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;

(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, antiuenins, 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;

(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 that 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 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
(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.

(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.

(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, 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:

(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.

(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 detoxifcation 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, 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 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 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.

(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, prerpared and served at proper temperatures.

(*l*) **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 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 recrds.

(m) **Service Operations**

(*l*) 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.

(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 perogram 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 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 physicial 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 sequalae 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:

(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 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.

(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.

(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.

(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 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 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 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

(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, 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

(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;

(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)