines shall be provided in any residence with twenty-five or more beds and physically separated from the food preparation areas.

(v) A handwashing sink with a soap dispenser and single service towels shall be provided.

(vi) A covered waste receptacle shall be provided in the kitchen area.

(vii) Dry storage space, for at least a three-day supply of food.

(viii) Functional refrigerators and freezers shall be provided for the storage of food to meet the needs of the clients.

(ix) Trash shall be kept in covered receptacles outside the facility.

(k) **Food Services**

(1) Each residential facility shall have a written plan for the provision of food services.

(2) Each residential facility shall have a dietetic consultation based on individual facility needs at least once a year. Such consultation shall be documented by the dietitian.

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(3) Each residential facility shall screen all staff and clients who have access to food preparation areas for infectious and communicable diseases. Persons with known infectious or communicable diseases shall be restricted from food preparation areas.

(4) Each residential facility shall have written menus for the minimum of a one week period in advance which includes foods available for breakfast and lunch and a planned dinner. Substitutions in planned menus shall be recorded on the menu in advance whenever possible. Menus and substitutions shall be kept on file for at least a thirty day period.

(5) Menu selection and food preparation shall take into consideration the clients dietary needs.

(6) A minimum of three days supply of staple food shall be maintained at all times.

(7) Food shall be stored, prepared and served at proper temperatures.

**(I) Accident or Incident Reports**

(1) Classification. All accident or incident reports to the Department shall employ the following classifications of such events:

Class A: One which has resulted in a serious condition or death.

Class B: One which has or may interrupt the services provided by the facility.

(2) Report. The executive director shall report any accident or incident within Class A or B, to the Department, immediately by telephone, to be confirmed by written report within seventy-two hours of said events.

(3) Each written report shall contain the following information:

(A) Date of report and date of event.

(B) Facility classification.

(C) Identification of the individuals affected by the event, including, where available: client identification, age, and status (or name, of employee, visitor, or other), nature of incident, action taken by the facility and disposition.

(D) If the affected individual is or was at the time of the reported event a client of the facility:

(i) Date of admission;

(ii) Current diagnosis, if applicable;

(iii) Physical and mental status prior to the event; and

(iv) Physical and mental status after the event.

(E) The location, nature and brief description of the event.

(F) The name and time of notification of the physician or hospital consulted, if applicable.

(G) The name of any witnesses to the event.

(H) Any other information deemed relevant by the reporting facility.

(I) The signature of the person who prepared the report and of the executive director.

(4) Numbering. Each report shall be identified on each page with a number as follows: The number appearing on the facility license; the last two digits of the calendar year; the sequential number of the report during the calendar year.

(5) The executive director shall submit subsequent reports, if applicable, relevant to any



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accident or incident.

(6) With respect to any information pertaining to (1) Accident or Incident Reports, the Connecticut State Department of Health Services shall comply with all state and federal laws and regulations concerning confidentiality of alcohol and drug abuse client records.

**(m) Service Operations**

(I) Program Evaluation – All Service Classifications

(A) Each facility shall have established goals and objectives related to the client population served.

(B) Each facility shall establish an annual program evaluation, which will determine the degree to which these goals and objectives are being met. Action taken by the facility, based on this evaluation process, shall be documented.

(2) Client Rights – All Service Classifications

(A) Each client shall be informed of his or her rights relating to the services provided in the language of his or her understanding. A statement that the client has been advised of his or her rights, signed by the client shall be placed in the client's record.

(B) A client shall be informed at the time of admission, in writing, of the criteria for involuntary termination from a facility. In the event that a client is aggrieved by such a dismissal, such client shall have recourse to the mechanism established by the governing authority or management.

(3) Client Records – All Service Classifications

(A) An organized written record for each client shall be maintained which contains current information sufficient for an assessment of need for the provision of appropriate care or treatment services.

(B) Each client record shall contain the following:

(i) The client name and identifier, address, date of birth, telephone number, sex, social security number, and date of admission. In addition, the time of admission to a residential detoxification and evaluation and medical triage facility shall be included.

(ii) Presenting problem(s);

(iii) Documentation of advisement of client rights;

(iv) Social or family background;

(v) Next of kin or other designated individual to be notified in the event of an emergency;

(vi) Results of physical examination inclusive of medical history as required herein;

(vii) Substance abuse history;

(viii) Educational background;

(ix) Employment history;

(x) Referral source summary, if any, to include reason for referral and current medications;

(xi) Legal history, if applicable;

(xii) Releases and notations of release of information.

(xiii) Progress notes which document services provided to the client and progress made toward objectives in accordance with the individualized program plan.

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(xiv) Documentation of services as rendered.

(C) Each client record shall contain an individualized program plan, as required herein, which must include:

(i) Specific objectives;

(ii) Name of assigned staff person to develop and monitor the individualized program plan;

(iii) Description of the type and frequency of services to be provided;

(D) All entries in the client record shall be typewritten or written in ink by a qualified staff member or consultant and shall be dated, legible, and signed by the person making the entry with his or her position title.

(E) Each individual client record shall contain a current list of all medications and instructions for administration.

(F) Each client record shall contain documentation of the periodic individualized program plan review as required herein. Such documentation shall include the date of the review, person(s) conducting the review and any changes in the individualized program plan as the result of the review.

(G) Each client record shall contain a discharge summary which has been written within fifteen working days of the individual client leaving the program. This summary shall:

(i) Indicate the client's progress towards the established plan;

(ii) Address original reason for referral;

(iii) Describe the type, frequency and duration of treatment or services;

(iv) Specify reasons for discharge and, if appropriate, recommended referral.

(H) Client records shall be stored in a secure manner and shall be accessible only to authorized persons. These records, originals or copies, shall be preserved for at least seven years following discharge.

(I) Each client record shall have documentation, at the time of admission, of an initial assessment which identifies the client's appropriateness for participation in the facility.

(4) Admissions, Discharges, and Referrals – All Service Classifications

Each facility shall develop and implement written policies and procedures governing admissions, discharges, and referrals. Such policies shall include:

(A) Identification of the target population.

(B) Criteria for admission.

(C) Criteria for readmission.

(D) The admission process.

(E) Criteria for voluntary and involuntary discharge.

(f) Referrals.

(5) Physical Examinations

(A) Residential Detoxification and Evaluation, Chemical Maintenance, and Ambulatory Chemical Detoxification Facilities.

(i) Each client shall receive within 24 hours of admission a medical history and physical examination, by a physician, physician's assistant or registered nurse practitioner. Any

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physical examination that is performed by a physician assistant or registered nurse practitioner shall be dated and countersigned by a physician within 72 hours signifying his or her review of and concurrence with the findings.

(ii) Each client shall receive within 72 hours of admission, diagnostic tests as determined by the physician.

(iii) Each client whose substance of abuse is other than alcohol shall be required to have an initial drug-screening urinalysis upon admission and at least eight additional random urinalyses' shall be performed on each client during the first year while in a maintenance program. A minimum of quarterly random urinalysis shall be performed on each client while that client is in a maintenance program for more than one year.

(a) Urine specimens must be collected on a randomly scheduled basis and in a manner that minimizes falsification.

(b) Each urine specimen screened is required to be analyzed for opiates, methadone, amphetamines, cocaine and barbiturates as well as other drugs as indicated.

(iv) When a person is readmitted within six months to a facility the decision determining the physical examination, laboratory, and diagnostic tests to be performed shall be made by the program physician.

(v) Any person readmitted to the facility after a six month period of time, shall receive a physical examination and laboratory and diagnostic tests as required in subparagraphs (i), (ii), and (iii) of subsection (5) (A).

**(B) Medical Triage Facilities**

(i) Each client received shall have a physical examination performed by a physician, physician's assistant or registered nurse at the time of acceptance for triage. The examination shall include the following:

(a) Investigation of the organ systems for possibilities of infectious disease, pulmonary, liver, cardiac abnormalities, dermatologic sequelae of addiction and possible concurrent surgical problems;

(b) Determination of the client's vital signs, examination of the general condition including head, ears, eyes, nose, throat (thyroid), chest (heart, lungs and breasts), abdomen, extremities, skin and neurological assessment and the overall impression of the client.

(c) Laboratory tests as appropriate.

**(C) Intensive Treatment, Intermediate and Long Term Treatment and Rehabilitation and Care and Rehabilitation Facilities**

(i) Each client shall have a documented physical examination, performed by a physician licensed in the State of Connecticut, physician's assistant or registered nurse practitioner not more than one month prior to or an appointment scheduled not later than five days after admission. Any client receiving uninterrupted treatment or care in a licensed facility shall require only the documentation of the initial physical examination.

**(6) Individualized Program Plan – All Services Classifications**

(A) An individualized program plan based on the client's needs shall be initiated at the time of admission and reviewed as follows:

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(i) Each facility providing care and rehabilitation, intermediate and long term treatment and rehabilitation, outpatient treatment, day or evening treatment and chemical maintenance treatment shall review the individualized program plan no later than thirty calendar days after admission.

(a) Intermediate and Long Term Treatment and Rehabilitation, and Day or Evening Treatment

(1) Each individualized program plan shall be reviewed at least every sixty calendar days after the initial thirty day review.

(b) Care and Rehabilitation and Chemical Maintenance

(1) Each individualized program plan shall be reviewed every ninety calendar days after the initial thirty day review for the first year and at least every one hundred eighty calendar days thereafter.

(ii) Each residential detoxification and evaluation, medical triage facility or ambulatory chemical detoxification facility shall modify the individual program plan as needed until the client is discharged.

(iii) Each facility providing outpatient treatment shall review the individualized program plan sixty days after the initial thirty day review and at least every ninety calendar days thereafter.

(iv) Each chemical maintenance treatment facility shall rewrite the individualized program plan every two years.

(v) Each intensive treatment facility shall review the individualized program plan on a weekly basis.

(7) Staffing—All Service Classifications

(A) Each facility shall have individuals, who meet the qualifications as described in the facility's job descriptions and who comply with all mandated state and federal laws, to meet the needs of the clients and the programs or services the facility proposes to deliver.

(B) The services of a consultant may be utilized where applicable to meet the special needs of the facility or clients.

(C) Each facility shall have a designated individual or individuals to provide clinical supervision.

(D) Each facility which provides residential services shall have at least, one direct care staff person in each building, when a client is known to be present and who shall have immediate access to back up staff, for urgent or emergency situations.

(E) Special Requirements—Medical Triage

(i) A physician, who is currently licensed in the State of Connecticut, shall be designated to direct the medical services of the facility. Such a physician shall have experience or training in providing services for substance dependent persons.

(ii) A physician, currently licensed in the State of Connecticut, shall be on call and physically available within 20 minutes during those hours when a physician is not physically present.

(iii) A registered nurse, who is currently licensed in the State of Connecticut, shall be

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designated to direct nursing services. Such a registered nurse shall have experience or training in providing services for substance dependent persons.

(iv) There shall be on duty at all times at least one registered nurse who is currently licensed in the State of Connecticut. In each separate medical triage unit there shall be at all times a licensed nurse and other direct care staff to meet the needs of the clients.

(v) Where there are other care or treatment services provided, assignments shall clearly designate the service to which staff are assigned.

(vi) There shall be a pharmacist, currently licensed in the State of Connecticut, who shall be responsible for the supervision of the pharmaceutical services.

(F) Special Requirements—Residential Detoxification and Evaluation Facilities

(i) A physician, who is currently licensed in the State of Connecticut, shall be designated to direct the medical services of the facility. Such a physician shall have experience or training in providing services for substance dependent persons.

(ii) A physician, currently licensed in the State of Connecticut, shall be on-call during those hours when a physician is not physically present.

(iii) a registered nurse, who is currently licensed in the State of Connecticut, shall be designated to direct the nursing services of the facility. Such a registered nurse shall have experience or training in providing services for substance dependent persons.

(iv) There shall be on each shift at least one registered nurse who is currently licensed in the State of Connecticut. In each separate residential detoxification and evaluation unit there shall be at all times a licensed nurse and other direct care staff on duty to meet the needs of the clients.

(v) There shall be a physician, currently licensed in the State of Connecticut and who is eligible to be certified by the American Board of Psychiatry and Neurology; or, a clinical psychologist, currently licensed in the State of Connecticut, to provide psychological evaluation and treatment when necessary.

(vi) There shall be a pharmacist, currently licensed in the State of Connecticut, who shall be responsible for the supervision of the pharmaceutical services.

(G) Special Requirements—Intensive Treatment Facilities

(i) There shall be a physician, licensed in the State of Connecticut, and who is eligible to be certified by the American Board of Psychiatry and Neurology to provide psychiatric diagnosis or treatment when necessary, or, a psychologist currently licensed in the State of Connecticut to provide psychological evaluation and treatment when necessary.

(H) Special Requirements—Chemical Maintenance Treatment and Ambulatory Chemical Detoxification Treatment Facilities

(i) A physician, who is currently licensed in the State of Connecticut, shall be designated to direct the medical services of the facility. Such a physician shall have experience or training in providing services for substance dependent persons.

(ii) There shall be at least one nurse, currently licensed in the State of Connecticut, on duty during medication administration hours. Such a nurse shall have experience or training in providing services for substance dependent persons.

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(iii) There shall be a physician, currently licensed in the State of Connecticut and who is eligible to be certified by the American Board of Psychiatry and Neurology to provide psychiatric diagnosis or treatment when necessary; or, a psychologist, currently licensed in the State of Connecticut, to provide psychological evaluation and treatment when necessary.

(iv) There shall be a pharmacist, currently licensed in the State of Connecticut, who shall be responsible for the supervision of the pharmaceutical services.

(I) Special Requirement—Residential Detoxification and Evaluation, Chemical Maintenance or Ambulatory Chemical Detoxification and Medical Triage Facilities

(i) Each facility providing services shall develop and implement written policies and procedures protecting against the diversion of controlled substances within the program.

(ii) Each facility providing services shall develop and implement written policies and procedures concerning the transfer of controlled substances and alcohol from visitors to clients.

(8) Special Requirement—Care and Rehabilitation Facilities

(i) Each facility shall develop and implement written policies and procedures governing work therapy.

(9) Pharmaceutical Services—All Service Classifications Which Dispense or Administer Medications

(A) Each facility which utilizes medication as an integral part of treatment shall provide pharmaceutical services to meet the needs of the clients.

(i) The pharmaceutical services shall be conducted in accordance with all applicable federal and state laws and regulations.

(ii) Drug dispensing functions shall be provided through:

(a) A community pharmacy; or

(b) An institutional pharmacy or pharmacist's drug room operated by the facility.

(B) If the facility maintains a pharmacist's drug room, a pharmacist:

(i) Shall be responsible for the control of all bulk drugs and maintain records of their receipt and disposition.

(ii) Shall compound, dispense or distribute all drugs from the drug room.

(iii) Shall monitor the service to ensure its accuracy.

(C) The pharmaceutical services shall be under the supervision of a pharmacist.

(i) If the facility operates an institutional pharmacy, the pharmacist shall be responsible for developing, supervising, and coordinating all activities of the service.

(ii) When pharmaceutical services are obtained through a community pharmacy, the facility shall have a written agreement with a licensed pharmacist to serve as a consultant on pharmaceutical services.

(a) The consultant pharmacist shall visit the facility at least monthly, to review the pharmaceutical services, make recommendations for improvements and monitor the services to ensure its accuracy.

(b) Signed dated reports for each pharmacist's on-site visits with the findings and recommendations shall be kept on file in the facility.



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(D) A pharmacist shall be responsible for:

(i) Developing procedures for the distribution and controls of drugs and biologicals in the facility.

(ii) Compounding, packaging, labeling and dispensing all drugs to be administered to clients.

(iii) Monitoring drug therapy for drug interactions and incompatibilities and documentation of the same.

(iv) Inspecting all areas where drugs are stored (including emergency supplies) to assure that all drugs are properly labeled, stored and controlled.

(E) The facility in consultation with the pharmacist shall develop and implement written policies and procedures for control and accountability, distribution, and assurance of quality of all drugs and biologicals.

(i) Records shall be maintained for all transactions of pharmaceutical services as required by law and as necessary to maintain control of, and accountability for, all drugs and pharmaceutical supplies.

(ii) Drugs shall be distributed in the facility in accordance with an established procedure which shall include the following requirements:

(a) All drugs shall be dispensed to clients on an individual basis except for predetermined floor stock medication.

(b) Floor stock shall be limited to emergency drugs, contingency supplies of legend drugs needed to maintain clients during detoxification and chemical maintenance and to initiate new therapy, and routinely used non-legend drugs.

(c) Emergency drugs shall be readily available in a designated location(s).

(iii) Drugs and biologicals shall be stored under conditions which assure security and environmental control at all storage locations.

(a) Drugs shall be accessible only to persons who are legally authorized to dispense or administer drugs and shall be kept in locked storage at any time such a legally authorized person is not in attendance.

(b) All drugs requiring refrigeration shall be stored separately in a refrigerator used exclusively for medication which is locked or in a locked room.

(c) The inside temperature of a refrigerator in which drugs are stored shall be maintained within a 36° F to 46° F range.

(iv) Drugs shall be packaged in containers which meet the requirements of the United States Pharmacopeia for adequate protection from light and moisture.

(a) Drugs to be dispensed to clients shall be packaged in accordance with provisions of the poison prevention packaging act.

(v) Drugs and biologicals shall be properly labeled:

(a) The label for containers of medication dispensed from an institutional pharmacy or pharmacist's drug room for floor stock use shall include as a minimum the following information:

(1) Name and strength of the medication.

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(2) The expiration date.

(3) The lot or control number.

(b) The label for containers of medication dispensed from an institutional pharmacy or pharmacist's drug room for inpatient use shall include as a minimum the following information:

(1) Name of the client.

(2) Name of the prescribing practitioner.

(3) Name and strength of drug dispensed.

(4) Lot number and expiration date.

(c) The label of containers of medication dispensed from a community pharmacy for inpatient use shall as a minimum include the following information:

(1) Name, address, and telephone number of the dispensing pharmacy.

(2) Name of the client.

(3) Name of the prescribing practitioner.

(4) Specific directions for use.

(5) Name, strength, and quantity of drug dispensed.

(6) Date of dispensing the medication.

(7) Expiration date.

(d) The label for containers of medication dispensed for outpatient use shall as a minimum include the following information:

(1) Name, address, and telephone number of the dispensing pharmacy or facility.

(2) Name of the client.

(3) Name of the prescribing practitioner.

(4) Specific directions for use.

(5) Name, strength, and quantity of the drug dispensed (unless contraindicated).

(6) Date of dispensing the medication.

(vi) Drugs which are outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued, or obsolete shall be disposed in accordance with an established procedure which includes the following requirements:

(a) Controlled substances shall be disposed of in accordance with Section 21a-262-3 of the Regulations of Connecticut State Agencies.

(b) Non-controlled substances and devices shall be destroyed on the premises by a licensed nurse or pharmacist in the presence of another staff person, in a safe manner so as to render the drugs and devices non-recoverable. The facility shall maintain a record of any such destructions.

(vii) Pharmaceutical reference material shall be maintained in order to provide the professional staff with comprehensive information concerning drugs.

(F) Facilities shall be provided for the storage, safeguarding, preparation, dispensing, and administration of drugs.

(i) Any storage or medication administration area shall serve clean functions only and shall be well illuminated and ventilated. When any mobile drug storage cabinet is not being

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used in the administration of medicines to clients, it shall be stored in a room which meets this requirement.

(ii) When there is an institutional pharmacy:

(a) Special locked and ventilated storage space shall be provided to meet the legal requirements for storage of controlled substances, flammable fluids and other prescription drugs.

(b) The premises shall be kept clean, lighted and ventilated, and the equipment and facilities necessary for compounding, manufacturing and/or dispensing drugs shall be maintained in good operational condition.

(G) There shall be written policies and procedures, approved by the medical staff, for the safe prescribing and administration of drugs, and the recording of medication administration.

(i) Medication shall be administered only upon written and signed orders of a practitioner acting within the scope of a license.

(a) Verbal orders for medications or treatment shall be taken only by personnel authorized by law. The order shall include the date, time, and full signature of the person taking the order and shall be countersigned by the practitioner within 48 hours.

(b) Medications not specifically prescribed as to time or number of doses shall be stopped in accordance with an automatic stop order policy.

(ii) Drugs shall be administered directly by a practitioner, physician assistant or by a licensed nurse.

(a) Except that the self-administration of medication by clients may be permitted on a specific written order by the physician. Self-administered medications shall be dispensed, stored, monitored and recorded in accordance with an established procedure.

(b) When intravenous medications are administered by nurses, they shall be administered only by registered nurses who have specific training and clinical experience in the field of intravenous therapy.

(iii) An individual medication record shall be maintained for all clients.

(a) All administered, refused or omitted medication shall be recorded on the client's medication record by the individual responsible for administering the medication.

(b) Medications given on a "as needed" basis shall be recorded on the client's medication record and a corresponding entry made in the nurses' notes indicating the following additional information:

(1) The client's subjective symptoms or complaints.

(2) The time, dose, route of administration, and, if appropriate, the injection site.

(3) The results of the medication given.

(4) The nurse's signature.

(c) Medication treatments shall be recorded in the client's record.

(iv) Medications administered by the physician shall be recorded in the client's record in accordance with procedures established in the facility.

(v) Medication error and apparent adverse drug reactions shall be recorded in the client's

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medical record, reported to the attending physician and to the nurse supervisor and pharmacist, as appropriate, and described in a full incident report.

(10) Alternate Medication Systems—All Service Classifications Which Do Not Dispense or Administer Medication

(A) Each facility which utilizes a self-administration or supervised self-administration of medications system shall develop and implement written policies and procedures governing medications as they relate to the services provided. Such policies and procedure shall include:

- (i) Identification of the system to be utilized;
- (ii) Method of obtaining prescription medications;
- (iii) Storage of medications;
- (iv) Establishment of reasonable controls and/or monitoring methods necessary to assure the safety of all clients.
- (v) Disposal of unused medication and documentation of the method of destruction of controlled and uncontrolled substances.
- (vi) A provision for staff education related to medication. At a minimum this shall be conducted on a semi-annual basis.

(B) Facilities which utilize a supervised self-administration of medication program shall provide for the following:

- (i) Central, non-portable locked storage areas.
- (ii) A list of staff members authorized to supervise the self-administration of medications.
- (iii) Supervision of self-administration of medication shall be witnessed and documented in the client record after each dose.

(11) Restraints

(A) Residential Detoxification and Evaluation and Medical Triage Facilities

- (i) Physical restraints shall be utilized only when there is imminent danger to the client or others and when other alternatives have not been successful or are not applicable.
- (ii) No client shall be placed in a physical restraint without a physician's order.
- (iii) A client in restraint must be kept under constant visual observation by staff and cannot be kept restrained for more than one hour at any one time. If there is not sufficient change in the behavior of the client after an initial three hour period, efforts must be initiated to transfer the client to a general hospital or to a psychiatric hospital for evaluation.

(B) Monitoring

- (i) The facility shall develop and implement written procedures for the utilization of restraints which shall include:
  - (a) Staff assignment to observe and monitor the restrained client.
  - (b) Documentation of the staff member's visual observation and assessment of the client while in restraints.
  - (c) A provision requiring that the physician's order shall specify the type of restraint to be utilized and the duration of restraint.
  - (d) A provision requiring that the restraints shall be applied in such a manner as to provide

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for proper body alignment.

(e) A provision requiring that each client in restraints shall be offered fluids unless restricted by a physician's order, and toileting every hour.

(f) A provision requiring that each client in restraints shall receive active or passive range of motion, repositioning and skin care every 30 minutes.

(g) A provision requiring that each client in restraints shall be assessed by a licensed nurse every 30 minutes. Such observation and assessment shall be documented and shall include:

- (1) Blood pressure;
- (2) Pulse;
- (3) Respiration;
- (4) Condition of skin under restraints;
- (5) Evidence of circulatory impairment such as discoloration, change in temperature, edema, numbness and tingling, etc.
- (6) Each client in restraints shall be afforded privacy.

(n) **Computerized Medication Administration Systems and Computerized Records**

(1) Licensed private freestanding facilities for the care or the treatment of substance abusive or dependent persons may use computerized systems to maintain an organized record for each client and for the administration of medications.

(2) Notwithstanding subsections (m) (9) (A) (ii) (b) and (m) (9) (B) (ii) of this section, facilities utilizing computerized systems to maintain client records or for medication administration shall be in compliance with this section.

(3) Entries in client records shall be made only by individuals who are authorized to access and make entries in the client records as specified in facility policies and procedures.

(4) For the purpose of this subsection, all entries in client records shall be signed in writing or electronically or initialed by the person making the entry.

(5) Facilities utilizing computerized systems to maintain client records or for medication administration shall develop policies and procedures that shall include, but not necessarily be limited to:

(A) operation and maintenance of the system to include a back up plan in the event that the computer system is not functioning;

(B) required contents of computerized client records; and

(C) a plan for producing printed copies of computerized client records, which shall be maintained in accordance with subsection (m) (3) (H) of this section, at least once every seven (7) days.

(6) All client information shall be maintained in a secure and confidential manner. Policies and procedures shall be developed to address the following:

(A) Unauthorized access to computerized systems shall be protected by use of confidential codes or electronic identifiers in accordance with Section 21a-244a of the Connecticut General Statutes and regulations that may be adopted thereunder.

(B) Entries that require countersigning by a practitioner shall be countersigned in accordance with Subsection (a) of Section 21a-251 of the Connecticut General Statutes

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(C) Each system user shall sign a commitment to maintain the confidentiality of their personal identifier, to prevent unauthorized access to their identifier and client records and to ensure authenticity of record entry validity.

(D) Facility staff shall be restricted to system use for only those portions of the computerized client information that are essential to perform their professional duties as assigned.

(7) A licensed health care practitioner who administers medication from a computerized medication administration system shall, in the case of liquid forms of medication, visually monitor the dosage.

(8) Use of computerized administration systems shall be restricted to facility staff members and health care practitioners who have documented evidence of successfully completing a comprehensive training program in the use of computerized administration systems, and who have documented evidence of demonstrated competency in the use of the system.

(9) The facility shall establish a quality assurance program to address the use of computerized systems for the maintenance of client records and the administration of medication. The quality assurance program shall include, but not necessarily be limited to, monitoring compliance with all policies and procedures for the use of such systems.

(10) The facility shall provide the department with unrestricted access to client records and records of medication dispensing and administration maintained within the computerized systems.

(11) Prior to the implementation of a computerized system for the dispensing of medications, the licensee shall submit, in writing, authorization from the Department of Consumer Protection for the system.

**(o) Auricular Acupuncture**

(1) Private Freestanding Facilities for the Care or Treatment of Substance Abusive or Dependent Persons may utilize auricular acupuncture for substance abuse treatment.

(2) The department shall approve an organization to provide training for substance abuse acupuncture specialists in auricular acupuncture if the organization's curriculum meets the requirements listed in subdivision (4) of this subsection. Application for approval shall be made on forms provided by the department. The organization shall maintain records on substance abuse acupuncture specialists who successfully complete a training program that meets or exceeds the requirements listed in subdivision (4) of this subsection and receive certification from the organization.

(3) Prior to performing auricular acupuncture, a person who is not licensed as an acupuncturist shall be trained by a licensed acupuncturist or a substance abuse auricular acupuncture trainer, affiliated with an organization approved by the department. Such person shall receive from an organization approved by the department, written certification that he has successfully completed training to perform substance abuse auricular acupuncture as a substance abuse acupuncture specialist.

(4) The training in auricular acupuncture shall be at least seventy (70) hours in length,



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shall be a clinical, apprentice based program, and shall include, but not be limited to, the following:

- (A) objectives;
- (B) the theoretical basis of auricular acupuncture;
- (C) the ethical principles that guide the practice of auricular acupuncture detoxification specialists;
- (D) the evaluation of the effectiveness of treatment;
- (E) case studies and research;
- (F) patient counseling, education, and selection criteria, counter indications, and techniques;
- (G) appropriate protocol, including:
  - (i) preparation of the setting and supplies, including sterilization of needles;
  - (ii) universal precautions;
  - (iii) counseling strategies;
  - (iv) the use of urine testing;
  - (v) data collection and record keeping;
  - (vi) liaisons with other agencies or programs; and
  - (vii) disposal of infectious waste.
- (H) the relationship of auricular acupuncture to the overall treatment plan of individuals at various stages of rehabilitation;
- (I) observations of the treatment process, including patient interviews;
- (J) demonstration of auricular acupuncture techniques by the trainer, and return demonstration of techniques by the trainee;
- (K) an understanding of the limitations of auricular acupuncture, and that the trainee has been trained to perform auricular acupuncture only in relation to the treatment of substance abuse and not any other type of treatment; and
- (L) procedures for handling medical emergencies.

(5) A copy of the current certification documentation from the trainer or the approved organization for each person performing auricular acupuncture shall be on file at the facility where auricular acupuncture is being practiced, and available for review by the department upon request.

The certification documentation shall include the following information:

- (A) the name of the organization, approved by the commissioner under which the certification is issued;
- (B) the full name, signature, title, license number (when applicable), address and telephone number of the person who gave the training;
- (C) the location and date the training was given;
- (D) a statement that the required curriculum areas listed in subdivision (4) of this subsection were successfully mastered;
- (E) the name, address and telephone number of the person who completed the training successfully; and

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(F) the expiration date of the approval.

(6) The trainee shall obtain from the trainer or the approved organization an outline of the curriculum content which verifies that all mandated requirements have been included in the training program. A copy of said outline shall be on file at the facility where the trainee is employed for department review. The department may require at any time that the facility obtain the full curriculum from the trainer or the approved organization for review by the department.

(7) Auricular acupuncture shall be conducted under the supervision of a physician. A written agreement with the supervising physician shall be maintained which includes at least the following provisions:

(A) The supervising physician shall be on call and physically available within twenty (20) minutes during those hours when he is not physically present at the facility.

(B) The supervising physician shall be notified immediately if a medical emergency occurs during auricular acupuncture treatment, by the person performing the procedure.

(C) The supervising physician shall document a review of the auricular acupuncture program which includes treatment observation and client record reviews with recommendations as appropriate. Such reviews shall be conducted at least once every three months. The reports of the supervising physician's reviews shall be maintained on file at the facility for not less than two years.

(8) Each facility that elects to use auricular acupuncture shall make educational material on the procedure available to clients and shall offer auricular acupuncture as an adjunct therapy to all interested clients.

(9) Each facility that elects to use auricular acupuncture shall develop policies that include, but are not limited to:

(A) universal precaution standards;

(B) infection control standards that include employees' risk of exposure and vaccination availability;

(C) provisions for hazardous biomedical waste disposal;

(D) provisions for restricting auricular acupuncture to substance abuse and dependency treatment;

(E) contraindications or precautions regarding the use of auricular acupuncture;

(F) integration of auricular acupuncture with other substance abuse treatment modalities;

(G) auricular acupuncture detoxification treatment;

(H) auricular acupuncture rehabilitation treatment;

(I) maintenance of a needle use log and a lost needle log; and

(J) documentation of related accidents or incidents and reportable diseases.

(10) Each facility that elects to use auricular acupuncture shall develop procedures that include the following:

(A) client indication or contraindication assessment;

(B) specification of auricular acupuncture points to be used for substance abuse treatment;

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- (C) proper handwashing technique;
  - (D) prohibition of contact between the substance abuse acupuncture specialist and the client that could result in the exchange of body fluid during the procedure;
  - (E) preparation of the client for treatment by cleansing the external ear with an antiseptic solution;
  - (F) visual examination of the client's ear for signs of infection or inflammation;
  - (G) the use of sterile needles for all needle insertions;
  - (H) compliance with autoclaving sterilization standards, as identified in the most recent edition of standards by the American Operating Room Nurse Association, when nondisposable needles are used;
  - (I) identification of the procedure duration, extraction and proper disposal of contaminated needles;
  - (J) a provision that clients are encouraged to remove their own needles;
  - (K) a provision that all necessary supplies are readily available during the procedure;
  - (L) the use of containers that safely store sharps;
  - (M) documentation of all employee needle stick injuries and blood exposures occurring during procedures, such record to be maintained for not less than three years; and
  - (N) the use of a physician to evaluate all employee needle stick injuries and blood exposures.
- (11) Records of clients receiving auricular acupuncture shall contain the following:
- (A) an assessment of the indication for the provision of auricular acupuncture;
  - (B) informed consent signed by the client, or the client's parent or guardian if the client is a minor, and witnessed by a staff counselor;
  - (C) a written order signed by a physician;
  - (D) inclusion of auricular acupuncture on the individual program plan as identified in subsection (m)(3)(c) of this section; and
  - (E) documentation of the treatment provided and response to treatment.
- (12) Each facility that elects to use auricular acupuncture shall provide inservice education for staff, at least once every six months, on infection control issues. Such training shall be documented and kept on file at the facility for not less than two years.
- (13) Each facility that elects to use auricular acupuncture shall maintain a program for quality assurance that includes, but is not limited to, infection prevention, surveillance and monitoring of adverse reactions and monitoring compliance with policies and procedures for auricular acupuncture.

(Effective June 25, 1990; Amended September 25, 1996; Amended October 30, 1998; Amended April 29, 1999)

**Licensure of Recovery Care Centers and Standards For In-hospital Recovery Care Centers**

**Sec. 19a-495-571. Licensure of recovery care centers and standards for In-Hospital Recovery Care Centers.**

(a) **Definitions.** As used in this section:

(1) “Administer” means to initiate the venipuncture and deliver an IV fluid, IV admixture, blood and blood components into the blood stream via a vein; monitor the patient; care for the venipuncture site; terminate the procedure; and record pertinent events and observations.

(2) “Care partner” means an individual whose intent is to help the patient in his or her recovery. A care partner may provide assistance with personal care and routine needs.

(3) “Commissioner” means the Commissioner of the Department of Public Health and Addiction Services, or his or her designee.

(4) “Community pharmacy” means a pharmacy licensed pursuant to Section 20-168 of the Connecticut General Statutes. An exception may be made for those cases in which a specific patient has a third party prescription drug plan that requires the patient to obtain medications from a specific pharmacy located outside the State of Connecticut, provided such pharmacy complies with the requirements of the State of Connecticut regulations and the policy of the facility regarding labeling and packaging.

(5) “Department” means the Connecticut Department of Public Health and Addiction Services.

(6) “IV admixture” means an IV fluid to which one or more additional drug products have been added.

(7) “IV fluid” means sterile solutions intended for intravenous infusion.

(8) “IV therapy” means the introduction of an IV fluid or IV admixture into the blood stream via a vein for the purpose of correcting water deficit and electrolyte imbalances, providing nutrition, and delivering antibiotics and other therapeutic agents approved by the facility’s medical staff. “IV Therapy” also means the introduction of blood and blood components into the blood stream via a vein.

(9) “IV therapy nurse” means a registered nurse who is qualified by education and training and has demonstrated proficiency in the theoretical and clinical aspects of IV therapy to administer an IV fluid, IV admixture, blood and blood components.

(10) “IV therapy trainer” means a registered nurse who has been certified in IV Therapeutics by the National Intravenous Therapy Association and possesses current certification from that entity.

(11) “IV therapy program” means the overall plan by which the facility shall implement, monitor and safeguard the administration of IV therapy to patients.

(12) “Life support system” as defined in section 19a-570 (1) of the Connecticut General Statutes means any medical procedure or intervention which, when applied to an individual, would serve only to postpone the moment of death or maintain the individual in a state of permanent unconsciousness. In these circumstances, such procedures shall include, but are

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not necessarily limited to, mechanical or electronic devices including artificial means of providing nutrition or hydration.

(13) “Nurse’s aides” means unlicensed workers employed and trained to assist licensed nursing personnel and entered on the nurse’s aide registry maintained by the department.

(14) “Practitioner” means a physician, dentist or other person authorized to prescribe drugs in the course of professional service in the State of Connecticut.

(15) “Qualified social work consultant” means a person who possesses at least a master’s degree in social work from a college or university that was accredited by the Council on Social Work Education at the time of his or her graduation, and has at least two (2) years of post graduate social work experience in a health care setting.

(16) “Qualified social worker” means a person who possesses at least a bachelor’s degree in social work from a college or university that was accredited by the Council on Social Work Education at the time of his or her graduation, and has at least one (1) year of post degree social work experience in a health care setting.

(17) “Recovery care center” or “center” means a center providing care and services to patients following an acute event as a result of illness, injury or exacerbated disease process and who are in need of a high degree of medical direction, but for whom acute-hospitalization is not required.

(A) An in-hospital recovery care center is a special unit of a licensed hospital and must be located attached to or on the grounds of a licensed hospital. Duplication of services is not required if the services are approximate to the point of service as determined by the department.

(B) A recovery care center is a freestanding licensed facility or otherwise specifically designated unit of a licensed facility that shall contain all of the elements for service and function contained in this section.

(18) “Reportable event” means an occurrence, situation or circumstance which is unusual or inconsistent with the policies and practices of the facility.

(19) “Supervision” means the direction, inspection, and on-site observation of the functions and activities of others in the performance of their duties and responsibilities.

**(b) Licensure procedure**

(1) Application for a separate license to operate a recovery care center may be made only by an existing facility which was operating independently as of July 1, 1994, and that has not been issued a license as a facility under any category in Connecticut General Statutes, Chapter 368v, Section 19a-490.

(2) If it is determined by the appropriate state agency that a certificate of need is required to operate a recovery care center, the certificate of need shall be a prerequisite to licensing or provision of service.

**(3) Application for licensure**

(A) No person shall operate a recovery care center without a license issued by the department in accordance with Connecticut General Statutes, Section 19a-491.

(B) Application for the grant or renewal of a license to operate a recovery care center

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shall be made to the department in writing, on forms provided by the department; shall be signed by the person seeking authority to operate the service; shall be notarized; and shall include, but not necessarily be limited to the following information:

- (i) names and titles of administrative staff including the administrator, director of nursing services, supervisor or head nurse, medical director or specified physician;
- (ii) patient capacity;
- (iii) total number of employees, by category;
- (iv) services provided;
- (v) evidence of financial viability to include a projected two (2) year budget, including estimates of net income and expenditures, at the time of initial application, and balance sheet as of the end of the most recent fiscal year, at the time of license renewal;
- (vi) certificate of malpractice and public liability insurance;
- (vii) certificate of good standing, if applicable;
- (viii) statement of ownership and operation, including, but not necessarily limited to the name and address of each owner and, if the center is a corporation, all ownership interests (direct or indirect) of ten percent (10%) or more and the name and address of each officer, director and member of the governing authority;
- (ix) relevant statistical information requested by the department;
- (x) agent for service; and
- (xi) local fire marshal's annual certificate.

(C) The recovery care center shall notify the department of any changes in the information provided in accordance with subparagraph (B) of this subdivision.

(4) Issuance and renewal of license

(A) Upon determination by the department that the recovery care center 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 center for a period not to exceed two (2) years.

(B) Application for license renewal shall be made in accordance with subparagraph (B) of subdivision (3) of this subsection and not less than thirty (30) days preceding the date of expiration of the center's current license.

(C) A license shall be issued in the name of the entity that has submitted application for the license.

(D) The license shall not be transferable to any other person, entity or service and shall be applicable only to the site for which it is issued.

(E) Each license shall list on its face, the name of the licensee, the "doing business as" name, the location, and the date of issuance and expiration.

(F) The license shall be posted in a conspicuous and centrally located place.

(G) The licensee shall immediately notify the department in writing of any change in administrative personnel of the recovery care center.

(H) Any change in the ownership of a recovery care center owned by an individual, partnership or association or the change in ownership or beneficial ownership of ten percent (10%) or more of the stock of a corporation that owns or operates such center, shall be



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subject to prior approval by the department. The licensee shall notify the department in writing of any such proposed change of ownership, at least ninety (90) days prior to the effective date of such proposed change.

(5) Suspension, revocation, denial, non-renewal or voluntary surrender of license

(A) A license may be suspended, revoked, denied or its renewal refused whenever in the judgment of the department the center:

(i) fails to comply with applicable regulations and/or laws prescribed by the commissioner;

(ii) furnishes or makes any false or misleading statements to the department in order to obtain or retain the license; or

(iii) fails to provide the mandatory care services on a continual basis.

(B) In the event of the suspension, revocation, denial or non-renewal of a license, the recovery care center shall be provided the opportunity for a hearing in accordance with the contested case provisions of Chapter 54 of the Connecticut General Statutes and Sections 19a-4-1 through 19a-4-31 of the regulations of Connecticut State Agencies, as applicable.

(C) Refusal to grant the department access to the patient's records, or staff of the center shall be grounds for suspension, revocation, denial or non-renewal of the license.

(D) Surrender of license. The center shall notify, in writing, each patient receiving services from the center, the next of kin or legal representative, and any third party payors concerned, at least fourteen (14) days prior to the voluntary surrender of a recovery care center license or surrender of license upon the department's order of revocation, refusal to renew, or suspension of license. Arrangements shall be made by the licensee for the continuation of care and services as required for patients following the surrender of the center's license.

**(c) General conditions for admission**

(1) Patients admitted to recovery care centers shall not require intensive care services, coronary care services, or critical care services. Recovery care services do not include surgical services, radiology services, pre-adolescent pediatric services or obstetrical services over twenty-four (24) weeks gestation.

(2) No patient whose condition is documented as terminal, in need of hospice care, below the Rancho Los Amigos Level VI of cognitive functioning or mentally incapable of recognizing that an emergency situation exists shall be admitted to the center.

(3) Admission to the center shall be restricted to patients who fall within the following categories and for whom it is reasonable to expect an uncomplicated recovery:

(A) emergency room procedures that do not require hospitalization;

(B) diagnostic or surgical procedures that do not routinely require hospitalization;

(C) medical, chemical or radiological treatments that are performed on an outpatient basis;

(D) medically stable hospitalized patients who require continued health care services to meet the hospital's discharge criteria (Intensity, Severity and Discharge (ISD-A) Severity of Illness, Intensity of Service Criteria); or

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(E) patients requiring post surgical care who have had outpatient surgical procedures performed and who need or desire continued care.

(4) No patients who have had cardiac catheterizations may be admitted to the center with the exception of those patients who meet American College of Cardiology and American Heart Association Guidelines for cardiac catheterization Class I and are deemed stable by a cardiologist, which patients may not be admitted sooner than four (4) hours post cardiac catheterization procedure.

(5) No patient shall be admitted to an out-of-hospital recovery care center who requires support services from a hospital or a laboratory to ensure safety and stability of the patient's condition, including, but not necessarily limited to, blood gas monitoring.

(6) Lengths of stay shall be as follows:

(A) Patients admitted from any ambulatory surgical setting shall be limited to an anticipated three (3) day period of time. Patients who unexpectedly exceed a three (3) day period shall require a progress note written by the attending physician that shall justify the unanticipated extended length of stay.

(B) Patients admitted from acute or community settings whose length of stay exceeds a three (3) day period require a progress note written by the attending physician every three (3) days that shall justify the extended length of stay for continuation of treatment.

(C) The length of stay shall not exceed twenty-one (21) days.

(d) **Governing body. Out-of-hospital recovery care centers**

(1) The center shall have a governing body which shall have the general responsibilities to:

(A) set policy;

(B) oversee the management and operation of the facility;

(C) ensure the financial viability of the facility; and

(D) ensure compliance with current standards of practice relative to any practice or procedure performed in the facility or by any professional staff or consultant utilized by the facility.

(2) Specific responsibilities of the governing body necessary to carry out its general duties shall include, but not necessarily be limited to, the following:

(A) adoption and documented annual review of written center and medical staff by-laws;

(B) development of an annual budget;

(C) annual review and update of the center's institutional plan, including anticipated needs, income and expenses;

(D) review of center compliance with established policy;

(E) appointment of an administrator who is qualified in accordance with subsections (e) (1) and (2) of this section;

(F) provision of a safe physical plant equipped and staffed to maintain the center and services;

(G) approval of an organizational chart which establishes clear lines of responsibility and authority in all matters relating to management and maintenance of the center;

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

(I) written confirmation of all appointments made or approved by the governing body; and

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

**(e) Administrator**

(1) The administrator shall possess a master's degree in a health related field or in administrative studies. If the administrator is a physician, he or she shall also possess an unrestricted license for the practice of medicine in the State of Connecticut.

(2) The administrator shall have two (2) years of administrative experience in a health care facility.

(3) The administrator shall be responsible for the following:

(A) enforcing any applicable local, state and federal laws, and regulations and center by-laws;

(B) appointing, with the approval of the governing body, of a medical director who is qualified under subsection (i) of this section and a director of nursing services who is qualified under subsection (n) of this section;

(C) serving as a liaison between the governing body, medical and nursing staffs, and other professional and supervisory staff;

(D) appointing, in writing, and with the approval of the governing body, a responsible employee to act in his or her behalf in temporary absences;

(E) employing qualified personnel in sufficient numbers to assess and meet patient needs including the provision of orientation and training as necessary, with the advice of the medical director and director of nursing services;

(F) defining the duties and responsibilities of all personnel classifications;

(G) maintaining a patient roster and a daily census of all patients admitted and discharged by the facility which shall be submitted to the department the last day of each quarter unless otherwise requested and shall include but not necessarily be limited to the following information:

(i) admission date, discharge date and length of stay;

(ii) diagnosis;

(iii) type of admission;

(iv) reason for admission;

(v) surgical procedure, if applicable;

(vi) identification of any medical or surgical complication that developed during patient's stay;

(vii) discharge location;

(viii) any other information requested by the department; and

(H) developing a coordinated program for orientation to the center, in-service training

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and continuing education for all categories of staff in order to develop skills and increase knowledge so as to improve patient care, in cooperation with the medical director and director of nursing services.

(4) The administrator or the administrator's designee for an out-of-hospital recovery care center shall serve no less than twenty (20) hours per week on the premises of the center and shall be on twenty-four (24) hour call for a center of twenty-one (21) or less beds.

(5) The administrator or the administrator's designee for an out-of-hospital recovery care center shall serve full time on the premises of the center, and shall be on twenty-four (24) hour call, for a center of more than twenty-one (21) beds.

(6) The administrator or the administrator's designee for an in-hospital recovery care center shall serve no less than ten (10) hours per week on the premises of the center and shall provide for twenty-four (24) hour on-call coverage.

**(f) Personnel policies for a recovery care center**

(1) A recovery care center shall have written personnel policies that shall include but not necessarily be limited to:

(A) documentation that all employees have satisfactorily completed an orientation program appropriate to their job description;

(B) provision of in-service education at least quarterly, with content appropriate to the scope of services provided;

(C) policy and procedure for annual performance evaluations, which includes a process for corrective action when an employee receives an unsatisfactory performance evaluation;

(D) job descriptions;

(E) physician documentation of biennial physical examinations; and

(F) annual tuberculin testing.

(2) For all employees of the recovery care center, the center shall maintain individual personnel records containing at least the following:

(A) an application that contains educational preparation and work experience;

(B) verification of current licensure or certification as appropriate;

(C) written annual performance evaluations;

(D) signed contract or letter of appointment specifying conditions of employment;

(E) record of health examinations; and

(F) documentation of orientation.

(g) **Patients' bill of rights.** A patients' bill of rights shall be implemented for each patient admitted to the center. A notice shall be conspicuously posted on each nursing unit that states the following: "Any complaints regarding care or services may be made to the Department of Public Health and Addiction Services, Hospital and Medical Care Division, 150 Washington Street, Hartford, Connecticut 06106." The bill of rights shall provide that each patient:

(1) is fully informed of these rights, as evidenced by his or her written acknowledgment, prior to or at the time of admission;

(2) is fully informed by a physician of his or her medical condition, unless medically

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contraindicated as documented by the physician in the medical record, and is afforded the opportunity to participate in the planning of his or her medical treatment and to refuse to participate in experimental research;

(3) may be physically or chemically restrained only to ensure their physical safety and only upon the written order of a physician that specifies the type of restraint and the duration and circumstances under which the restraints are to be used, except in emergencies until a specific order can be obtained;

(4) is assured confidential treatment of his or her medical records, and may approve or refuse their release to any individual outside the center, except in case of transfer to another health care institution or as required by law or third-party payment contract;

(5) is advised of the requirements of the Patient Self Determination Act of 1990, P.L. 101-508, section 4206 (a)(2) and section 4751 (a)(2) on advance directives; and

(6) is encouraged and assisted, throughout the length of stay, to exercise his or her rights as a patient and as a citizen, and to this end may voice grievances and recommend changes in policies and services to center staff, free from abuse, restraint, interference, coercion, discrimination or reprisal.

**(h) Reportable event(s)**

(1) Classification. All reportable events shall be classified as follows:

(A) Class A: an event that has caused or resulted in a patient's death or presents an immediate danger of death or serious harm;

(B) Class B: an event that indicates an outbreak of disease or foodborne outbreaks as defined in section 19a-36-A1 of the regulations of Connecticut State Agencies; a complaint of patient abuse or an event that involves an abusive act to a patient by any person; for the purpose of this classification, abuse means a verbal, mental, sexual, or physical attack on a patient that may include the infliction of injury, unreasonable confinement, intimidation, or punishment;

(C) Class C: an event (including but not limited to loss of emergency electrical generator power, loss of heat, loss of water system) that shall result in the evacuation of one (1) or more patients within or outside of the facility and all fires regardless of whether services are disrupted; or

(D) Class D: an event that has caused or resulted in a serious injury or a significant change in a patient's condition; an event which involves medication error(s) of clinical significance; or an adverse drug reaction of clinical significance which for the purpose of this classification, means an event that adversely alters a patient's mental or physical condition.

(2) All documentation of reportable events shall be maintained at the center for not less than three (3) years.

(3) The administrator or his or her designee shall report any reportable event to the department according to the following schedule:

(A) Classes A, B and C: immediate notice by telephone to the department, to be confirmed by written report as provided herein within seventy-two (72) hours of said event;

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(B) Class D: written report to the department as provided herein within seventy-two (72) hours of said event.

(4) Each written report shall contain the following information:

(A) date of report and date of event;

(B) identification of the patient(s) affected by the event including:

(i) name;

(ii) age;

(iii) injury;

(iv) distress or discomfort;

(v) disposition;

(vi) date of admission;

(vii) current diagnosis;

(viii) physical and mental status prior to the event; and

(ix) physical and mental status after the event;

(C) location, nature and brief description of the event;

(D) name of the physician consulted, if any, time of notification of the physician and a report summarizing any subsequent physical examination, including findings and orders;

(E) names of any witnesses to the event;

(F) any other information deemed relevant by the reporting authority or the licensed administrator; and

(G) signatures of the person who prepared the report and the licensed administrator.

(5) All reportable events that have occurred in the center shall be reviewed on a monthly basis by the administrator and director of nursing services. All situations that have a potential for risk shall be identified. A determination shall be made as to what preventative measures shall be implemented by the center staff. Documentation of such determination shall be submitted to the medical staff. This documentation shall be maintained for not less than three (3) years.

(6) An investigation shall be initiated by the center within twenty-four (24) hours of the discovery of a patient(s) with an injury of suspicious or unknown origin or receipt of an allegation of abuse. The investigation and the findings shall be documented and submitted to the center's medical staff for review. This documentation shall be maintained at the center for a period of not less than three (3) years.

(7) Numbering. Each report shall be identified on each page with a number as follows: the last two (2) digits of the year and the sequential number of the report during the calendar year.

(8) Subsequent reports. The administrator shall submit subsequent reports relevant to any reportable event as often as is necessary to inform the department of significant changes in the status of affected individuals or changes in material facts originally reported. Such reports shall be attached to a photocopy of the original reportable event report.

(i) **Medical director**



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(1) The medical director shall be a physician licensed to practice medicine in Connecticut, shall serve on the facility's medical advisory board, shall be board certified in a specialty appropriate to the types of patients being served in the center as specified by the governing body and shall be a member of the medical staff of a general hospital licensed in Connecticut.

(2) The position of medical director shall not be held by the same person who holds the position of administrator.

(3) In-hospital recovery care centers shall provide medical direction through the designation of a specified physician in accordance with the hospital medical staff by-laws. A minimum of ten (10) hours a week of medical direction and supervision shall be provided.

(4) The medical director in an out-of-hospital recovery care center shall be appointed by the governing body and shall have the following powers and responsibilities:

(A) enforcing the bylaws governing medical care;

(B) approving or denying applications for membership on the center's medical staff in accordance with subsection (k) of this section;

(C) appointing all physicians by letter of appointment which delineates the physicians' privileges, duties and responsibilities and is acknowledged in writing by the appointee;

(D) in accordance with the medical staff bylaws, suspending or terminating the center privileges of a medical staff member if that member is unable or unwilling to adequately care for a patient in accordance with state statutes, regulations, and standards of practice;

(E) assuring that quality medical care is provided in accordance with quality assurance requirements as established by the center; and

(F) serving as a liaison between the medical staff and administration;

(5) The medical director or his or her designee shall have the following responsibilities:

(A) approving or disapproving a patient's admission based on the center's ability to provide adequate care for the individual in accordance with the medical staff bylaws and subsection (c) of this section by record review or patient examination prior to admission;

(B) assuring that each patient in the center has an assigned personal physician;

(C) providing or arranging for the provision of necessary medical care to the patient if the individual's personal physician is unable or unwilling to do so;

(D) visiting the center daily to assess the adequacy of medical care provided in the center;

(E) providing a minimum of twenty (20) hours a week of medical direction and supervision on-site;

(F) receiving reports from the director of nurses on significant clinical developments; and

(G) documenting visits to the recovery care center which shall minimally include the date and time of the visit, the names of the patients reviewed and a summary of problems discussed with the staff.

(j) **Medical staff and allied health professionals. In-hospital recovery care centers.** In-hospital recovery care center medical staff and allied health professional appointments shall be consistent with the medical staff organization and bylaws.

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(k) **Medical staff and allied health professionals.** Out-of-hospital recovery care centers

(1) All members of the medical staff and allied health professionals shall:

(A) possess a full and unrestricted Connecticut license; and

(B) satisfy specific standards and criteria set in the medical bylaws of the center.

(2) All members of the medical staff shall be available by phone twenty-four (24) hours a day, be available to respond promptly in an emergency, and be able to provide an alternate physician for coverage whenever necessary.

(3) Each member of the center's medical staff shall sign a statement attesting to the fact that such member has read and understood the center's medical bylaws, policies and procedures, and applicable statutes and regulations, and that such member shall abide by such requirements to the best of his or her ability.

(l) **Medical advisory board members. Out-of-hospital recovery care centers**

(1) The center shall have a medical advisory board. The medical advisory board shall include no less than five (5) physicians licensed in Connecticut.

(2) The medical advisory board shall meet at least once every ninety (90) days. Minutes shall be maintained for all such meetings with copies sent to all medical staff members. The regular business of the medical advisory board meetings shall include, but not necessarily be limited to, the hearing and consideration of reports and other communications from physicians, the director of nursing services, and other health professionals on:

(A) patient care topics, including all deaths, accidents, complications and infections; and

(B) interdisciplinary care issues including, but not necessarily limited to, nursing, physical therapy, social work and pharmacy.

(3) Medical advisory board members shall attend at least fifty percent (50%) of medical advisory board meetings per year. If two (2) or more members of the medical advisory board are members of the same partnership or incorporated group practice, one (1) member of such an association may fulfill the attendance requirements for the other members of that association provided quorum requirements are met. In such case, the member in attendance shall be entitled to only one (1) vote.

(4) The medical advisory board shall adopt written bylaws governing the medical care of the center's patients. Such bylaws shall be reviewed biennially and approved by the medical director and the governing body. The bylaws shall include, but not necessarily be limited to:

(A) acceptable standards of practice for the medical staff;

(B) criteria and methodology for evaluating the quality of medical care provided in the center;

(C) criteria by which the medical director shall decide the admission or denial of admission of a patient based on the center's ability to provide care which shall specifically define the types of physical and mental disabilities and conditions for which the center intends to provide care and services and which are consistent with the criteria for admission, types of services and diagnostic procedures that shall be performed, types of medical conditions and surgical procedures for which the center shall provide aftercare services,

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and admission criteria as noted in subsection (c) of this section;

(D) 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 due process in the event of such actions;

(E) quorum requirements for medical advisory board meetings, provided a quorum may not be less than fifty percent (50%) of the physicians on the medical advisory board;

(F) specific definition of services, if any, that may be provided by non-physician health professionals such as physician assistants or nurse practitioners;

(G) standards to ensure that members of the medical staff make safe, appropriate and timely referrals to other health care institutions when a patient's condition has changed since admission and said patient can no longer be safely housed in this setting;

(H) standards to ensure 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 center's medical advisory board is temporarily appointed to serve in that capacity; and

(I) criteria for appointment to the medical advisory board.

(m) **Director of nursing services.** In-hospital recovery care centers. In-hospital recovery care centers shall provide nursing direction through the designation of a specified registered nurse licensed in Connecticut in accordance with nursing standards of practice. This designated person shall serve full time in this capacity.

(n) **Director of nursing services. Out-of-hospital recovery care centers**

(1) The director of nursing services shall be a nurse licensed and registered in Connecticut with a master's degree in nursing and at least two (2) years of experience in medical, surgical or rehabilitative nursing and one (1) year of experience in nursing service administration.

(2) The director of nursing services shall be responsible for the supervision and quality of nursing care provided in the facility. The director of nursing services' responsibilities 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;

(B) development of written job descriptions for nurses and nurse's aides;

(C) development and implementation of a patient acuity system upon which the staffing model shall be based, which shall include, but not necessarily be limited to, the following:

(i) categorization of patient population;

(ii) determination of direct and indirect patient activities and related functions;

(iii) classification of care givers and levels of responsibility; and

(iv) provision of staff replacement time;

(D) development of a methodology to ensure that staffing remains appropriate to the patient population being served;

(E) appointment of nurse supervisors as required to meet the needs of the population served;

(F) coordination and direction of the total planning for nursing services, including

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recommending to the administrator the number and levels of nurses and nurse's aides to be employed;

(G) assistance in the development of and participation in a staff orientation and training program, in cooperation with the administrator and medical director; and

(H) appointment, with the approval of the administrator, of a nurse employed at the facility to act on behalf of the director of nursing services in temporary absences.

(3) The director of nursing services shall work forty (40) hours per week.

(o) **Nurse supervisor.** A nurse supervisor shall be a nurse registered and licensed in Connecticut. Nursing supervision shall be provided twenty-four (24) hours a day, seven (7) days a week. The responsibilities of the nurse supervisor shall include:

(1) supervision of nursing activities during his or her shift;

(2) notification of a patient's attending physician if there is a significant change in the condition of the patient or if the patient requires immediate medical care, or notification of the medical director if the patient's personal physician does not respond promptly; and

(3) maintenance of standards of care.

(p) **Nursing staff**

(1) The center shall employ sufficient nurses and nurse's aides to provide appropriate care of patients housed in the center twenty-four (24) hours a day, seven (7) days a week.

(2) There shall be at least two (2) registered nurses on duty from seven (7) a.m. to eleven (11) p.m., seven (7) days a week. From eleven (11) p.m. to seven (7) a.m. there shall be at least one (1) registered nurse on duty. At no time shall there be less than two (2) persons in attendance for patient care.

(3) Nursing staff shall ensure that each patient:

(A) receives treatments, therapies, medications and nourishments as prescribed in the patient care plan;

(B) is clean and comfortable;

(C) is protected from accident, incident, infection, or other unusual occurrence; and

(D) is provided with teaching appropriate to his or her needs.

(4) The nurse supervisor shall report significant clinical developments to the patient's personal physician.

(5) All nursing staff shall be certified in advanced cardiac life support.

(6) All nurse's aides who are employed to provide care and services to patients must be registered with the department.

(q) **Care partners**

(1) The care partner's responsibilities are limited to the following:

(i) acting as an observer in providing information about the patient (such as temperature and appetite) to the nursing staff;

(ii) participating in the patient's educational sessions; and

(iii) being a companion to the patient.

(2) Each care partner shall be provided with all necessary training, supervision and monitoring to ensure that said person performs each activity without risk to the patient or

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self. This training shall be provided and accordingly documented by qualified personnel.

**(r) Medical and professional services**

(1) Admission procedures. All patients are to be certified by their attending physicians as medically stable prior to admission. Documentation to this effect shall be present in the patient's medical record.

(2) The patient or his or her next of kin or legal representative shall be provided with the names of all persons providing professional health care services to the patient.

(3) A method for identification of all patients shall be established and maintained at all times.

(4) Admission documents must include one of the following:

(A) Hospital discharge. The referring physician must complete the hospital's discharge summary and a W-10 form. Both documents must accompany the patient to the center on the day of transfer.

(B) Ambulatory surgery discharge. Copies of the referral history and physical form, anesthesiology record and post-operative instruction sheet must accompany the patient to the center at the time of transfer.

(C) Direct admissions from the community. A comprehensive medical history and medical examination shall be completed for each patient within forty-eight (48) hours prior to admission and must either accompany the patient at the time of admission or must be on file in the center prior to the admission of the patient.

(5) A patient assessment shall be completed by a registered nurse upon admission to the recovery care center.

(A) Post surgical patients shall have a post-surgical assessment that includes physical condition, post-operative status, and deviations from the pre-operative assessment.

(B) Medically stable post-institutional patients shall have physical assessments which verify the discharge summary data and transfer documents from the transferring health care agency.

(C) Admissions directly from home shall have assessments completed by all disciplines to be involved in the care of the patient which shall include, but not necessarily be limited to, health history, physical, mental and social status, evaluation of problems and rehabilitation potential.

(6) A nursing assessment shall be performed upon admission and shall include, but not necessarily be limited to, the following:

(A) temperature, pulse and respiration;

(B) blood pressure;

(C) dressing and cast checks;

(D) status of parenteral fluids or other lines;

(E) respiratory and circulatory state; and

(F) cognitive status.

(7) No medication or treatments shall be given without a physician's order. If orders are given verbally, they shall be recorded by a licensed nurse on duty or professional with

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statutory authority to receive verbal orders and shall be signed by the physician within twenty-four (24) hours.

(8) Attending physicians shall visit the facility daily to assess the adequacy of medical care rendered to their patients.

(9) Informed consent. It shall be the responsibility of the facility to ensure that, except in emergency situations, the responsible physician shall obtain informed consent as a prerequisite to any procedure or treatment and provide evidence of consent by a form signed by the patient.

(10) Standards of practice. Recovery care centers and their staff shall comply with established standards of practice relative to any practice or procedure performed in the center or by any professional staff member or consultant utilized by the center.

**(s) Rehabilitation services**

(1) Rehabilitation needs shall be met either through services provided directly or through arrangements with outside resources appropriately licensed or certified, upon a physician's written order.

(2) Each rehabilitative service performed shall be recorded in the patient's record and shall be signed and dated by the person providing the service.

(3) Rehabilitation services shall be available a minimum of five (5) days a week and be provided a minimum of three (3) hours a day.

**(t) Therapeutic recreation**

(1) The recovery care center shall provide therapeutic recreation services as patient needs indicate. An assessment of each patient shall be completed within seven (7) days of admission to identify individual needs or problems to be addressed through therapeutic recreation services.

(2) Services shall be provided on an individual or group level to meet patient needs and to contribute to the overall plan of care.

**(u) Personal care services.** Provision shall be made for personal care services based on individual patient needs.

**(v) Dietary services**

(1) The center shall meet the daily nutritional needs of the patients and is responsible to:

(A) provide a diet for each patient, as ordered by the patient's personal physician, based upon current recommended dietary allowances of the Food and Nutrition Board of the National Academy of Sciences, National Research Council, adjusted for age, sex, weight, physical activity, and therapeutic needs of the patient;

(B) adopt a diet manual, as recommended by the center's dietitian or dietary consultant and approved by the center's medical staff which shall be used to plan, order, and prepare regular and therapeutic diets;

(C) employ a food service supervisor who is a dietitian or receives regular monthly consultation from a dietitian who shall supervise the overall operation of the dietary service; and



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(D) employ sufficient personnel to carry out the functions of the dietary service and to provide continuous service over a period of twelve (12) hours, which period shall include all mealtimes.

(2) The center shall ensure that the dietary service:

(A) considers the patients' cultural backgrounds, food habits and personal food preferences in the selection of menus and preparation of foods and beverages pursuant to subparagraphs (A) and (B) of subdivision (1) of this subsection;

(B) has written and dated menus, approved by a dietitian, planned at least three (3) days in advance;

(C) distributes a menu to each patient;

(D) serves at least three (3) meals, or their equivalent, daily at regular hours;

(E) provides appropriate food substitutes of similar nutritional value to patients who refuse the food served;

(F) provides special equipment, implements or utensils to assist patients while eating, if necessary; and

(G) maintains at least a three (3) day supply of staple foods at all times.

(3) Records of menus served and food purchased shall be maintained for at least thirty (30) days.

(w) **Social work. In-hospital recovery care centers**

(1) Any in-hospital recovery care center, as defined in subsection (a) (17) (A) of this section, must provide a social work services program to the patients of the unit consistent with this section.

(2) If the provision of social work services to the in-hospital recovery care center is coordinated through the hospital social work department, these provisions must be consistent with subsection (x) of this section and must be defined in policies and procedures of the respective hospital social work department and the in-hospital recovery care center.

(x) **Social work. Out of hospital recovery care centers**

(1) Personnel and staffing requirements

(A) The delivery of social work services shall be provided by a social worker who is qualified under subsection (a) (16) of this section.

(B) If the delivery of social work services is provided by a baccalaureate level social worker, the center shall contract for regular consultation by a social work consultant who is qualified under subsection (a) (15) of this section, on no less than a monthly basis, to review the social work service program.

(C) When consultation is required, the consultant shall prepare a written report to the administrator of each visit describing hours visited, policy and procedure review, medical record review, inservice education and other significant activities.

(D) The center shall provide or contract for sufficient hours of social work service to meet the medically related psychosocial needs of all patients but not less than a ratio of one (1) hour per week per licensed bed.

(2) Social work service provision

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(A) Written policies and procedures shall be developed by a social worker who is qualified under subsection (a) (16) of this section or a social work consultant who is qualified under subsection (a) (15) of this section and ratified by the governing body, and shall include, but not necessarily be limited to:

(i) identifying the responsibilities and duties of personnel who will be providing social work services to the patients;

(ii) conducting a social work intake assessment for all patients within seventy-two (72) hours of admission;

(iii) referring a patient or his or her next of kin or legal representative to appropriate agencies for financial assistance, support services, counseling services, legal services, and residential services as needed if such referrals have not already been made;

(iv) serving as liaison between patients, families, facility staff, hospital, institution or community agency staff and caregivers and significant others as necessary; and

(v) ensuring the confidentiality of all patients' social, emotional and medical information.

(B) Social work services shall be provided to assist each patient or his or her next of kin or legal representative in adjusting to the social and emotional aspects of the patient's illness, treatment(s) and stay in the center. Services provided to the patient shall be documented in the patient's medical record.

(C) The social worker or social work consultant shall be responsible for reviewing the discharge or transfer of each patient.

(D) All staff of the center shall receive inservice training by a social worker or social work consultant at least twice a year in an area specific to the needs of the center's patient population.

(y) **Pharmaceutical services. In-hospital recovery care center.** Pharmaceutical services for in-hospital recovery care centers shall ensure the availability of pharmaceutical services to meet the needs of the patients. All such pharmaceutical services shall be provided in accordance with applicable federal and state laws and regulations and hospital policies and procedures.

(z) **Pharmaceutical services. Out-of-hospital recovery care center**

(1) Services

(A) The center shall ensure the availability of pharmaceutical services to meet the needs of the patients. All such pharmaceutical services shall be provided in accordance with all applicable federal and state laws and regulations. Drug distribution and dispensing functions shall be conducted through a pharmacy licensed in Connecticut.

(B) The pharmaceutical services obtained by the center shall be provided under the supervision of a pharmacist.

(i) The center shall have a written agreement with a pharmacist to serve as a consultant on pharmaceutical services.

(ii) The consultant pharmacist shall visit the center at least every three (3) months to review the pharmaceutical services provided, make recommendations for improvements and monitor the service to ensure the ongoing provision of accurate, efficient and

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appropriate services.

(iii) Signed and dated reports of the pharmacist's quarterly reviews, findings and recommendations shall be forwarded to the center's administrator, medical director, and director of nursing services and be kept on file in the center for no less than three (3) years.

(iv) The center shall ensure that a pharmacist is responsible for the following functions: compounding, packaging, labeling, dispensing and distributing all drugs to be administered to patients; monitoring patient drug therapy for potential drug interactions and incompatibilities; notifying attending physicians of any potential drug interactions and incompatibilities which are identified during this review; and inspecting all areas within the center where drugs (including emergency supplies) are stored at least quarterly, to ensure that all drugs are properly labeled, stored and controlled.

(2) Proper space and equipment shall be provided within the center for the storing, safeguarding, preparation, dispensing and administration of drugs.

(A) Any medication storage or administration area shall serve clean functions only and shall be well illuminated and ventilated.

(B) All medication cabinets shall be closed and locked when not in use unless they are stationary cabinets located in a locked room that serves exclusively for storage of drugs and supplies and equipment used in the administration of drugs.

(C) Controlled substances shall be stored and handled in accordance with provisions set forth in Chapter 420b of the Connecticut General Statutes and regulations thereunder.

(3) The center shall develop, implement and enforce written policies and procedures for control and accountability, distribution, and assurance of quality of all drugs and biologicals, which shall include, but not necessarily be limited to, the following:

(A) Records shall be maintained for all transactions involved in the provision of pharmaceutical services as required by law and necessary to maintain control of, and accountability for, all drugs and pharmaceutical supplies.

(B) Drugs shall be distributed in the center in accordance with the following requirements:

(i) All medications shall be dispensed to patients on an individual basis except for predetermined floor stock medication.

(ii) Floor stock shall be limited to emergency drugs, contingency supplies of legend drugs for initiating therapy when the pharmacy is closed, and routinely used non-legend drugs.

(iii) Emergency drugs shall be readily available to staff in a designated location.

(C) Drugs and biologicals shall be stored under proper conditions of security, segregation and environmental control at all storage locations.

(i) Drugs shall be accessible only to legally authorized persons and shall be kept in locked storage at any time a legally authorized person is not in immediate attendance.

(ii) All drugs requiring refrigeration shall be stored separately in a locked refrigerator or in a locked room that is used exclusively for medication and medication adjuncts.

(iii) The inside temperature of a refrigerator in which drugs are stored shall be maintained

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within a 36° to 46° Fahrenheit range.

(D) All drugs shall be kept in containers that have been labeled by a pharmacist or in their original containers labeled by their manufacturer and shall not be transferred from the containers in which they were obtained except for preparation of a dose for administration.

(E) Drugs and biologicals shall be properly labeled as follows:

(i) Floor stock containers shall be labeled with at least the following information: name and strength of drug; manufacturer's lot number or internal control number; and expiration date.

(ii) The label for containers of medication obtained from a community pharmacy shall include at least the following information: name, address and telephone number of the dispensing pharmacy; name of the patient; name of the prescribing practitioner; name, strength and quantity of drug dispensed; date of dispensing the medication; route of administration; and expiration date. Specific directions for use must be included in the labeling of prescriptions containing controlled substances.

(iii) The label for containers of medication dispensed to patients for inpatient self-care use or at discharge from the center shall include at least the following information: name, address and telephone number of the dispensing pharmacy; name of the patient; name of the prescribing practitioner; specific directions for use; name, strength, quantity of the drug dispensed; route of administration; and date of dispensing.

(iv) In cases where a multiple dose package is too small to accommodate a standard prescription label, the standard label may be placed on an outer container into which the multiple dose package is placed. A reference label containing the name of the patient, prescription serial number and the name and strength of the drug shall be attached to the actual multiple dose package. Injectables intended for single dose that are ordered in a multiple quantity may be banded together for dispensing and one label placed on the outside of the banded package.

(F) Drugs on the premises of the center that are outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued, or obsolete shall be disposed of in accordance with the following requirements:

(i) Controlled substances shall be disposed of in accordance with Section 21a-262-3 of the Regulations of Connecticut State Agencies.

(ii) Non-controlled substances shall be destroyed on the premises by a licensed nurse or pharmacist in the presence of another staff person, in a safe manner so as to render the drugs non-recoverable. The center shall maintain a record of any such destructions including as a minimum the following information: date, strength, form and quantity of drugs destroyed; and the signatures of the persons destroying the drugs and witnessing the destruction.

(iii) Records for the destruction of drugs shall be kept on file for three (3) years.

(G) Current pharmaceutical reference material shall be kept on the premises in order to provide the professional staff with complete information concerning drugs.

(4) The center shall develop and follow written policies and procedures for the safe prescribing and administration of drugs.

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(A) Medication orders shall be explicit as to drug, dose, route, frequency, and if pro re nata (p.r.n.), reason for use.

(i) Controlled substances not specifically limited as to time or number of doses shall be stopped within three (3) days.

(ii) A staff member shall notify the practitioner of the impending stop order prior to the time the drug would be automatically stopped.

(B) Patients shall be permitted to self-administer medications on a specific written order from the physician. Self-administered medications shall be monitored and controlled in accordance with procedures established in the center. A medication administration record must be utilized to document self-administered medications.

(C) Medication errors and apparent adverse drug reactions shall be recorded in the patient's medical record, reported to the attending physician, director of nursing services, and consultant pharmacist, as appropriate, and described in a full incident report in accordance with subsection (h) of this section.

(5) A pharmacy and therapeutics committee shall oversee the pharmaceutical services provided, make recommendations for improvement thereto, and monitor the service to ensure its accuracy and adequacy.

(A) The committee shall be comprised of at least one (1) pharmacist, the center's director of nursing services, the center's administrator, and a physician.

(B) The committee shall meet at least quarterly, and document its activities, findings and recommendations.

(C) Specific functions of the committee shall, include but not necessarily be limited to the following:

(i) developing procedures for the distribution and control of drugs and biologicals in the center in accordance with this subsection;

(ii) reviewing adverse drug reactions that occur in the center and reporting clinically significant incidents to the federal Food and Drug Administration; and

(iii) reviewing medication errors that occur in the center and recommending appropriate action to minimize the recurrence of such incidents.

(aa) **Intravenous therapy program. In-hospital recovery care centers.** Intravenous therapy in in-hospital recovery care centers shall be provided in a manner consistent with hospital policy and procedures.

(bb) **Intravenous therapy program. Out-of-hospital recovery care centers**

(1) Intravenous therapy program prohibited, exceptions. The administration of IV therapy is prohibited except when administered directly by a licensed physician or as provided in subdivision (2) of this subsection.

(2) Approved IV therapy program. IV therapy may be administered in the center provided the center applies for permission from the commissioner, and the commissioner or the commissioner's designee approves the center's application.

(3) The center shall submit to the department a written protocol that shall demonstrate that the program shall be developed and implemented in a manner that ensures safe care

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for all patients receiving IV therapy and shall include but not necessarily be limited to the following:

(A) the name and credentials of the IV therapy trainer in the event the facility elects to conduct an in-house IV therapy training program;

(B) a description of the objectives, goals and scope of the IV therapy program;

(C) names, titles, duties and responsibilities of persons responsible for the direction, supervision and control of the program and alternates to serve in their absences; and

(D) written policies and procedures concerning the establishment of the standards for 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; the origin, form, content, duration and documentation of physician orders for the IV therapy; the safe administration, monitoring, documentation and termination of IV therapy; the safe preparation, labeling and handling of IV admixtures; the procurement, maintenance, and storage of specific types of equipment and solutions that will be used in the program; IV therapy related complications, early recognition of the signs and symptoms of sepsis and acute untoward reaction, and appropriate intervention in a timely manner; surveillance, prevention and review of infections associated with IV therapy; and the ongoing review of the effectiveness and safety of the program to include problem identification, corrective action and documentation of same.

(4) An IV therapy nurse operating an approved IV therapy program pursuant to a physician's order may:

(A) initiate a venipuncture in a peripheral vein and deliver an IV fluid or IV admixture into the blood stream;

(B) deliver an IV fluid or IV admixture into a central vein; and

(C) administer blood and blood components.

(5) An IV therapy nurse may insert and remove Peripheral Intravenous Catheter (PICC) lines upon the order of a physician. There shall be radiological confirmation of catheter position when the tip placement is positioned beyond the axillary vein prior to use of the PICC for any reason.

(6) Only a physician licensed in Connecticut may initiate or terminate a central vein access.

(7) Only an IV therapy nurse or physician may use a central vein access for blood drawing purposes.

(8) A person trained in phlebotomy procedures may use a peripheral line access for blood drawing purposes.

(9) Blood and blood components may be administered provided the following conditions are met:

(A) A physician shall be in the center during the period of time in which the blood and blood components are being administered.

(B) Vital signs (blood pressure, temperature, pulse and respirations) shall be monitored and documented, prior to initiating the infusion of a blood and blood component IV, every



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fifteen (15) minutes during the first hour of administration and every hour until the transfusion is completed.

(C) The administration of blood or blood components shall be completed in accordance with standards of practice.

(10) An IV therapy nurse may deliver an IV fluid or IV admixture or blood and blood components into the blood stream via existing lines, monitor, care for the venipuncture site, terminate the procedure, and record pertinent events and observations.

(11) A log shall be maintained of each IV therapy procedure and blood and blood component administration initiated and shall be made available to the department upon the request of the commissioner. The log shall contain as a minimum the following information: date and time of initiating the procedure, name of patient, name of prescriber, description of the therapy, date and time of terminating the therapy, outcome of the therapy, and complications encountered, if any.

(12) Negative reactions to blood and blood components shall be reported to the department within twenty-four (24) hours and as required by the blood bank of the cooperating hospital.

(13) There shall be no changes in the protocol developed pursuant to subdivision (3) of this subsection or modifications in the scope of the IV therapy program as defined in subsection (a) (11) of this section without the written approval of the commissioner.

(14) Approval to participate in the program may be revoked at any time for failure to comply with this subsection.

**(cc) Diagnostic services**

(1) All diagnostic services shall be provided only on the order of a Connecticut licensed physician, dentist, podiatrist, physician assistant or advanced practice registered nurse.

(2) Out-of hospital recovery care centers shall arrange for diagnostic services through written agreements with facilities appropriately licensed and certified to provide such services.

**(dd) Out-of-hospital recovery care center transfer agreements**

(1) A licensed recovery care center shall have a written transfer agreement with one (1) or more hospitals. This agreement shall ensure that:

(A) patients shall be transferred from the center to the hospital and ensured of timely admission to the hospital when transfer is medically appropriate as determined by a physician; and

(B) medical and other information needed for care and treatment of a patient is transferred with the patient.

(2) A licensed recovery care center shall have a written agreement with one (1) or more ambulance service(s) staffed with emergency medical technicians qualified under subsection 19a-179-16 (b) of the regulations of Connecticut State Agencies. This agreement shall ensure an immediate response by the ambulance service for emergency medical services or transportation to a hospital.

**(ee) Medical records**

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(1) The center 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 that is initiated at the time of admission 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 and religion;

(B) referral source;

(C) insurance numbers;

(D) next of kin or legal representative and address and telephone number;

(E) name of patient's attending physician;

(F) complete medical diagnosis;

(G) all initial and subsequent orders by the physician;

(H) a patient assessment completed upon admission;

(I) the initial patient care plan which is based on the patient assessment, developed within three (3) hours of the patient's admission, including input by all disciplines involved in the care of the patient within twenty-four (24) hours of admission, containing the identification of patient problems and needs, treatments, approaches and measurable goals and updated as necessary but no less frequently than every seven (7) days;

(J) a record of all visits by the physician including physician progress notes;

(K) nurses notes including condition on admission, current condition, ongoing monitoring, 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 p.r.n. medications, reasons for administration, patient response and result(s) observed;

(M) documentation of all care and ancillary services rendered;

(N) summaries of conferences and records of consultations if applicable; and

(O) record of any physician visits, treatment, medication or service refused by the patient and the patient's understanding of the potential effects of the refusal which shall be documented in the medical record by the physician, physician assistant or registered nurse and signed by the patient whenever possible.

(3) All entries in the patient's medical record shall be typewritten or written in black ink and legible. All entries shall be verified according to accepted professional standards (i.e., legal signature: first name or initial, last name and discipline).

(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 the death or discharge of the patient. In-hospital recovery care centers shall maintain records according to section 19-13-D3(d) of the regulations of Connecticut State Agencies.

**(ff) Discharge planning**

(1) Patient education shall begin on the day of admission and shall focus on the

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individual's immediate post discharge needs.

(2) Every patient shall have a written discharge plan that shall be given to the patient or his or her next of kin or legal representative prior to discharge.

(3) The discharge plan shall include but not necessarily be limited to identification of the patient's needs for continued skilled care or support services and the specific resources to be utilized to meet these needs.

(4) The discharge plan shall be completed on a timely basis so that appropriate arrangements for post discharge care management are made before discharge.

(5) The discharge plan shall be developed in collaboration with the patient, or his or her next of kin or legal representative, and the social worker and other care providers.

(6) The discharge plan shall be approved by the physician of record.

(7) The written discharge plan shall be signed by the patient or his or her next of kin or legal representative indicating their understanding of the discharge plan of care.

(8) The documentation of the written discharge plan shall be retained as a permanent part of the patient's medical record.

(9) Information necessary to ensure the continuity of care shall be sent to participating providers in a timely manner to ensure continuity of care.

(gg) **Infection control. In-hospital recovery care centers.** Infection control practices for in-hospital recovery care centers shall be consistent with hospital policy, procedure and standards.

(hh) **Infection control. Out-of-hospital recovery care centers**

(1) The center shall develop an infection prevention, surveillance and control program which shall have as its purpose the protection of patients and personnel from nosocomial infections and community-associated infections.

(2) The structure and function of this program shall be approved by, and become a part of the bylaws or rules and regulations of, the medical staff of the center. The authority for this program shall be delegated to an infection control committee which shall report on its activities with recommendations on at least a quarterly basis to the medical advisory board for their consideration and action.

(3) The membership of the infection control committee shall include representatives from the center's administration, medical staff, nursing staff, pharmacy, dietary, maintenance and housekeeping. The committee shall meet at least quarterly. Minutes of all meetings shall be maintained for ten (10) years.

(4) The infection control committee shall:

(A) adopt working definitions of nosocomial infections;

(B) develop standards for surveillance of incidence of nosocomial infections and conditions predisposing to infection;

(C) develop a mechanism for monitoring and reporting infections in patients and environmental conditions with infection potential; and

(D) develop control measures including an isolation policy, aseptic techniques, and a personal health program.

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(5) The chairman of the infection control committee shall be a Connecticut licensed physician and shall be a member of the active medical staff of a general hospital licensed in Connecticut.

(6) The services of a physician, board certified in infectious diseases, shall be available to the infection control committee and chairman, as needed.

(7) There shall be a registered nurse employed by the center who shall conduct the infection control program as directed by the infection control committee. This individual shall be directly responsible to, and be a member of, the infection control committee. This individual shall make a monthly report to the medical director and a quarterly report to the medical advisory board.

(8) The infection control committee shall meet at least quarterly and shall, at a minimum:

(A) review information obtained from day-to-day surveillance activities of the program;

(B) review and revise existing standards; and

(C) report to the active organized medical staff.

(9) There shall be quarterly in-service education programs regarding infection prevention, surveillance and control for appropriate personnel. Documentation of these programs shall be available to the department for review.

(10) The minutes of the committee meetings shall document the review and evaluation of the surveillance data and the development and revision of measures for control of infection. These records shall be available to the department for review.

(11) The center shall comply with the requirements for the handling and disposing of biomedical wastes in accordance with applicable state and federal laws and regulations.

(ii) **Quality assurance. In-hospital recovery care centers.** In-hospital recovery care center quality assurance programs shall be consistent with the hospital program, procedures and standards to include all quality assurance components identified under subsection (jj) of this section.

(jj) **Quality assurance. Out-of-hospital recovery care centers.** The center shall have a quality assurance program to monitor and evaluate the quality and appropriateness of patient care, measure patient outcomes and pursue ways to improve patient care and resolve problems.

(1) The quality assurance program shall be implemented by a quality assurance committee comprised of the administrator, medical director, director of nursing services, at least one (1) physician from a participating surgical specialty and one (1) from medicine, two (2) staff registered nurses, one (1) of whom shall be the infection control nurse, and the social worker.

(2) The quality assurance committee shall adopt written procedures for fulfilling their responsibilities. These procedures are subject to approval by the governing body and the department.

(3) The quality assurance committee shall:

(A) review the appropriateness of patient admissions to the center;

(B) review appropriateness of the professional services provided in the center;

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- (C) identify opportunities for improving patient care and services;
- (D) review pharmaceutical services and the appropriateness of medication usage for patients in conjunction with the consultant pharmacist;
- (E) review the records of all patients requiring a third day of care for continued appropriateness of setting;
- (F) review within twenty-four (24) hours all patient cases where a medical emergency or death occurs and submit to the department, within seven (7) days, a written report of their findings in such cases;
- (G) review for appropriateness of admission and services, all patient cases requiring unexpected transfer to an acute facility and report to the medical director within twenty-four (24) hours of the transfer;
- (H) provide for quarterly review of availability of resources necessary to respond to medical emergencies;
- (I) review the procedures and surveillance program for minimizing the sources and transmission of infection, including post discharge;
- (J) evaluate all services provided by contract or agreement on an annual basis or more frequently as necessary;
- (K) provide for medical records review to determine accuracy and completeness of information contained in the patients' medical records; and (L) review the records of all patients who are readmitted to the recovery care center or acute care facility within ten (10) days after discharge for appropriateness of services and discharge and report such findings to the department on a quarterly basis.
- (4) The quality assurance committee shall meet at least quarterly and report its findings and activities to the center's governing body and medical staff.
- (5) The quality assurance committee shall be responsible to ensure that appropriate follow-up results.
- (6) Minutes shall be taken at each meeting, retained at the center for five (5) years and made available to the department upon its request.
- (kk) **Physical environment standards**
  - (1) General provisions
    - (A) Review of drawings and specifications
      - (i) No new construction or of alteration to a recovery care center, new or existing, shall be undertaken until final project drawings and specifications have been approved by the department.
      - (ii) Concurrent with the submission of drawings and specifications, a project narrative shall be submitted to the department which includes a description of the overall physical project. If it is to be a distinct center within an existing licensed facility, a description of the project with the proposed use of existing services to be utilized shall also be included.
      - (iii) Each center shall demonstrate compliance with building and fire safety codes prior to project approval by the department.
      - (iv) The department may require submission of site, architectural, structural, heating,

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ventilation, plumbing and electrical drawings of the existing structure for alteration projects.

(v) In addition to a narrative description of the physical project, the sponsor for each project shall provide a functional program narrative for the recovery care center which defines services and programs to be provided.

(B) Recovery care center occupancy shall be classified as a health care occupancy. The recovery care center shall comply with the provisions of the State Building Code as a rehabilitative health care facility. The standards established for the construction, renovation, alteration, maintenance and licensure of all facilities as adopted by the Commissioner of the Department of Public Safety, are hereby incorporated and made a part hereof and include but are not necessarily limited to:

- (i) State of Connecticut Building Codes;
- (ii) State of Connecticut Fire Safety Code; and
- (iii) National Electrical Code.

(C) The standards established within the Public Health Code of the State of Connecticut for the construction, renovation, alteration, maintenance and licensure of all facilities, as may be amended from time to time, are hereby incorporated and made a part hereof by reference.

(2) Waiver(s)

(A) The commissioner or his or her designee, in accordance with the general purposes and intent of this section, may waive provisions of this subsection 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.

(B) Any facility requesting a waiver shall apply in writing to the department. Such application shall include:

- (i) the specific regulations for which the waiver is requested;
- (ii) reasons for requesting the waiver, including a statement of the type and degree of hardship that would result to the facility upon enforcement of the regulations;
- (iii) the specific relief requested; and
- (iv) any documentation which supports the application for waiver.

(C) In consideration of any application for waiver, the commissioner or his or her designee may consider the level of care provided, the maximum patient capacity, the impact of a waiver on care provided, and alternative policies or procedures proposed.

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

(E) Any hearing held in conjunction with an application for waiver shall be held in conformance with Chapter 54 of the Connecticut General Statutes and sections 19a-4-1 through 19a-4-31 of the regulations of Connecticut State Agencies, as applicable.

(3) General conditions

(A) Applicability. This subdivision covers freestanding facilities or a distinct part of a



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health care facility and represents minimum requirements for new construction or alterations.

(B) Ancillary services. When the recovery care center is part of, or contractually linked with another facility, services such as dietary, storage, pharmacy, and laundry may be shared insofar as practical. In some cases, ancillary service requirements may be met by the principal facility. In other cases, programmatic concerns and requirements may dictate separate services.

(C) Basic requirements

(i) The recovery care center shall provide sufficient space to accommodate all administrative, business, clinical, medical records, professional staff and support functions.

(ii) The sponsor shall demonstrate that the project drawings will meet the functional program submitted to the department.

(iii) A separate entry to the recovery care center shall be provided.

(iv) Services of the recovery care center shall be provided in a distinct location of the facility.

(v) Site locations shall be accessible to emergency service vehicles.

(vi) Paved walkways shall be provided for each exit from the building leading to a driveway or street.

(vii) Handicapped and staff visitor parking shall be provided in proximity to the recovery care center entrance.

(D) Administration and public areas. The following shall be provided:

(i) an entrance at grade level, sheltered from inclement weather, and accessible to the handicapped;

(ii) a lobby to include a reception and information counter or desk, waiting space(s), access to public toilet facilities, public telephones, and drinking fountain(s);

(iii) spaces for private interviews relating to social service, credit or admissions;

(iv) general or individual office(s) for business transactions, medical and financial records and administrative and professional staffs;

(v) multipurpose room(s) for conferences, meetings and education purposes;

(vi) storage for office equipment and supplies; and

(vii) adequate space for reviewing, dictating, sorting, recording, and storing of medical records.

(E) Nursing unit. Each nursing unit shall comply with the following:

(i) The size of the nursing unit shall not exceed forty-five (45) beds.

(ii) The maximum travel distance from the nurses' station to a patient bedroom door shall be one hundred and fifty (150) feet.

(F) Patient rooms

(i) Maximum room occupancy shall be two (2) patients.

(ii) Minimum room areas (exclusive of toilets, closets, wardrobes, alcoves or vestibules) shall be one hundred and twenty (120) square feet for a single bedroom and one hundred (100) square feet per bed in multiple-bed rooms.

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(iii) In multiple-bed rooms, clearance shall allow for the movement of beds and equipment.

(iv) The dimensions and arrangement of rooms shall be such that there is a minimum of four (4) feet clearance between the sides and foot of the bed and any wall, other fixed obstruction, or furniture and six (6) feet between beds in multiple-bed rooms.

(v) Handwashing facilities shall be provided within each patient room.

(vi) Each patient shall have access to a toilet room without having to enter the general corridor area.

(vii) The toilet room shall contain a water closet and a handwashing fixture and the door should swing outward or be double acting.

(viii) A toilet room may not serve more than two (2) patients.

(ix) All associated patient bathrooms and toilet rooms shall be accessible to the physically disabled.

(x) In recovery care centers which specialize in rehabilitative services, a minimum of fifty percent (50%) of patient rooms shall be equipped with a private bathing unit.

(xi) Cubicle curtains shall be provided in each bedroom.

(xii) The design for privacy shall not restrict patient access to the entrance, lavatory or toilet.

(xiii) The following equipment shall be provided for each patient in each bedroom: one (1) closet or wardrobe with adjustable clothes rod and a shelf of sufficient size and design to hang clothing; one (1) dresser with three (3) separate storage areas for patient clothing; one (1) adjustable hospital bed with gatch spring, and side rails; one (1) moisture proof mattress; one (1) enclosed bedside table; one (1) overbed table; one (1) chair; one (1) full length mirror; and one (1) piped oxygen and vacuum outlet.

(G) Isolation Room(s)

(i) At least one (1) isolation room, designed to minimize infection hazards to or from the patient, shall be provided for each nursing unit.

(ii) Each isolation room shall contain only one (1) bed and shall be located within individual nursing units. These rooms may be used for regular care when not required for isolation cases.

(iii) A handwash sink shall be provided within the room.

(iv) Room entry shall be through a work area that provides for facilities that are separate from patient areas for handwashing, gowning, and storage of clean and soiled materials. The work area entry shall be a separate enclosed anteroom. A viewing panel shall be provided for observation of each patient by staff from the anteroom.

(v) One (1) separate anteroom may serve several isolation rooms.

(vi) Toilet, shower or bathing unit, and handwashing facilities are required for each isolation room. These shall be arranged to permit access from the bed area without the need to enter or pass through the work area of the vestibule or anteroom.

(vi) Piped oxygen and vacuum shall be provided.

(H) Central Bathing Facilities. At least one (1) central bathing unit shall be provided in

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each nursing unit.

(i) One (1) shower or bathing unit shall be provided for each ten (10) beds not equipped with a private bathing unit.

(ii) Each bathtub or shower shall be in an individual room or enclosure that provides privacy for bathing, drying, and dressing.

(iii) Special bathing facilities, including space for attendant, shall be provided for patients on stretchers, carts, and wheelchairs.

(iv) At least one (1) bathing unit shall have four (4) feet clearance of three (3) sides.

(v) Bathing and shower rooms shall be of sufficient size to accommodate a patient and attendant and shall not have curbs.

(vi) Controls shall be located outside shower stalls.

(vii) Patient toilet rooms shall be conveniently located to each central bathing facility.

(viii) A handwash sink and storage cabinet(s) shall be provided within the central bathing facility.

(ix) Patient toilet room(s) of handicapped design shall be conveniently located to multi-purpose rooms and may also be designated for public use.

(x) At least one (1) handicapped accessible shower shall be located within each central bathing unit.

(I) Nursing Station

(i) The area shall have space for counters and storage, and shall have convenient access to handwashing facilities. The station shall permit visual observation of traffic into the unit. A minimum of one hundred and fifty (150) square feet for a thirty (30) bed nursing unit or two hundred (200) square feet for a forty-five (45) bed nursing unit shall be provided.

(ii) A dictation area shall be adjacent to, but separate from the nurse's station.

(iii) A separate charting room of one hundred (100) square feet shall be located adjacent to the nursing station.

(iv) A storage area for active charts and office supplies shall be provided.

(v) Nurse or supervisor office space shall be provided.

(vi) A staff toilet room shall be conveniently located to each nursing station.

(vii) Staff lounge and locker facilities shall be provided. These facilities may be on another floor.

(viii) Lockable closets, drawers, or compartments shall be provided for safekeeping of staff personal effects.

(ix) Emergency equipment storage space that is easily accessible to staff, such as a crash cart, shall be available.

(x) Essential equipment. The following medical equipment shall be provided at each nursing station: one (1) gurney stretcher and one (1) wheelchair; one (1) suction machine; one (1) oxygen cylinder with transport carrier; manual breathing bag, mask and airways; cardiac defibrillator; cardiac monitoring equipment; tracheotomy set; emergency medical equipment and related supplies specified by the medical staff; and cardiac board. The following support equipment shall be provided at each nursing station: one (1) mobile chair

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scale; one (1) water cooler; public telephone; and one (1) ice machine.

(J) Examination and treatment room. One (1) examination and treatment room shall be provided for each nursing unit. Such rooms shall have a minimum floor area of one hundred and twenty (120) square feet. The room shall contain a handwashing fixture, storage facilities, a desk, counter, or shelf space for writing and one (1) oxygen and vacuum outlet.

(K) Clean utility room. There shall be a clean utility room of a least one hundred (100) square feet. It shall minimally contain a counter, enclosed locked storage cabinets and handwashing facilities.

(L) Soiled utility room. There shall be a soiled utility room of at least one hundred and ten (110) square feet. It shall minimally contain a handwashing facility, a bedpan flushing and washing device, a flushrim sink, locked cabinet storage and a work counter. The room may be utilized for the temporary storage of bio-medical waste.

(M) Medication preparation room. There shall be a medication preparation room of at least eighty (80) square feet. The room shall be visually controlled from the nurse's station. It shall contain a work counter, sink, refrigerator, locked storage for controlled drugs and space for medication carts.

(N) Soiled linen holding room. A separate room of at least sixty (60) square feet shall be provided.

(O) Clean linen storage. A separate closet shall be designated for the storage of linen, blankets, pillows, towels and personal belongings.

(P) Bulk equipment storage room. There shall be a bulk equipment storage room of at least one hundred and fifty (150) square feet for thirty (30) beds or two hundred (200) square feet for forty-five (45) beds.

(Q) Wheelchair storage. Storage space for wheelchairs shall be available.

(R) Nourishment station. This room shall contain a work counter, refrigerator, storage cabinets and a sink for serving nourishments between meals. Ice for resident consumption shall be provided by ice maker units.

(S) Medical supply room. There shall be a medical supply room of at least one hundred and fifty (150) square feet.

(T) Oxygen storage. Storage space of twenty-five (25) square feet for oxygen shall be provided.

(U) Patient support areas. Each recovery care center shall provide the following:

(i) a dining area with a minimum of twenty (20) square feet per patient in a distinct, centrally located area;

(ii) a lounge with a minimum area of two hundred and fifty (250) square feet for each thirty (30) beds or fraction thereof, with at least one (1) lounge on each nursing unit; and

(iii) storage space for supplies and resident personal needs.

(V) Rehabilitative therapy areas. Recovery care centers which specialize in rehabilitative services shall provide areas and equipment necessary for the effective function of the program. Each rehabilitative therapy area shall include the following:

(i) office and clerical space;

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(ii) reception and control station(s) with visual control of waiting and activities areas which may be combined with office and clerical space;

(iii) patient waiting area(s) with provisions for wheelchairs;

(iv) space for storing wheelchairs and stretchers out of traffic; and

(v) a janitor's closet with a service sink.

(W) Physical therapy. If physical therapy is a service provided, the following minimum facilities shall be included:

(i) individual treatment area(s) with cubicle curtains for visual privacy;

(ii) handwashing facilities for staff conveniently located at each treatment space (one

(1) handwashing facility may serve several treatment stations);

(iii) exercise area and related equipment;

(iv) clean linen and towel storage;

(v) separate storage for soiled linens, towels and supplies;

(vi) patient dressing areas and lockers;

(vii) a shower for patient use;

(viii) provisions for thermotherapy, diathermy, and ultrasonics when required by the functional narrative program;

(ix) toilet facilities located within the room that are accessible to the handicapped, which may also be used for toilet training; and

(x) a water cooler.

(X) Occupational therapy. If this service is provided, the following shall be included at a minimum:

(i) work areas and counters suitable for wheelchair access;

(ii) handwashing facilities;

(iii) storage for supplies and equipment; and

(iv) therapeutic equipment for activities of daily living.

(Y) Hydro therapy. If this service is provided, the following shall be included at a minimum:

(i) patient dressing areas and lockers;

(ii) showers for patient use;

(iv) limb and body tanks required to meet recovery care center narrative program requirements;

(v) individual treatment areas with cubicle curtains for visual privacy;

(vi) handwashing facilities; and

(vii) handicapped toilet facilities which may be shared if appropriate other facilities are in proximity.

(Z) Speech and hearing therapy. If this service is provided the following elements shall be included at a minimum:

(i) office space for evaluation and treatment; and

(ii) space for equipment and storage.

(AA) Respiratory therapy. If respiratory service is provided, the following elements shall

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be included at a minimum:

- (i) office and clerical space with provision for filing and retrieval of patient records;
- (ii) room(s) for patient education and demonstration;
- (iii) storage space for equipment and supplies;
- (iv) physical separation of the space for receiving and cleaning soiled materials from the space for storing of clean equipment and supplies; and
- (v) handwashing facilities.

(BB) Laboratory services. If laboratory procedures are performed on-site, provisions shall be made for space and equipment and Federal Clinical Laboratory Improvement Act (CLIA) standards shall be met.

(CC) Dietary Facilities

(i) The functional elements of the dietary department shall provide for services that are separate from other service areas and sized to permit working space and equipment, for receiving, storing, food preparation, tray assembly, serving of food and disposal of waste products and returnable items.

(ii) The following minimum facilities shall be provided within the dietary department: receiving, breakdown and control areas; storage spaces for bulk, refrigerated and frozen foods; stock of a minimum of three (3) days supplies; freezers, capable of maintaining temperatures down to freezing; food preparation work spaces and equipment; tray assembly area; food cart distribution system with space for storage, loading, distribution, receiving and sanitizing; a dishwashing room which shall be designed to separate dirty and clean dishes and include a breakdown area and food cart hold area; waste storage room; potwashing facilities which include a three (3) pot sink; handwashing facilities located conveniently in the area; janitorial and housekeeping services; office space for food service supervisor and dietitian; toilet and locker spaces; and ice making equipment.

(iii) The dietary service shall provide for the protection of food delivered to ensure freshness, retention of hot or cold temperature and avoidance of contamination.

(iv) Under counter conduits, piping and drains shall not interfere with cleaning of the floor below the equipment. No plumbing lines shall be exposed overhead.

(v) All cooking equipment shall be equipped with automatic shut-off devices to prevent excessive heat buildup.

(vi) Dining space shall be provided for staff.

(DD) Laundry services

(i) Each recovery care center shall have provisions for storing and processing clean and soiled linen for appropriate patient care and infection control. Processing may be done within the center, in a separate building on or off-site, or in a commercial or shared laundry.

(ii) The following elements shall be included: a separate room for receiving and holding soiled linen until ready for pickup or processing, a clean linen storage room, and cart storage area.

(iii) Employee handwashing facilities shall be provided in each area where clean and soiled linen is processed or handled.



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(iv) If linen is processed in a laundry on-site, the recovery care center shall provide a laundry processing room with commercial-type equipment that is arranged to permit an orderly work flow and minimize cross traffic that might mix soiled and clean operations.

(v) Linens and towels shall be provided, sufficient for four (4) times the licensed capacity of the center.

(EE) Waste storage and disposal. Waste processing services shall provide for the sanitary storage, treatment or disposal of waste and infectious materials of the center.

(FF) Housekeeping Rooms. Housekeeping rooms shall be provided throughout the facility as required to maintain a clean and sanitary environment. Each housekeeping room shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. There shall not be less than one (1) housekeeping room for each floor or nursing unit.

(GG) Elevators

(i) Where patient beds or patient facilities and services are located on any floor other than the grade level entrance, the size and number of elevators shall be based on the following criteria: number of floors, number of beds per floor, procedures or functions performed on upper floors, and level of care provided.

(ii) In no instance shall elevators be less than the following: for one (1) to sixty (60) beds located above the main floor, one (1) hospital elevator; or for sixty-one (61) to two hundred (200) beds located above the main floor, two (2) hospital elevators.

(iii) An elevator shall be provided to service facilities located above or below the first floor such as materials handling and infectious waste.

(iv) At least one (1) elevator shall be connected to the emergency electrical equipment system.

(HH) Service and equipment areas. The following shall be provided as essential for effective service and maintenance functions:

- (i) rooms for boilers, mechanical and electrical equipment;
- (ii) general maintenance shop(s) for repair and maintenance;
- (iii) general storage room(s); and
- (iv) storage for solvents and liquids.

(II) Operational features

(i) Patient rooms shall open into a common corridor.

(ii) Doors. The minimum width of a door to patient bedrooms, central bathing units, examination and treatment rooms and to treatment and rehabilitation areas shall not be less than forty-six (46) inches. All other doors to patient and staff use areas shall not be less than three (3) feet wide. Floor hardware for patient use shall be of a design to permit ease of opening. Doors to all rooms containing bathtubs, showers, and water closets for patient use shall be equipped with privacy hardware that permits emergency access without keys. When such rooms have only one (1) entrance, the door shall open outward or be double acting.

(iii) Corridors shall be a minimum width of eight (8) feet in patient use areas. No objects shall be located so as to project into the required width of corridors.

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(iv) Handrails shall be located on both sides of patient use corridors and mounted thirty-two (32) to thirty-four (34) inches above the floor. Rail ends shall be finished to minimize the potential for personal injury.

(v) Grab bars with sufficient strength and anchorage to sustain two hundred and fifty (250) pounds for five (5) minutes shall be provided at all patient toilets, showers and tubs.

(vi) Windows. Patient rooms shall be on an outside wall and have operable windows that open from the inside. Windows shall have a protective device so as to prevent accidental falls when open. Windows in patient bedrooms shall not be higher than thirty-six (36) inches above the finished floor to the sill. Windows and outer doors that may be left open shall have insect screening.

(vii) Thresholds shall be designed to comply with accessibility standards in accordance with the Americans with Disabilities Act.

(viii) Full size mirrors shall be arranged to accommodate their convenient use by patients in wheelchairs and ambulatory patients in patient bedrooms.

(ix) Patient bedrooms shall be numbered and the room capacity posted on the corridor wall on the door knob side and correlated with the fire evacuation plan.

(x) Soap and paper towel dispensers shall be provided at each staff use sink.

(xi) Ceilings shall be a minimum of eight (8) feet high in corridors, patient rooms and ancillary service areas.

(xii) Fire extinguishers shall be provided in recessed locations throughout the building as established by the local fire marshal.

(JJ) Finishes

(i) Cubicle curtains and draperies shall be non-combustible or flame-retardant as prescribed in both the large and small scale tests in National Fire Protection Association (NFPA) standard 701.

(ii) Materials provided by the facility for finishes and furnishings, including mattresses and upholstery, shall comply with NFPA 101.

(iii) Floor materials shall be readily cleanable, appropriate for the location and be maintained for patient safety. Floors in areas used for food preparation and assembly shall be water-resistant. Floor surfaces, including tile joints, shall be resistant to food acids. Floor materials shall not be adversely physically affected by germicidal cleaning solutions. Floors subject to traffic while wet (such as shower and bath areas, kitchens, and similar work areas) shall have a slip-resistant surface.

(iv) Wall bases in areas subject to routine wet cleaning shall be covered, integrated with the floor, and tightly sealed.

(v) Wall finishes shall be washable, smooth and moisture-resistant.

(vi) Floor and wall openings for pipes, ducts, and conduits shall be tightly sealed to resist fire and smoke and to minimize entry of pests.

(vii) The finishes of all exposed ceilings and ceiling structures in resident rooms and staff work areas shall be readily cleanable.

(KK) Medical gas and vacuum systems

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(i) The installation of nonflammable medical gas and air systems shall comply with the requirements of the most current NFPA 99 Health Care Facilities. When any piping or supply of medical gases is installed, altered, or augmented, the altered zone shall be tested and certified as required by NFPA 99.

(ii) Clinical vacuum system installations shall be in accordance with the most current NFPA 99.

(iii) All piping, except control-line tubing, shall be identified. All valves shall be tagged, and a valve schedule shall be provided to the facility owner for permanent record and reference.

(LL) Mechanical standards

(i) Boilers shall have the capacity, based upon the net ratings published by the Hydronics Institute or another acceptable national standard that is widely accepted in the boiler industry, to supply the normal heating and hot water to all systems and equipment. Their number and arrangement shall accommodate facility needs despite the breakdown or routine maintenance of any one boiler. The capacity of the remaining boiler(s) shall be sufficient to provide hot water service for clinical, dietary, and patient use.

(ii) Patient occupied areas shall be maintained in a temperature range of 72° and 75° Fahrenheit for heating purposes. Non-patient use areas may be maintained in a temperature range of 70° and 75° Fahrenheit.

(iii) Air conditioning shall be provided in all patient use areas and maintained in a range of 70° and 76° Fahrenheit during the cooling season.

(iv) The ventilation systems shall be designed and balanced to provide directional flow as in Table 1.

**Table 1 PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN AREAS<sup>1</sup>**

<i>Area designa- tion</i>	<i>Air move- ment relation- ship to adjacent area</i>	<i>Minimum air changes of outdoor air per hour</i>	<i>Minimum total air change per hour</i>	<i>All air exhausted directly to outdoors</i>	<i>Recirculated by means of room units</i>	<i>Relative humidity (%)</i>
<b>PATIENT CARE</b>						
Patient room	—	2	2	—	—	50-60
Patient area corridor	—	—	2	—	—	45-60
Toilet room	In	—	10	Yes	—	—
Isolation Room	In	1	6	Yes	No	—
Isolation An- teroom	In	—	10	Yes	No	—

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DIAGNOSTIC AND TREATMENT						
Examina- tion/Treatment	—	2	6	—	—	—
Physical ther- apy	In	2	6	—	—	—
Hydro therapy	In	2	6	—	—	—
Occupational therapy	In	2	6	—	—	—
Speech and Hearing	In	2	6	—	—	—
Soiled work- room	In	2	10	Yes	No	—
Clean work- room	Out	2	4	—	—	—
Medication Room	—	—	4	—	—	—
SUPPORT						
Laundry, gen- eral	—	2	10	Yes	No	—
Soiled linen	In	—	10	Yes	No	—
Clean linen storage	Out	—	2	Yes	No	—
Laboratory	In	—	6	Yes	No	—
SERVICE						
Food prepara- tion center	—	2	10	Yes	Yes	—
Warewashing room	In	—	10	Yes	Yes	—
Dietary day storage	—	—	2	Yes	No	—
Janitor closet	In	—	10	Yes	No	—
Bathroom	In	—	10	Yes	No	—
Waste Storage	In	—	10	Yes	No	—

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<i>Area designa- tion</i>	<i>Air move- ment relation- ship to adjacent area</i>	<i>Minimum air changes of outdoor air per hour</i>	<i>Minimum total air change per hour</i>	<i>All air exhausted directly to outdoors</i>	<i>Recirculated by means of room units</i>	<i>Relative humidity (%)</i>
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*1 The ventilation rates in this table cover ventilation for comfort, as well as for asepsis and odor control in areas of recovery care centers that directly affect patient care and are determined based on health care facilities being predominantly no smoking facilities. Where smoking may be allowed, ventilation rates shall need adjustments.*

(v) Design of the ventilation system shall, insofar as possible, provide that air movement is from clean to less clean areas.

(vi) All air-supply and air-exhaust systems for interior rooms shall be mechanically operated.

(vii) Corridors shall not be used to supply air to or exhaust air from any room.

(viii) All systems which serve more than one smoke or fire zone shall be equipped with smoke detectors to shut down fans automatically. Access for maintenance of detectors shall be provided at all dampers.

(MM) Plumbing and other piping systems

(i) Plumbing fixtures. All fixtures used by medical staff, nursing staff and food handlers shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose, they shall be at least four and one-half (4 ½) inches in length, except that handles on clinical sinks shall be not less than six (6) inches long. Single lever faucet handles shall extend six (6) inches in length.

(ii) Water supply systems. Systems shall be designed to supply water to the fixtures and equipment on the upper floor at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods. Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture. Hot water plumbing fixtures intended for patient use shall carry water at temperatures between 105° and 120° Fahrenheit.

(iii) Vacuum breakers shall be installed on hose bibbs and supply nozzles used for connection of hoses in housekeeping sinks, bedpan-flushing attachments, and outdoor hose bibbs.

(NN) Electrical standards

(i) Circuit breakers or fusible switches shall be enclosed with a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons.

(ii) Lighting and appliance panel boards shall be provided for the circuits on each floor. This requirement does not apply to emergency system circuits.

(iii) All spaces within the building, approaches thereto, and parking lots shall have

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electric lighting.

(iv) Patient bedrooms shall have general room lighting, overbed examination lighting, and a patient accessible reading light. General room lighting shall be switched at the room entrance and be connected to emergency power.

(v) Night lighting shall be provided in the patient bedroom and the toilet room. Night lights shall be switched at the nursing station to assure effective use.

(vi) Receptacles (convenient outlets). Each patient bed shall have a double duplex, hospital grade, grounded receptacle on each side of each bed. In addition, one (1) duplex shall be provided on each other wall in the room. If electric beds are used an additional receptacle shall be provided. At least two (2) receptacles installed at the head of each patient bed shall provide emergency power. Receptacles that provide emergency power shall be color coded red to indicate their use. Duplex grounding receptacles for general use in corridors shall be installed approximately fifty (50) feet apart and within twenty-five (25) feet of ends of corridors; and ground fault circuit interrupters shall be installed at all wet locations.

(OO) Nurse's call system

(i) In patient areas, each patient room shall be served by at least one (1) calling station for two-way voice communication. Each bed shall be provided with a call device. Two (2) call devices serving adjacent beds may be served by one (1) calling station. Calls shall activate a visible signal in the corridor at the patient's door, in the clean workroom, in the soiled workroom, and at the nursing station of the nursing unit. In multi-corridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two (2) or more calling stations, indicating lights shall be provided at each station. Nurse's calling systems at each calling station shall be equipped with an indicating light which remains lighted as long as the voice circuit is operating.

(ii) A nurse's emergency call system shall be provided at each inpatient toilet, bath or shower room.

(iii) A staff emergency assistance system for staff to summon additional assistance shall be provided in examination and treatment rooms, dining, activity, and therapy areas. This system shall annunciate at the nurse station with back-up to another staffed area from which assistance can be summoned.

(PP) Emergency service

(i) The facility shall provide an emergency source of electricity, which shall have the capacity to deliver eighty percent (80%) of normal power and lighting and shall be sufficient to provide for regular nursing care and treatment and the safety of the occupants. Such source shall be reserved exclusively for emergency use.

(ii) As a minimum, each patient bed shall provide one (1) duplex electrical receptacle that is connected to the emergency power source. Task lighting and emergency power shall be provided to essential equipment in treatment areas and patient bedrooms.

(iii) Fuel shall be stored at the facility sufficient to provide seventy-two (72) hours of continuous operation.



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(QQ) Telephone Systems. A telephone system shall be provided that is sufficient to meet the needs of the recovery care center's staff and patients.

(RR) Enclosed carts shall be used for transportation and handling of materials.

(SS) Prior to the licensure of the center all electrical, mechanical and fire protection systems, equipment, appliances and biomedical equipment shall be tested, balanced and operated to demonstrate that the installation and performance of these systems conform to the requirements of the plans and specifications.

(4) Operations, maintenance and housekeeping

(A) Maintenance, safety and sanitation

(i) The center shall be equipped, operated and maintained so as to sustain its safe, clean and sanitary characteristics and to minimize all health hazards. Maintenance shall include provision and surveillance of services and procedures for the safety and well-being of patients, personnel and visitors.

(ii) Buildings and grounds shall be maintained free of environmental pollutants and such nuisances as may adversely affect the health or welfare of patients to the extent that conditions are within the reasonable control of the recovery care center.

(iii) A written manual on the maintenance of all heating, mechanical, alarm, air conditioning and ventilation, communication, biomedical equipment and fire protection systems shall be adopted and implemented.

(iv) Maintenance logs of services performed on the equipment shall be retained for review in the recovery care center for a minimum of five (5) years.

(v) Air conditioning and ventilation systems shall be inspected and maintained in accordance with the written maintenance schedule to ensure that a properly conditioned air supply, meeting minimum filtration, humidity, and temperature requirements, is provided.

(B) Housekeeping

(i) The recovery care center shall set forth and implement written housekeeping procedures and ensure adequate numbers of housekeeping personnel to implement the program. (ii) The supervisor of housekeeping shall coordinate housekeeping activities with safety and infection control programs.

(iii) The procedures of housekeeping shall minimally provide for the use, care and cleaning of equipment; selection and use of supplies; completion of cleaning schedules; evaluation of cleaning effectiveness; and maintenance of a clean and sanitary environment.

(5) Emergency preparedness plan

(A) The recovery care center shall have a written emergency preparedness plan that includes procedures to be followed in case of medical emergencies, or in the event that all or part of the building becomes uninhabitable because of a natural or other disaster. The fire plan component shall be submitted to the local fire marshal for comment prior to its adoption.

(B) The emergency preparedness plan shall specify the following procedures:

(i) identification and notification of appropriate persons;

(ii) instructions as to locations and use of emergency equipment and alarm systems;

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- (iii) tasks and responsibilities assigned to all personnel;
- (iv) evacuation routes;
- (v) procedures and arrangements for alternative site relocation or evacuation of patients;
- (vi) transfer of casualties;
- (vii) transfer of records;
- (viii) care of patients; and
- (ix) handling of drugs and biologicals.

(C) A copy of the fire plan shall be maintained on each nursing station and in each service area. Fire evacuation plans shall be conspicuously posted in the corridor of each fire zone.

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

(E) Drills testing the effectiveness of the fire plan shall be conducted on each shift at least four (4) 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.

(Adopted effective March 2, 1995)