GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION
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MEMO 24-17

TO: Administrator, DNS, Medical Director, Infection Preventionist, Facilities Management and QA Committee

FROM: **Mary Gracey- White RN, BSN, QCP Director of Regulatory Compliance** and
Arlette A Drigpaul, MSN RN Infection Preventionist/Education Coordinator
DATE: July 17, 2024

RE: Facility Assessment (F838), NYSDOH Infection Control Survey Audit, and SNF Provider Preview Reports

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As you will recall, on June 18, 2024, CMS released the revised guidance for LTC **Facility Assessment** (FA) Requirements QSO-24-13-NH (cms.gov) which will be **effective on August 8, 2024**.

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.

If you have not already done so,

- Determine who will be part of your facility assessment team;
- Determine how you plan to engage residents, resident representatives, and families;
- Schedule an QA meeting to discuss the purpose of the facility assessment, what information you need for each member of the team to gather and contribute, and when this information is due to the group for review;
- Ask Team members to prepare evidence-based data to present to the group to compile the most accurate information. For example, admissions data (avg daily census long and short-term stays);
- If possible, schedule a separate meeting, ahead of the facility assessment, to complete the hazard and infection control risk assessments with appropriate staff members;
- Review resident population and acuity levels;
- Review Staffing plan including staff competencies
- Update policies and procedures as applicable.

Additionally, on November 28, 2023, the NY SDOH released dal_nh_23-16.pdf (ny.gov) as related to the annual **infection control survey** to evaluate the Nursing Home's infection control competencies pursuant to 2022 amendments to Public Health Law at 2803-aa. The Infection Inspection Audit and Checklist can be found here.

In recent weeks, it has come to our attention that the Department has been providing the following feedback for facilities to include in their policies:

- Having dedicated, consistent staffing teams who directly interact with residents that are confirmed/suspected to be infected with a contagious/infectious disease; implementation of standard

and transmission-based precautions; communications with staff, residents, and the residents' families during an outbreak; having necessary supplies for hand hygiene; training and competency for donning and doffing PPE; having a lead infection prevention and control personnel; a sick leave policy that does not punish staff if they're absent from work due to a communicable disease; and being able to demonstrate that there has been advanced planning, with an employee responsible for conducting a daily assessment of staffing status and needs.

If you have any questions regarding the survey, please write to nhinfo@health.ny.gov.

We have updated and posted to our website Home - GNYHCFA a Facility Assessment template tool, and sample policies for Facility Assessment, Comprehensive Covid-19, Infection Prevention and Control Program, and Cohorting Plan During Covid that you may adapt to meet the needs of your facility.

The Association has reached out to CMS to inquire whether they will release an updated Facility Assessment template and will provide you with updates as available.

Lastly, the **Skilled Nursing Facility (SNF) Provider Preview Reports** have been updated and are now available via https://iqies.cms.gov/. The Preview Reports have been updated to account for measure additions and removals that will be implemented during the **October 2024 refresh**. The new assessment-based measure added to the Preview Reports is the Discharge Function Score. The three assessment-based measures removed from the Preview Reports are: (1) Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function, (2) SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents, and (3) SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents.

The data contained within the Preview Reports are based on quality assessment data submitted by SNFs from **Quarter 1, 2023 through Quarter 4, 2023.** Additionally, the CDC measures reflect data from **Quarter 4, 2023 through Quarter 1, 2024** for the Influenza Vaccination Coverage Among Healthcare Personnel measure, and **Quarter 4, 2023** for the COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure. The data for the claims-based measures have been updated for the October 2024 refresh and will display data from **Quarter 4, 2021 through Quarter 3, 2023**, and for the SNF Healthcare-Associated Infections (HAI) measure, from **Quarter 4, 2022 through Quarter 3, 2023**.

Providers have until **August 14, 2024,** to review their performance data. Only updates/corrections to the underlying assessment data before the final data submission deadline will be reflected in the publicly reported data on Care Compare. Please note that the **next PBJ submission deadline is August 14, 2024**; ensure accuracy of data and obtain validation reports prior to final submission.

For questions related to accessing your facility's provider preview report, please reach out to the iQIES Service Center by email at iqies@cms.hhs.gov or call 1-800-339-9313. For questions about SNF Quality Reporting Program (QRP) Public Reporting, please email SNFQRPPRQuestions@cms.hhs.gov**.**

Do not hesitate to contact the Association if you have any questions.