



GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION

519 Eighth Avenue, 16th Floor, New York, NY, 10018

Phone: 212-643-2828 Fax: 212-643-2956 www.gnyhcfa.org

Memo 24-15

To: Administrator, DNS, Medical Director, Licensed Nurses and QA Committee

**From: Mary Gracey-White RN, Director of Regulatory Compliance and
Arlette A Drigpaul, MSN RN Infection Preventionist/Education Coordinator**

Date: June 20, 2024

Re: Facility Assessment: QSO-24-13-NH

As you are already aware, the revised guidance for LTC Facility Assessment (FA) Requirements [QSO-24-13-NH \(cms.gov\)](https://www.cms.gov) will be effective on August 8, 2024. These revised requirements have been moved to 42 CFR 483.71 with the associated regulation now as F838.

Key components of the revision include:

- Identifying data sources that the facility utilizes to determine acuity and resident needs
- Expanding on the Behavioral Health component to your existing FA including residents with substance use disorders.
- Expanding on Staffing information including weekend staffing and documenting the Facility plan for the recruitment/retention of staff.

Recommended next steps to ensure compliance with this revised regulation include:

- Reviewing regulatory requirement and schedule meeting with QA team
 - QA team must include the administrator, representative of the governing body, medical director, director of nursing, frontline staff, residents/resident representatives/family.
- Revising/Completing the Facility Assessment
- Synthesizing and using the assessment findings
 - Review the findings of the assessment and discuss resources, including direct care staff needs as well as their capabilities to provide services to the residents in the facility, needed to provide competent care to residents daily (including weekends) and during emergencies.
 - Determine whether the facility has sufficient staffing.
 - Review expectations for minimum staffing requirements at the federal and state level.
 - Identify need for any training, education and/or competency needs based on resident and/or staff data or trends.
 - Identify opportunities for quality initiatives (QAA/QAPI) as a result of what was learned from the Facility Assessment.
- Evaluating your process and plan for future assessments.
 - Review the facility assessment requirements and guidance at F838. Be prepared to respond to surveyor questions
 - Establish a process for updating the assessment yearly or earlier if there are substantive changes.

The Association has reached out to CMS to inquire whether they will release an updated template and will continue to provide updates as received.