



## Department of Health

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Governor

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Commissioner

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Executive Deputy Commissioner

April 9, 2019

DAL#: 19-08 Revised ACF Equivalency List

Dear Administrator:

Please be advised that this Dear Administrator Letter (DAL) supersedes all previous DALs regarding the ACF Equivalency List. The purpose of this letter is to inform Adult Care Facility (ACF) Operators and Administrators that the equivalency list has been revised as follows:

- The addition of a link for the registration materials needed to create a Limited Service Laboratory (under the retention of residents that require injectable medications).
- The combination of language under numbers three and five under Personal Care/In-Room Tray Service/Food Service.
- Under mandated forms, the addition of DOH 4397 (Personal Data Sheet).
- The removal of:
  - **Influenza and pneumococcal immunizations** The Department will no longer accept equivalencies or waivers to allow facility nurses to provide the influenza and pneumococcal immunization to residents and employees of adult care facilities.
  - **Hospital beds with ½ side rails.** Facilities requesting to waive this regulation must now request this through the regular waiver process. Requests must be resident-specific and include an attestation from the resident's physician indicating the medical need for the device and the resident's ability to manage and safely and independently use the device. We recognize that providers with an existing equivalency will need a period of time to comply with this directive. As such, the Department's regional offices will work with you for smooth transition.
  - **Use of an enabling device on a standard bed.** Facilities requesting to waive this regulation must now request this through the established waiver process. Requests must be resident-specific and include an attestation from the resident's physician indicating the medical need for the device and the resident's ability to manage and safely and independently use the device.
  - **Sprinklers in bathrooms and closets in resident rooms or dwelling units.** Facilities wishing to waive this regulation must now request this through the regular waiver process. Requests must include the date that the sprinkler system was installed in the facility and the type of system (i.e., NFPA 13, NFPA 13R).

- **Electronic monitoring devices.** Facilities wishing to waive this regulation must now request this through the regular waiver process.

Facilities with current equivalencies for the items being removed must resubmit under the waiver process. Waiver requests will continue to be reviewed as part of the surveillance process.

Within ninety (90) days of the date of this letter, Operators who choose to adopt an approved equivalency or request an alternative method of complying with a regulation, must submit a completed DOH-4235, Waiver Request/Equivalency Notification form to their respective Regional Office.

If you have any questions related to the revisions to the equivalencies, please contact the Program Manager in your Regional Office.

Sincerely,

Heidi L. Hayes, Acting Director  
Division of Adult Care Facility and Assisted  
Living Surveillance

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