

State of Connecticut

GENERAL ASSEMBLY



NURSING HOME AND ASSISTED LIVING OVERSIGHT WORKING GROUP OUTBREAK RESPONSE AND SURVEILLANCE SUBCOMMITTEE LEGISLATIVE OFFICE BUILDING HARTFORD, CT 06106-1591

Meeting Summary

December 3, 2020

Sen. Abrams convened the meeting and welcomed a new member to the subcommittee, Ms. Chelsea Daniels.

Deputy Commissioner (DC) Aaron recognized the guest speakers present, Mr. Henry Salton and Ms. Barbara Cass from the Department of Public Health (DPH). She noted that they would present on current Connecticut nursing home statutes and regulations.

Sen. Abrams explained that understanding current regulations will give the subcommittee a framework in terms of looking at solutions moving forward.

Henry Salton, Counsel to the Commissioner, and Barbara Cass, RN, Chief, Healthcare Quality & Safety Branch, DPH presented:

[Henry Salton and Barbara Cass Presentation](#)

[CMS Infection Prevention, Control & Immunizations](#)

Ms. Cass stated that there are 212 nursing homes in Connecticut. They are licensed by DPH and certified with the Centers for Medicare and Medicaid Services (CMS). Certification is critically important for nursing homes because it allows for Medicare reimbursement and participation in the Medicaid program. The facility licensing and investigating section of DPH conducts certification surveys on behalf of CMS. Facility licensure inspections for compliance with the code of federal regulations are conducted every two years. The survey teams are typically comprised of four nurses, a building fire safety inspector, and are conducted over a four-day period. The surveys include many aspects of housekeeping services such as inspection of the environment, resident

areas such as the kitchen, as well as the residents to see whether they're well groomed, and at staff to see whether they are conducting hand hygiene. It also includes inspection for compliance with infection control standards and usage of approved cleaning and disinfectants.

Ms. Cass added that inspections also include reviewing of medical records, and depending on the size of the building, it could be upwards of 60-70 records. The surveyors also talk with residents, their families, and staff to understand the environment through their perspective. Staffing is also reviewed to make sure that enough staff is available to meet the needs of the residents. Infection control is also a very big part of the surveys. Facilities must have an infection control committee that must meet at least quarterly. The committee is responsible for infection prevention surveillance and control and they must have policies and procedures. When surveying for infection control and compliance with federal regulations, the surveyors look at the infection control committee meetings and their policies and procedures. Surveyors look at line listing to see if the facilities are keeping an accurate listing of all the infections in the facility and whether they are responding and acting to anything that may be a deviation from the norm. Infection control is everyone's responsibility including the housekeepers, the environmental engineers, the dietary department and all others.

Ms. Cass noted that 321 infection control deficiencies have been cited since April. 297 of the citations are related to source control. Certain staff members were not as vigilant with proper wearing of masks or going to kitchens and other non-patient areas without a mask at all. Often staff were sitting shoulder to shoulder in a breakroom.

Mr. Salton stated that he would cover federal and state regulations regarding nursing homes. He explained that if surveyors identify compliance violations with federal regulations, they are issued a deficiency statement which details the specific federal requirements that were found out of compliance. The deficiency statement also identifies the severity of the violation ranging from no harm to the most severe which occurs when a violation poses immediate jeopardy to resident or employee health and safety. Once a deficiency statement is submitted, a facility has 10 days to submit to DPH a plan of correction. If the plan is considered adequate, DPH will conduct a follow up inspection to determine if it has been fully instituted. If failure to come into compliance hasn't taken place, then federal enforcement remedies can be imposed. The range of remedies is large, including termination of the Medicaid and Medicare provider agreement which prevents facilities from seeking reimbursement. Civil monetary penalties can also be imposed and are determined through a federally operated process.

Mr. Salton added that if state violations are found, the facilities are issued violation letters which specifically detail factual basis for the violations. Under Connecticut statute and regulations, DPH has classified certain violations into two classes. Class A violations present an immediate danger of death or serious harm to any patient in the facility with a possible penalty of up to \$20,000 per violation, and Class B violations with a possible penalty of \$10,000 for the potential death or serious harm in the recently foreseeable future to a patient. DPH can also issue summary orders when there's an imminent threat to the health, safety, or welfare of any patient in the nursing home. The summary order can include suspending the license, prohibiting the home from meeting new patients, or requiring the home to discharge current patients. DPH can bring disciplinary action

against the license of a nursing home which could result in revocation or suspension of the license and places the facility on probation.

Sen. Abrams asked whether the \$10,000 violation fines were for each incident or whether they are a general fine.

Mr. Salton answered that the fine is for each incident.

Ms. Cass added that in addition to state fines, CMS can also issue civil penalties of up to \$60,000.

Sen. Abrams asked whether we can be certain facilities are self-reporting infections accurately.

Ms. Cass answered that all infections must be tracked on a line list which can be cross referenced if there is a suggestion of misrepresentation. DPH can reach out to the HR group and confirm that it was reported.

Sen. Abrams asked whether an infection prevention specialist is required to be present every day, seven days a week, since the role can be part time and there are no hours associated with it.

Ms. Cass answered that federal or state regulations do not include any prescribed timeframe for an infection prevention specialist to be present.

Sen. Abrams asked whether the infection control committee team required to meet quarterly is required to meet more often during an outbreak.

Ms. Cass answered that there is no specific requirement for increased meeting frequency.

Dr. Coll stated that it would be sensible for an infection prevention specialist to be a full-time role during outbreaks.

In terms of monitoring care and infection related issues that might occur in nursing homes, Dr. Coll asked whether it would be helpful to DPH if nursing homes moved from paper records towards electronic records, whether through encouragement and support or a mandate.

Ms. Cass responded that she might not be the right person to answer a system integration question but noted that electronic records have been extremely valuable and efficient.

DC Aaron referenced the infection prevention specialist hours and the importance of having such a role on site. Whether a facility holds 100 beds or 30 beds, this individual is responsible for making sure that not only the nurses, but all people are following guidelines in all areas of the facility, including maintenance and kitchen. When reports are submitted to DPH, it is after an incident has already occurred. This is not a preventative tool, but even when incidents are reviewed and corrective actions are put in place, the incidents can reoccur. The question remains, how can there be an operational infection control system in place that is the responsibility of everyone in the building and how do we direct administrators and directors of nursing homes to keep that

preventive consistency going, regardless of how often an infection prevention nurse is in the building.

Sen. Abrams asked members if they had any additional comments or questions, to which there were none.

The next meeting will take place on Thursday, December 10, 2020 at 12:30 PM.