

# New York State Department of Health

## Division of ACF/Assisted Living Surveillance

### New Administrator/EHP Program Coordinator and/or Operator Checklist and Informational Guide

As a new Administrator/EHP Program Coordinator and/or Operator of an Adult Care Facility (ACF) in New York State, there are specific requirements that each Administrator/EHP Program Coordinator and/or Operator is responsible for. Below is a list of items for your reference. **This list is not all inclusive.** Please review the list to ensure all items have been completed. If you have any questions, please contact your Regional Office.

Your facility is required to adhere to all applicable laws and regulations. 18 NYCRR Part 487 (Adult Home); 18 NYCRR Part 488 (Enriched Housing Program); and 18 NYCRR Part 494 (Assisted Living Program). 10 NYCRR Part 1001 (Assisted Living Residence; Enhanced Assisted Living Residence; Special Needs Assisted Living Residence).

Department of Health Website: <http://www.health.ny.gov>

#### Health Commerce System (HCS)

- Obtain an HCS Account
- Populate required HCS Communications Directory roles
- Locate and review all Dear Administrator Letters
- Review and have knowledge of commonly used HCS applications

#### Statewide Financial System (SFS)

- Identify or obtain facility's SFS account number

#### ACF/Assisted Living Surveillance Mandated Forms

- Forms obtained, shared, and in-service scheduled

#### Emergency Preparedness

- Disaster and Emergency Response Plan reviewed and revised, as needed
- Complete Evacuation of Facilities in Disasters System (eFINDS) training
- Locate eFINDS equipment

#### **New Operator(s) Only**

#### Application for a Class 3a License

Upon receipt of your approval for a change of operator, owner, or name change the applicant must notify and apply for a new Class 3A licensure through the Bureau of Narcotic Enforcement (BNE). For more information, please contact BNE at (866) 811-7957 or [narcotic@health.ny.gov](mailto:narcotic@health.ny.gov)

#### Residency/Admission Agreements

- New Facility: Admission/Residency Agreements, as approved by the Department during the licensure process, are executed upon admission of any new resident.
- Change of Operator: Admission/Residency Agreements, as approved by the Department during the licensure process, are executed immediately upon notice the Change of Operator has been approved.

## Health Commerce System (HCS)

**Location:** [https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html)

The Health Commerce System is a highly secure, internet based, electronic portal, extensively used for communications and critical data/information sharing. Adult Care Facility (ACF) operators must obtain Health Commerce System accounts and access these accounts regularly, and are recommended to do so at least daily. In addition, operators must ensure that there are sufficient and knowledgeable staff designated as HCS users, and that staff are assigned to the various HCS Communications Directory roles, to receive information and ensure rapid response to requests for information by the State and/or local Department of Health.

Each facility must establish and maintain an HCS “Director” account. This individual has the right to obligate the organization to uphold the requirements of HCS use. You must request this HCS “Director” account by contacting the Department of Health at **(518) 408-1133**.

The following HCS Communications Directory roles are **required** to be populated within the HCS by at least one person for each facility:

- Operator
- Administrator
- HPN Coordinator \*
- Financial Submitter
- Emergency Response Coordinator
- eFINDS Reporting Administrator
- Criminal History Record Check Authorized Person (CHRC AP) \*\*
- 24 by 7 Facility Contact

\* You must request an “HPN Coordinator” account by contacting the Department of Health at **(518) 408-1133**. This request will generate documentation which must be completed, notarized, and mailed back to the Department’s Commerce Account Management Unit (CAMU). As soon as the facility has at least one HPN Coordinator designated, that Coordinator can then place other users within the organization into the required roles identified above and others listed in the Health Commerce System.

\*\* You must request this “Criminal History Record Authorized Person (CHRC AP)” role account by contacting the Department of Health at **(518) 402-5549**.

Facilities are also required to ensure that up-to-date or current emergency contact information is available to the Department through the HCS. Coordinators can use the “Coordinator’s Update Tool” to update the contact/emergency information for their organizational offices, e.g. “24 by 7 Facility Contact”, and for individual users. Note that all information entered using the “Coordinator’s Update Tool” must be validated every 90 days.

## Dear Administrator Letters (DAL’s)

**Location:** Health Commerce System → My Content → Documents by Group → Long Term Care → Dear Administrator Letters → (select the year you wish to review) → ACF

The posting of Dear Administrator Letters (DAL’s) on the Health Commerce System is the primary method of communication from the Department of Health to Adult Care Facilities. Users are strongly encouraged to review this section of the Health Commerce System at least once a week to view any new items.

## Health Commerce System (HCS) Applications

**Location:** Health Commerce System → My Content → All Applications

“All Applications” displays a list of applications available for immediate access. Click on the application name to open the application. Click on the corresponding application profile (information icon) to view the application description, how to get access, who to contact for assistance, tutorials, or demonstrations.

You may add applications to your list of “My Applications” on your home page. Applications available to you are indicated with add and remove icons. Click the green plus icon to add applications to your list or the red minus button to remove applications from your list.

## Electronic Plan of Correction (ePOC)

**Location:** Health Commerce System → My Content → All Applications → E → Electronic Plan of Correction

Electronic Plan of Correction (ePOC) is an application within the Health Commerce System that automates the distribution of Statements of Deficiency (SODs) and the receipt of Plans of Correction (POCs).

Provider access to the application will be governed by HCS roles:

- Administrator role: may read SODs/POCs, edit, save, and submit POCs;
- POC Editor role: may read SODs/POCs, edit and save POCs; and
- Operator role: may read SODs/POCs

It is strongly suggested DAL 15-09 be reviewed as it contains a webinar introducing this application.

## Evacuation of Facilities in Disaster Systems (eFINDS)

**Location:** Health Commerce System → My Content → All Applications → E → Evacuation of Facilities in Disasters Systems

All facilities must access and become proficient in the eFINDS application. This application is used during evacuation preparation to track the residents when they leave the facility, when they arrive at a new location, and repatriation to their original location. The information is electronically sent to the Department to assist in emergency activities and oversight. Information about available webinar and in person training for eFINDS is available on the NYSDOH Learning Management System (LMS) at:

<https://www.nylearnsph.com/Public/Default.aspx>, by searching for “eFINDS” or “RTC-eFINDS”.

All facilities will receive an eFINDS scanner and resident wristbands printed with a bar code for scanning. This barcode incorporates your facility’s operating certificate number, and the name of your facility is also printed on the wristband. Locate the eFINDS scanner and wristbands that were sent to your facility, and if necessary due to change of operator or facility name, obtain updated wristbands by contacting [eFINDS@health.ny.gov](mailto:eFINDS@health.ny.gov). For information on how to replace a lost or damaged scanner, please contact the NYSDOH at [eFINDS@health.ny.gov](mailto:eFINDS@health.ny.gov).

## Emergency Preparedness

Facilities are required to have an Emergency and Disaster Response Plan. Operators must ensure that the Plan is current, and that staff are trained in its use.

Locate DAL 15-13 Evacuation Planning on HCS, and use this guidance and the regulations when reviewing and updating the Emergency and Disaster Plan.

## Statewide Financial System (SFS) Number

**Location:** <http://www.sfs.ny.gov>

The Statewide Financial System (SFS) is the New York State government's accounting and financial management system. Operators must ensure that they have an established and up-to-date SFS account. Any questions or requests for an SFS account should be directed to the SFS Help Desk at (855) 233-8363.

## ACF/Assisted Living Surveillance Mandated Forms

**Location:** [http://www.health.ny.gov/facilities/adult\\_care/forms.htm](http://www.health.ny.gov/facilities/adult_care/forms.htm)

The Department mandates utilization of the following forms:

- ACF Personal Data Sheet (DSS-2949)
- ACF Medical Evaluation (DSS-3122)
- Incident Report (DOH-5175/DSS-3123)
- Statement of Offering Personal Allowance Account (DOH-5195/DSS-2853)
- Personal Allowance Ledger (DOH-5193/DSS-2854)
- Personal Allowance Summary (DOH-5196/DSS-2855)
- Daily Resident Census Report (DOH-5176/DSS-2900)
- Chronological Admission and Discharge Register (DOH-5177/DSS-3026)
- Inventory of Resident's Property (DOH-5194/DSS-3027)
- Statement of Administrator Qualifications (DSS-3233)
- Notice of Change Enriched Housing Apartment Certification (DOH-5192/DSS-934)
- ALR Medical Evaluation (DOH-3122)
- ALR Resident Personal Data (DOH-4397A)
- ALR Resident Evaluation (DOH-4397B)
- ALP Medical Evaluation (DSS-4449C)
- ALP Medical Evaluation Interim (DSS-4568)
- ALP Interim Assessment (DSS-4569)
- UAS-NY
- ALP Nursing Functional/Social Assessment (DSS-4449D) (when not using UAS-NY)

## Reportable Incidents to the Department

The Department mandates the following incidents be reported to your Regional Office on the DOH-5175/DSS-3123 Incident Report:

- Resident whereabouts were unknown for more than 24 hours;
- Resident assaults or injures, or is assaulted or injured by another resident, staff, or others;
- Resident attempted or committed suicide;
- Complaint or evidence of resident abuse;
- Resident Death;
- A felony crime may have been committed by or against a resident;
- Resident behaved in a manner that directly impaired the well-being, care, or safety of the resident or any other resident, or which substantially interferes with the orderly operation of the facility; or
- Resident was involved in an accident on or off the facility grounds which resulted in such resident requiring medical care, medical attention, or services.

Your facility may be subject to additional reporting requirements to the New York State Justice Center for the Protection of People with Special Needs or another entity. Please refer to Statute and regulations for additional reporting requirements.

## Contact Information

### **Central Office**

New York State Department of Health  
875 Central Avenue  
Albany, New York 12206  
Telephone: (518) 408-1133 – Program and Policy  
Telephone: (518) 408-1624 – Licensure and Certification

### **Capital District Regional Office**

New York State Department of Health  
875 Central Avenue  
Albany, New York 12206  
Telephone: (518) 408-5287

### **Central New York Regional Office**

New York State Department of Health  
217 South Salina Street, 4<sup>th</sup> Floor  
Syracuse, New York 13202  
Telephone: (315) 477-8472

### **Metropolitan Area Regional Office – New York City**

New York State Department of Health  
90 Church Street, 15<sup>th</sup> Floor  
New York, New York 10007  
Telephone: (212) 417-4440

### **Metropolitan Area Regional Office – Long Island**

New York State Department of Health  
320 Carleton Avenue, Suite 5000  
Central Islip, New York 11722  
Telephone: (631) 851-3098

### **Western Regional Office**

New York State Department of Health  
335 East Main Street, 1<sup>st</sup> Floor  
Rochester, New York 14604  
Telephone: (585) 423-8185

Adult Care Facility Complaint Hotline Number: **(866) 893-6772**

Vulnerable Persons Central Register: **(855) 373-2122**

Public Health Duty Officer (evening/weekends): **(866) 881-2809**