



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

September 5, 2019

Re: DAL NH 19-08
Mandatory Weekly Bed Census
Data Survey

Dear Nursing Home Administrator:

This letter is to inform Nursing Home Operators and Administrators of changes in the regulation law related to weekly bed census reporting. Pursuant to 10 NYCRR section 415.32, effective **August 21, 2019**, the Division of Nursing Home Surveillance will require **mandatory** filing of your facility's licensed nursing home beds and availability by bed category on a weekly basis.

The geographic and population density of specific areas in New York State make coastal and other weather-related storms a specific concern. A catastrophic natural or man-made event may result in the evacuation of nursing homes within a region. The Weekly Bed Census Data Survey is important for disaster preparedness reasons in being able to quickly identify facilities with available beds as well as to help with discharge planning in the event of a facility closure.

The Weekly Bed Census Data Survey will be available on the Department's Health Commerce System (HCS), and will provide the following benefits in the event of a community wide disaster:

- Improve the coordination of the discharge and admission of nursing home residents within your community.
- Reduce phone calls from the Department to facilities regarding bed availability information.

The Weekly Bed Census Data Survey must be submitted via the HCS on a weekly basis by a facility staff person assigned a Nursing Home Data Reporter role within the Communications Directory. The Department encourages facilities to have their HCS Coordinator designate multiple Data Reporters to ensure the survey is submitted to the Department in a timely manner.

The Nursing Home Weekly Bed Census Survey is always available for data entry of the most recent week's submission. Therefore, Nursing Home Data Reporters can enter and submit census data taken each Wednesday at 12:00 a.m., between Wednesday at 12:00 a.m. and the following Tuesday at 11:59 p.m. The weekly NYSDOH HEALTH NOTIFICATION Message: Weekly Bed Census Survey will now be sent on Wednesday when facilities can immediately act on the reminder and enter the data into the HCS. This will be effective Wednesday, September 11, 2019.

In addition, there are changes to the Weekly Bed Census Survey as noted below:

- Will now capture your Total Pediatric Ventilator Capacity. This is the number of beds within the nursing facility for persons from birth to age 21 years where the bed is intended for or has the capacity to serve pediatric ventilator dependent residents. Example: Your facility has 100 pediatric beds. 50 of those beds have pediatric ventilator residents, however all 100 pediatric beds have the capacity to serve pediatric ventilator residents. You would report you have 100 pediatric beds and 100 pediatric ventilator capacity beds. If only 50 of the beds could serve pediatric ventilator residents, you would report you have 100 pediatric beds and 50 pediatric ventilator capacity beds.
- Addition of certified Neurodegenerative bed category and definition.
- Addition of onsite home hemodialysis units for bedside and den and their definitions.
- Will no longer capture dialysis census of separately licensed Article 28 ESRD units located within the facility.

If there are any questions regarding the survey reporting instructions including census data, total capacity, specialty bed categories and home hemodialysis unit, please send them to: nhinfo@health.ny.gov.

Thank you for your cooperation with this mandatory requirement.

Sincerely,

Sheila McGarvey
Director
Division of Nursing Homes and ICF/IID
Surveillance
Center for Health Care Provider
Services and Oversight



DIVISION OF NURSING HOMES AND ICF/IID SURVEILLANCE REMINDER OF WEEKLY BED CENSUS SURVEY

Revised: April 29, 2019

The Nursing Home Weekly Bed Census survey is available on the Health Commerce System (HCS). Please read the instructions on the next page before initiating the survey.

The Nursing Home Weekly Bed Census survey is always available for data entry of the most recent week's submission. Therefore, Nursing Home Data Reporters can enter and submit census data taken each Wednesday at 12:00 AM, between Wednesday at 12:00 AM and the following Tuesday at 11:59 PM.

Adult Day Health Care Program (ADHCP) and Dialysis census data should be based on Wednesday's daytime census data.

Attached are detailed instructions and a set of Frequently Asked Questions to assist facilities in accurately entering census information.

The Department would like to thank all the nursing home administrators and staff for their high degree of cooperation with the Weekly Bed Census Data survey. We look forward to your continued partnership in collecting this valuable information that will help ensure the safety and well-being of New York State nursing home residents.

Please send any questions regarding this survey to: nhinfo@health.state.ny.us.



**Instructions for Electronic Submission
of the Weekly Bed Census Data Survey**

1. Log on to the HCS at <https://commerce.health.state.ny.us/>.
2. Click on “**HERDS**” in the “My Applications” list.
 - If “HERDS” is not in your “My Applications” list: Click on the “**Applications**” link at the top of the page, click on “**H**”, and then find “**HERDS (Health Electronic Response Data System)**” and click on the **+** in the far-right column.
3. Click on “**Data Entry**”.
4. Select “**Bed Census Data**” from the Activity drop-down list. (This might be already selected.)
5. Ensure that the “**Time Period**” listed is for the date of the census you wish to enter.
 - You can enter and submit Wednesday’s census data between Wednesday at 12:00 AM and the following Tuesday at 11:59 PM. *You can neither enter data early nor enter/revise data for a given Wednesday census once a full week has passed.*
6. For each bed/service category, click on Yes or No to select if your facility has that type of bed/service, and then enter the total and available beds/slots for those categories that are at your facility. Click on the **?** to the right of a category’s fields for a description of that category.
 - Ensure that all '**TOTAL BEDS**' fields reflect the certified beds from your operating certificate, or approved beds/slots by the Department if not displayed on your operating certificate.
 - Ensure that all '**AVAILABLE BEDS**' fields reflect the number AVAILABLE, not the number occupied.
7. **Special Circumstances Regarding Bed Availability:** Describe any circumstances relating to beds that are neither available nor physically occupied. For example: 2 residential bed holds, 4 ventilator beds under construction, ADHCP temporarily closed due to storm damage.
8. Click “**Save All**”. The top of the screen should display in green: “**Form Saved**”. If you see in red: “**You have ___ error(s) below. Review and make changes**”, then scroll down, find, and correct any errors and save again. Once you save without errors, proceed to the next step.
9. Click “**Review & Submit**” to verify the information before submitting.
10. Click “**Submit Data to DOH**”. The top of the screen will display in green: “**Data have been submitted to DOH successfully**”.
11. **Congratulations! You’re done. You may now log out.**

Tips:

- Data from your last submission is available for the current submission. This allows you to complete the survey faster, since you only need to update the number of available beds that have changed since your last submission.
- There typically is no need to change TOTAL bed/slot data unless there is a change in the number of certified beds or approved beds. Typically, only the AVAILABLE bed/slot data should need to be updated.
- Each Wednesday’s census as of 12:00 AM must be submitted between Wednesday at 12:00 AM and the following Tuesday at 11:59 PM.

WEEKLY BED CENSUS DATA SURVEY
REQUENTLY ASKED QUESTIONS
April 29, 2019

A. Reporting Requirements

1. **Question:** What day and time should the weekly census reflect?

Answer: All **bed** census information (residential beds, ventilator beds, etc) should reflect the bed census as of Wednesday at 12:00 AM. Adult Day Health Care Program (ADHCP) and Dialysis station census data should both reflect the Wednesday daytime census.

2. **Question:** When do I need to complete the survey?

Answer: A designated facility Data Reporter should complete and submit the survey every week between Wednesday at 12:00 AM and the following Tuesday at 11:59 PM.

3. **Question:** I cannot access the survey for a prior week. How do I enter or correct census data if I missed a week's entry or mis-entered data?

Answer: You can only enter census data for the current week. You cannot enter or correct census data for prior weeks as the survey closes.

4. **Question:** Why is the Department collecting bed census information?

Answer: It is required by regulation. Specifically, Title 10 Part 415.32 requires nursing homes to submit bed census information to help with admission and discharge planning. This is especially critical during facility closures or emergencies within a community requiring resident relocation.

5. **Question:** How can I access bed census information from other facilities?

Answer: The most recent data from each facility is available in tabular format at:
<https://HEALTH.DATA.ny.gov>

6. **Question:** How long will the census survey be conducted?

Answer: As it is required by regulation, the department will continue with the survey on an ongoing basis. Failure to submit the weekly bed census survey may result in a citation or enforcement.

7. **Question:** How do I get answers to other questions?

Answer: Please send any additional questions regarding the survey to:
nhinfo@health.state.ny.us.

B. Health Commerce System (HCS)

8. **Question:** Where is the survey located?

Answer: The survey is on the Health Commerce System at <https://commerce.health.state.ny.us/>. Once you log on, click on "HERDS" in the "My Applications" list, then click on "Data Entry", and select "Bed Census Data" from the Activity drop down list. Please refer to the instructions for additional information on how to use the form.

9. **Question:** Who at my facility can enter and submit the survey?

Answer: Anyone with an HCS account who is assigned the "Data Reporter" role for your facility can enter and submit the survey. Your facility should assign multiple people to the Data Reporter role to help ensure that the survey can be submitted weekly.

10. **Question:** How can I get an HCS account or be assigned the Data Reporter role?

Answer: Talk to your facility's HCS Coordinator. They can help create an HCS account for you and designate you as a Data Reporter.

C. Bed Census

11. **Question:** What is an available bed?

Answer: An available bed is one that a new resident could occupy, or that is currently not occupied. It does NOT include beds that are “empty” but have a bed hold on them, are under construction, or are otherwise unavailable.

(Note: Do not enter occupied beds in the available bed count categories).

12. **Question:** Is a unit with a bed hold available?

Answer: Beds that have a bed hold are not available. If the resident is in the hospital but there is NOT a bed hold, then the bed is available.

13. **Question:** My facility is adding a new 40 bed unit. How should I report this?

Answer: The **total** beds should reflect the number on your operating certificate. Therefore, these 40 (even if still under construction) should be included in the **total** once on the operating certificate. The **available** beds should NOT include any of the beds in the new unit that are still under construction. It SHOULD include completed beds that are available for new residents to occupy. Please include a comment in the “Special Circumstances” field to let the Department of Health know how many units are still under construction (and therefore neither occupied nor available).

14. **Question:** Do hospital Transitional Care Units (TCUs) submit weekly census data?

Answer: No. TCU is a pilot program, which is exempt from this survey.

15. **Question:** My facility has bed types not listed on the survey. What should I do?

Answer: You only need to report census data for the bed types listed on the survey. You do not need to report census data for bed types not listed on the survey.

D. Adult Day Health Care Program (ADHCP)

16. **Question:** What day and time should I take the census for ADHCP?

Answer: ADHCP census data should reflect the Wednesday daytime census.

17. **Question:** If ADHCPs are closed on Wednesday due to a holiday, storm, or other emergency, what should I do?

Answer: Please use the census of the closest business day that the program was open.

18. **Question:** How are the Total– and Available– Adult Day Health Care Daily Capacity calculated?

Answer: Total - Adult Day Health Care Daily Capacity is the number of daily registrants approved by the Department of Health, including all daily sessions. For example, an ADHCP with two sessions per day and 30 slots per session would have a Total Capacity of 60. If 45 registrants attended on the day of the census, then you would report an Available - Adult Day Health Care Daily Capacity of 15.

E. Dialysis Stations

19. **Question:** What day and time should I take the census for Dialysis Stations?

Answer: Dialysis census data should reflect the Wednesday daytime census.

20. **Question:** If Dialysis programs are closed on Wednesday due to a holiday, storm, or other emergency, what should I do?

Answer: Please use the census of the closest business day that the program was open.

21. **Question:** How are Dialysis Stations at the facility captured on the weekly bed census report?

Answer: The way Dialysis Stations are captured has recently changed due to questions regarding how to accurately report these on the weekly bed census report. Home

hemodialysis stations could include bedside or a den. First, answer yes or no if the facility provides home bedside and/or den hemodialysis. Then, in the space provided, identify the following:

- How many home hemodialysis stations do you use at the bedside?
- How many home hemodialysis stations do you use in a den? (a den can only have a maximum of 4 stations but may serve more residents throughout the day).

Example: Your facility provides 2 residents with home hemodialysis at bedside and you also have a den that has 4 stations which serves 8 residents. Therefore, you would answer a total of 10 stations would be utilized - 2 stations at the bedside and 8 in the den.

22. **Question:** What is not included in the census report?

Answer: Peritoneal dialysis or a separately Article 28 ESRD clinic located within the facility.

23. **Question:** What is the definition of the home hemodialysis station or den?

Answer: Home hemodialysis stations could include bedside (hemodialysis performed in the resident's room) or in a den (hemodialysis performed in a dedicated treatment room). Home hemodialysis can only be performed on residents using machines that are approved for individual use.

F. Pediatric Ventilator Capacity

24. **Question:** What is Total Pediatric Ventilator Capacity?

Answer: Your Total Pediatric Ventilator Capacity is the number of beds within the nursing facility for persons from birth to age 21 years where the bed is intended for or has the capacity to serve pediatric ventilator dependent residents.

Example: Your facility has 100 pediatric beds. 50 of those beds have pediatric ventilator residents, however all 100 pediatric beds have the capacity to serve pediatric ventilator residents. You would report you have 100 pediatric beds and 100 pediatric ventilator capacity beds. If only 50 of the beds could serve pediatric ventilator residents, you would report you have 100 pediatric beds and 50 pediatric ventilator capacity beds.



BED DEFINITIONS, 4/24/2019
(user clicks “?” on form to see definition)

TOTAL- NURSING HOME BEDS – LICENSED

Nursing Home Beds, also referred to as residential health care facility bed or nursing beds, means a bed, licensed by the NYSDOH under Article 28 of the New York State Public Health Law.

TOTAL - PEDIATRIC BEDS - APPROVED

Pediatric Beds are those approved by the Department within the nursing facility for persons from birth to age 21 years.

TOTAL - BEHAVIORAL INTERVENTION BEDS - CERTIFIED

Behavioral Intervention Beds are those beds certified by the Department that appear on the operating certificate as neurobehavioral beds. The program must include a discrete unit with a planned combination of services with staffing, equipment and physical facilities designed to serve individuals whose severe behavior cannot be managed in a less restrictive setting.

TOTAL - PEDIATRIC VENTILATOR CAPACITY

Ventilator Beds are those beds within the nursing facility for persons from birth to age 21 years where the bed is intended to serve ventilator dependent pediatric residents.

TOTAL - VENTILATOR BEDS – CERTIFIED

Ventilator Beds are those beds certified by the Department that appear on the operating certificate as ventilator within the nursing facility for adult residents where the bed is intended to serve ventilator dependent resident.

TOTAL - VENTILATOR BEDS - SCATTER BEDS /NOT CERTIFIED

Ventilator Beds which do not appear on the operating certificate within the nursing facility for adult residents where the bed is intended to serve ventilator dependent residents. These ventilator scatter beds do not receive the enhanced rates.

TOTAL - TRAUMATIC BRAIN INJURY (TBI) BEDS - CERTIFIED

Traumatic Brain Injury Beds are those beds certified by the Department and appear on the operating certificate as TBI that provide a planned combination of specialized services provided in a nursing home unit for head-injured residents where the unit consists of at least 20 beds. The population served shall consist primarily of individuals with traumatically acquired, non-degenerative, structural brain damage resulting in residual deficits and disability. The program shall not admit or retain individuals who are determined to be a danger to self or others.

TOTAL - NEURODEGENERATIVE DISEASE BEDS – CERTIFIED

Neurodegenerative Disease Beds are those beds certified by the Department that appear on the operating certificate that serve comprehensive services to those individuals diagnosed with Huntington’s Disease or Amyotrophic Lateral Sclerosis (ALS).

TOTAL - ADULT DAY HEALTH CARE DAILY CAPACITY

ADHCP Daily Capacity is the number of daily registrants approved by the Department and includes all daily sessions. This program provides the health care services and activities provided to a group of persons, who are not residents of a residential health care facility but are functionally impaired. The ADHCP Daily Capacity is impacted by the number of sessions per day approved by the Department, which are held in conjunction with the slots approved per session. For example, an ADHCP with two sessions per day with 30 slots approved per session would have a Daily Capacity of 60 registrants. If 45 registrants attend per day, then 15 daily slots would be vacant.

TOTAL - DIALYSIS UNITS - ONSITE

Total Dialysis Units is the number of stations approved by the Department to accommodate chronic renal home dialysis residents. Dialysis Units could include bedside (hemodialysis performed in the resident’s room) or den (hemodialysis performed in a dedicated room). Dialysis Units would not include peritoneal dialysis or another Article 28 ESRD clinic located within the facility.

Special Circumstances Regarding Bed Availability

If your facility has beds unavailable but not in use due to special circumstances (for example, due to construction), please include notations in “Special Circumstances Regarding Bed Availability”

Preview Mode

Form Preview

Nursing Home Weekly Bed Census Survey

The NYSDOH requires the submission of the Nursing Home Weekly Bed Census Survey on the NYSDOH Health Commerce System (HCS).

The Nursing Home Weekly Bed Census survey is now always available for data entry of the most recent week's submission.

Therefore, Nursing Home Data Reporters, Administrator or Director of Nursing can enter and submit the census data taken each Wednesday at 12:00 AM, between Wednesday at 12:00 AM and the following Tuesday at 11:59 PM.


Adult Day Health Care Program (ADHCP) and Dialysis census data should be based on Wednesday's daytime census data.

Once all required fields have been entered, be sure to first press **Save All**, then **Review and Submit**, then **Submit Data to DOH** to complete the process.

Questions about the Nursing Home Weekly Bed Census Survey should be directed to the Division of Nursing Homes and Intermediate Care Facilities/IID at (518) 408-1267 or via email at: nhinfo@health.ny.gov

Questions about accessing and/or using HERDS should be directed to NYSDOH-HCS at (518) 473-1809.


TOTAL- NURSING HOME
BEDS - LICENSED

Please ensure that this and all other 'TOTAL BEDS' fields  reflect the TOTAL CERTIFIED as listed on your operating certificate. *

AVAILABLE - NURSING
HOME BEDS - LICENSED 

Please ensure that this and all other 'AVAILABLE BEDS' fields reflect the number

AVAILABLE, not the number OCCUPIED. *

Is your facility approved for Pediatric Beds? * Yes No ? 

TOTAL - PEDIATRIC BEDS - APPROVED


AVAILABLE - PEDIATRIC BEDS - APPROVED

PEDIATRIC VENTILATOR CAPACITY ?

Is your facility certified for Behavioral Intervention Beds? * Yes No ?


TOTAL - BEHAVIORAL INTERVENTION BEDS - CERTIFIED

AVAILABLE - BEHAVIORAL INTERVENTION BEDS - CERTIFIED

Is your facility certified for Ventilator Beds? * Yes No ? 

TOTAL - VENTILATOR BEDS - CERTIFIED

AVAILABLE - VENTILATOR BEDS - CERTIFIED

Does your facility have Ventilator Scatter Beds? * Yes No ? 


TOTAL - VENTILATOR BEDS - SCATTER BEDS /NOT CERTIFIED

AVAILABLE - VENTILATOR BEDS - SCATTER BEDS /NOT CERTIFIED

Is your facility certified for Traumatic Brain Injury Beds * Yes No ?


TOTAL - TRAUMATIC BRAIN INJURY (TBI) BEDS - CERTIFIED

AVAILABLE - TRAUMATIC BRAIN INJURY (TBI) BEDS - CERTIFIED

Is your facility certified for Neurodegenerative Beds? * Yes No 


TOTAL - NEURODEGENERATIVE DISEASE BEDS - CERTIFIED

AVAILABLE - NEURODEGENERATIVE DISEASE BEDS - CERTIFIED

Is your facility approved for Adult Day Health Care? * Yes No 

TOTAL - ADULT DAY HEALTH CARE DAILY CAPACITY

AVAILABLE - ADULT DAY HEALTH CARE DAILY CAPACITY

Does your facility have Dialysis Stations Onsite? * Yes No 

TOTAL - DIALYSIS STATIONS - BEDSIDE

TOTAL - DIALYSIS STATIONS - DEN

Special Circumstances Regarding Bed Availability



Form Preview