

**NEW YORK STATE DEPARTMENT OF HEALTH  
OFFICE FOR AGING AND LONG-TERM CARE  
DIVISION OF ADULT CARE FACILITY AND ASSISTED LIVING SURVEILLANCE  
ADULT CARE FACILITY CLOSURE PLAN GUIDELINES**

**GENERAL INFORMATION:**

This information has been prepared for providers who are seeking approval to close a facility or discontinue services or programs that provide services to individuals in a community-based residential setting.

Verbal notification must be provided to the Adult Care Facility Regional Area Office Director or Program Manager as soon as any provider contemplates closure/service discontinuance (closure).

<b>Capital</b>	<b>Central</b>	<b>Western</b>	<b>Metropolitan</b>
<a href="mailto:acfdro@health.ny.gov">acfdro@health.ny.gov</a>	<a href="mailto:syradulthomes@health.ny.gov">syradulthomes@health.ny.gov</a>	<a href="mailto:acfwro@health.ny.gov">acfwro@health.ny.gov</a>	<a href="mailto:acfmaro@health.ny.gov">acfmaro@health.ny.gov</a>
(518) 408-5287	(315) 477-8472	(585) 423-8188	(631) 851-3098

Information on a potential closure may not be disclosed to the public, residents, or staff prior to notifying the Department of Health ("Department"), submission of a closure plan to and approval of such plan by the Department.

The New York State Commissioner of Health must approve all closure plans in writing prior to issuing any public announcements related to a closure. Your closure plan should not be considered approved until you receive a written notification from the Department. Any verbal comment from the Regional Office should not be considered as an approval.

Questions may be addressed to the regional Area Office Director.

**YOU MUST HAVE WRITTEN APPROVAL FROM THE DEPARTMENT OF HEALTH PRIOR  
TO IMPLEMENTATION OF A CLOSURE PLAN.**

Pursuant to Title 18 of New York Code Rules and Regulations, Section 485.5(j), the following requirements must be met:

- 120 days prior, written notice of the intent to close must be provided to the appropriate Department regional office.

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- Prior written approval of the closure and the operator's plan must be obtained from the Department.
- No announcements or actions related to the proposed closure should be taken prior to receiving approval.
- Each patient, resident, next of kin, physician, and sponsor must be notified immediately upon receipt of the Department's approval in accordance with the Plan approved by the Department.
- The operator's closure plan must include, among other things, provision for the maintenance, storage, and safekeeping of patient/resident records.
- The provider must provide a list of residents and the location of where each resident relocated.
- The provider's Class 3A controlled substance license must be submitted to the Bureau of Narcotic Enforcement.

## **FACILITY/OPERATOR CLOSURE PLAN GUIDELINES (cont.)**

- Any and all open compliance concerns received via an inspection report(s) involving your facility must be promptly and fully addressed as consistent with regulations.
- You may be required to provide any requested documentation if your facility has received grant dollars from the Department, such as EQUAL.

Providers are required to submit their proposed closure plan at <https://apps.health.ny.gov/pubpal/builder/survey/nys-oaltc-closure-plan>. Providers may utilize their own format for the written closure plan, but the information submitted to the Department must clearly and succinctly include all the required information, in the order listed. Please note that a full range of appropriate services for all patients/residents must be provided throughout the entire closure process.

In the event the resident wishes to move, or the family wishes to move the resident prior to the closure plan being approved, you must contact the Regional Office and discuss the transfer with them before moving the resident.

The following information must be included (in order) in the facility closure plan submitted for approval by the Department:

\*Please include the date, name, address, and telephone number of the facility/operator on all pages of the closure plan.

1. An admission/discharge roster showing the last 6 months at the time of submission of the plan.
2. Evidence of verbal and written notification to the Regional Area Office Director at the time closure was contemplated.
3. Target closure date, facility capacity, current census.
4. Name, title, telephone number, and email address of the individual designated as the operator's contact person throughout the closure process.
5. Name, title, telephone number and email address of the individual responsible for coordinating closure, if different from the individual identified in #4. If more than one individual has been assigned to separate closure duties (e.g., resident assessment, discharge coordination, directing care, media contacts, equipment disposal, record disposition etc.), all names and contact information must be included.
6. A narrative description of the proposed plan to notify residents, patients, next of kin, sponsors, staff, and physicians of the closure plan. This should include written notification and meetings. Include dates and times of meetings, if available at the time of submission of the proposed plan, so that Department staff may attend if desired. A copy of the sample letter to the resident, resident's representative, family and staff should be provided with the closure plan. The letter should include a contact name and phone number in the event questions should arise. It should be indicated who will be signing the letter.
7. A roster of all residents with a general profile of the resident population that also includes payor source (SSI/private pay).

## FACILITY/OPERATOR CLOSURE PLAN GUIDELINES (cont.)

8. All required reports e.g., Financial Reports and Statistical Reports, have been submitted to the Department.
9. A description of the plan to manage media contacts initially and throughout the process. Media releases should be coordinated with the Department **prior to** release.
10. A description of a plan to involve the facility's Ombudsman and other agency staff and providers serving the residents, if applicable.
11. Names of the State and local elected officials who will be outreached for situational awareness about the operator's intent to close. This should include the local Senate and Assembly representatives and city/town/village officials such as the Mayor and Code Enforcement Officer.
12. The plan to discontinue admissions, including the date new admissions will stop. Include a plan to notify all referring institutions.
13. A summary of the facility's current financial condition and description of the assets available to the operator to maintain appropriate services during the closure period.
14. The process to identify appropriate placement for current patients/residents. The process should include assessing the needs of the patients/residents, making determinations regarding bed availability at other area facilities, providing information about other facilities to patients/residents/families, ensuring that the wishes of current patients/residents/families are respected when placement decisions are made; and ensuring that concerns such as geographic location, public transportation, type of facility/provider, medical care, etc. are addressed in identifying future placement options for residents/patients. **Please note: the Operator should refrain from recommending any facility that appears on the Do Not Refer List to residents and families. The Do Not Refer List is located at [http://www.health.ny.gov/facilities/adult\\_care/memorandum.htm](http://www.health.ny.gov/facilities/adult_care/memorandum.htm).**
15. A referral package should be prepared for each resident which includes current assessments and medical evaluations, care plans, medication and treatment records, histories, discharge summaries, identifying information, etc. For residents receiving services from the Office of Mental Health, the Office of Mental Health must assure that the appropriate information is included in the package. The closure plan must ensure that records are transferred to the new facility in a secure manner with the residents/patients who are being relocated. Resident records shall be retained for three (3) years and facility records shall be retained for seven (7) years. Include in the closure plans how and where these records will be maintained.
16. The plan to ensure that resident/patient belongings will be secured and transferred.
17. The plan to determine the appropriate method of transport to be utilized for patients/residents.
18. Include the process that insures the residents' prorated rent and the plan for allocation and security of resident funds. The facility must complete a full accounting of resident funds, if any, on a resident-specific basis prior to closure. The plan must include a signed attestation by the operator that the accounting is accurate. The plan should describe how resident funds are being protected. The plan must also include a signed attestation that all resident funds are secure. The accounting should be sent to the Department's regional office upon

## **FACILITY/OPERATOR CLOSURE PLAN GUIDELINES (cont.)**

request. Resident funds should be sent to the receiving facilities when residents are transferred.

19. A plan to dispose of drugs and biologicals, chemicals, radioactive materials.
20. The plan for appropriate record retention. Resident records should be retained for three years post discharge and facility records for seven years post closure. Plan should include security measures, the name, address and phone number of the location where the records will be stored.
21. A roster of resident final placement is required. The original copy of the facility's Class 3A controlled substance license must be surrendered to the Bureau of Narcotic Enforcement.
22. The plan should include very specific reference to how the facility will establish and maintain ongoing communication with Department throughout each milestone of the closure process.
23. The plan to ensure adequate staffing throughout the closure process, and to ensure that staff have information regarding other employment opportunities.
24. When the last resident has been discharged from the facility, the individual(s) from the facility responsible for carrying out the closure plan should contact the appropriate Department regional office to verify that all aspects of the closure plan have been successfully completed.
25. When the last resident of the facility has been transferred, the plan should have a procedure in place to indicate that the e-FINDS scanner will be returned to the New York State Department of Health, 800 North Pearl Street, Room 211, Menands, New York 12204, Attention: Julie Schenkman, Informatics.
26. The operator of the facility closing shall indicate what the building will be used for once all the residents are transferred and the building is empty.

**NOTE: THE CLOSURE PLAN SUBMITTED TO THE DEPARTMENT SHOULD INCLUDE SUFFICIENT DETAIL TO CLEARLY IDENTIFY THE STEPS THE FACILITY WILL TAKE AND THE INDIVIDUAL RESPONSIBLE FOR ENSURING THE STEPS ARE SUCCESSFULLY CARRIED OUT. SIMPLY STATING THAT THE ACTIVITY WILL BE CARRIED OUT CONSISTENT WITH STATUTE AND REGULATION IS NOT SUFFICIENT; PLEASE CLEARLY EXPLAIN THE DETAILS OF THE ACTIVITY.**