

Adult Day Health Services Certification Procedures Manual

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North Carolina Department of Health and Human Services
Division of Aging and Adult Services
Division of Public Health

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I. Introduction

Adult day health services is the provision of an organized program of services during the day in a community group setting for the purpose of supporting an adult's independence, and for promoting social, physical and emotional well-being. Services must include health care services as defined by standards, a variety of program activities designed to meet the individual needs and interests of each participant, and referral to and assistance in using appropriate community resources. Also included are a mid-day meal and 2 snacks to the participants. Transportation to and from the service facility is an optional service. The adult day health provider may provide or arrange transportation for participants through a contract with a transportation vendor or may opt not to provide or arrange for transportation.

Adult day health services is a service for which payment may be made under Title XIX of the Social Security Act (Medicaid) for services provided to individuals who are eligible for the service Long Term Care Screening Program (Community Alternatives Program) established under House Bill 405. Programs must meet state standards to receive Medicaid reimbursement for serving eligible individuals.

The Department of Health and Human Services (DHHS) has designated the Division of Aging and Adult Services as the lead agency in coordinating the development and administration of this service. Because of the combination of social and health services integrated into adult day health services, responsibilities for assuring compliance with standards and maintaining an acceptable quality of service must be assigned to staff with specialized knowledge and experience in each of these areas. To accomplish this, the department of social services and the health department in counties in which an adult day health services program is seeking certification or is certified will designate staff to provide consultation and technical assistance, and to monitor the program.

Each program's compliance with standards will be reviewed by way of a structured procedure prior to certification and annually thereafter. Programs will be monitored by staff of the county department of social services and the local health department to assure continued compliance with standards.

The adult day care coordinator at the county department of social services will monitor the program monthly and the adult day health specialist at the local department of public health will monitor the program quarterly.

The county department of social services will be responsible for developing working procedures with the local health department in accordance with local practices. The county department of social services will also be responsible for coordinating the required certification and recertification materials and forwarding them to the Division of Aging and Adult Services.

II. Legal Base

House Bill 405, effective October 1, 1981, amended Chapter 143B of the North Carolina General Statutes by adding a new Part 14B entitled Long Term Care. The law authorizes the Secretary of Human Resources (now Health and Human Services) to develop effective systems of long term care with interested counties to the extent that funds are available; support expanded services and programs; and to develop a comprehensive screening program for older people and people with disabilities in need of care. The law authorizes the Secretary to utilize Medicaid funds to the extent provided for by federal law and regulation for home health and personal care and seek such waivers as may be necessary to implement the law.

Under the Omnibus Budget Reconciliation Act passed in August 1981, Congress authorized the Secretary of the U.S. Department of Health and Human Services to waive current Medicaid regulations in order that states may utilize Medicaid funds to cover a broad array of home and community based services. These services must be provided under an individual written plan of care, and may be provided to people who would otherwise require the level of care provided in a skilled nursing or intermediate care facility and who are eligible for Medicaid under the state plan. The state must assure an acceptable quality of care provided by programs utilizing Medicaid funds.

In 1986, the North Carolina General Assembly enacted General Statute 131D-6 which requires certification of all adult day care programs, regardless of whether or not the program is receiving State or Federal funding. Adult day health, a variation of adult day care that provides the additional component of health services, is subject to this statute. In accordance with its authority under North Carolina General Statutes 131D-6 and 143B-153, the Social Services Commission established rules and regulations for the provision of adult day health services.

In 1999, the North Carolina General Assembly enacted General Statute 131D-6 (b1) which outlines the requirements for Adult Day Care, Adult Day Health or a Combination Program to provide Special Care Services and to identify itself as a program that provides Special Care Services. Special Care Service means a program, service, or activity designed especially for participants with Alzheimer's Disease or other dementias or a mental health disability or other special needs disease or condition as determined by the Social Services Commission. In order to be certified as a Special Care Services Program and to identify itself as one, a program must follow certain criteria including but not limited to: a mission statement and philosophy of the program and how it reflects the special needs population(s) the program is serving; process and criteria for providing special care or discontinuing special care; participant assessment; staffing ratios and how they meet participant's need for increased care and supervision; staff training; physical environment; frequency and type of activities provided; involvement of families in special care and availability of family support programs; additional costs and fees to the participant for special care.

III. Philosophy

Many older adults and adults with disabilities have impairments which prohibit them from living independently without supportive services and which put them at risk of institutionalization. These persons have varying needs, depending on their health, income and living arrangement. The full continuum of community services should be available for these persons so that their needs can be addressed appropriately and so that they can be given every opportunity to remain in the community.

Adult day health services should be a part of the continuum of services in every community. By providing a protective setting, supportive and health related services, and opportunities for socialization, stimulation and enrichment, adult day health services can help to meet the needs of adults who are otherwise in need of an intensive, supervised regimen of activities, health care and services during the day. Through the provision of these services and activities, adult day health services can help such persons to maintain or increase their ability to function with some degree of independence, thereby enhancing their prospects for staying in the community and living satisfying, meaningful lives.

In a sense, an adult day health services program is a family-centered approach to the care of adults in the community. It can work to strengthen the relationship between the program participant and his/her family, to support the current caregiving arrangement, to assure that the participant is receiving the appropriate type and amount of care, and to prevent any unnecessary removal or separation of the dependent adult from his/her home, family and community. This provision of service to both the participant and family can be achieved in different ways depending on the circumstances. The family should be involved beginning with the initial contact and should continue to be involved throughout the family member's participation in the program. The individual service plan which is required for each participant can be strengthened through family involvement. Achievement of participant goals can be more effectively accomplished with longer lasting results when families participate in planning and follow through.

For purposes of developing individual service plans and designing program activities, staff should consider that:

- The family continues to be a significant unit within our society whether as immediate family, extended family, or non-related but significant persons.
- All persons in a family deserve to have their attitudes, contributions, concerns and potential respected and considered.
- Participants and their families should be given the opportunity to find their own ways to resolve problems.

- Each situation and person should be treated individually, recognizing and taking into consideration any unique factors. Each person in a family should be allowed to engage in decision-making and caregiving to the extent that he/she can and desires.
- Families have varying values, culture and lifestyles that should be taken into account during intervention, problem-solving and treatment.
- Each participant has individual rights to choose not to engage his/her family in service planning and his/her needs should still be adequately addressed.

IV. Roles and Responsibilities of State and Local Agencies

A. Role of State Division of Aging and Adult Services

1. Development and Distribution of Standards, Policies and Procedures for Adult Day Health Services

It is the responsibility of the Division of Aging and Adult Services (DAAS) to develop administrative rules (standards), policies and procedures for the certification and monitoring of adult day health services programs. Such standards, policies and procedures are developed in collaboration with the Division of Public Health (DPH) and others with experience in the areas of health and medical services and services to adults. The administrative rules are recommended to the Social Services Commission which has statutory authority to adopt administrative rules.

The Division of Aging and Adult Services will distribute copies of the certification standards on request and will provide copies of other related material, including any necessary forms, as appropriate.

2. Provision of Training for Staff

The Adult Day Care Consultants (Consultants) at the Division of Aging and Adult Services will be responsible, in collaboration with staff from the Division of Public Health, for arranging or providing training for staff of the local health departments and departments of social services who are designated to assume the direct responsibility for the annual review of and monitoring visits to programs and for the provision of consultation and technical assistance to adult day health services programs.

3. Consultation

The Consultants at the Division of Aging and Adult Services are available to work with county departments of social services, local health departments, and adult day health providers regarding the development of adult day health services programs, interpretation of standards for certification, and related issues, including the determination of any allowable variance from the space requirements.

The Adult Program Representatives (APRs) are available to county departments of social services for consultation regarding the development of adult day health services as a part of a county social services system.

4. Certification

The Division of Aging and Adult Services is responsible for all actions regarding certification of adult day health services programs, based on the reports and recommendations of the county department of social services, the local health department, and in consultation with staff of the Division of Public Health.

B. Role of State Division of Public Health

1. Development of Standards and Policies

The Division of Public Health will assist the Division of Aging and Adult Services with the development and implementation of standards, policies and procedures for the certification and monitoring of adult day health services.

2. Consultation

The Division of Public Health will provide ongoing health related consultation and technical assistance to staff of the local health departments who are designated to carry out the direct responsibility for the annual review and monitoring visits to the programs.

C. Role of the County Department of Social Services

1. Designated Staff

The county department of social services must designate a social worker to act as Adult Day Care Coordinator (Coordinator) and carry out the responsibilities described in this manual.

2. Consultation

It is important that the county department of social services be available for consultation during the initial development and ongoing operation of each adult day health program. The Coordinator should be able to provide information and assistance to individuals and organizations regarding the nature and scope of adult day health services, the need for the service within the community and guidelines to follow in developing an adult day health program.

The orientation and understanding of potential service providers toward the nature and purpose of adult day health services is an important consideration. For example, an organization developed to operate medically oriented programs may require particular assistance in understanding the social aspect

of adult day health services with health care as a part of the total program. The Coordinator should be available to explain and interpret standards for certification and the certification process to parties interested in developing an adult day health services program. The Coordinator should assist such parties in understanding the effect of standards on their proposed program.

The Coordinator should be aware of and assist adult day health services programs in identifying community agencies and organizations which may be resources in terms of increasing the variety and strengthening the activities and services offered through the adult day health services program. Some possible resources are listed in Appendix A.

The Coordinator should work with adult day health services programs in making changes necessary for compliance with certification standards, and helping to insure that changes are appropriate and consistent with standards.

In any instance that the Coordinator observes that improvement could be made in any aspect of the adult day health services program's operation, the Coordinator should discuss the proposed improvement with the program director. It should be understood that limited funds and staff may affect the extent to which improvements can be made; however, the possibilities should be explored with the idea of attempting to identify other sources of funding, if necessary. Also many improvements can be made without an outlay of funds.

Adult day health services programs are required to review and evaluate their operation and services annually. The Coordinator should participate in this process to the extent considered appropriate. In order to assist the program in identifying strong and weak points and in suggesting ways of improving service delivery; however, this should not turn into the Coordinator's monitoring of the program since the real value comes from the program's constructive evaluation of itself.

3. Certification and Monitoring

The county department of social services has the lead responsibility for all activities at the local level concerning program certification and monitoring. Such activities include participating with designated staff of the local health department in initial and recertification reviews. Coordinators monitor the adult day care only, adult day health services only and adult day care/day health services (combination) programs **monthly** to ensure that standards are met on an ongoing basis.

In order to carry out this responsibility, the Coordinator must become familiar with all aspects of program operation including administration, activities and services provided, and participant and program records. Additionally, the Coordinator must assure the involvement of designated staff of the local

health department in the review of health standards during the certification process and the monitoring activities.

The local health department must designate a Registered Nurse (RN) to act as Adult Day Health Specialist and the Specialist and the Coordinator are to establish working procedures for carrying out the activities for certification, recertification and monitoring. The Adult Health Specialist (Specialist) will monitor the program on a **quarterly** basis.

An initial contact should be made with the local health department when the Coordinator first becomes involved with a developing program.

Issues that should be discussed include, but are not limited to:

- (a.) scheduling visits for consultation, certification, and monitoring. Joint visits at least twice a year per center are strongly encouraged: announced or unannounced;

While joint visits are encouraged, there may be a need for separate visits based on program needs or conflicting schedules. If separate visits are made, the results of the visit should be shared. There should be a combination of announced and unannounced visits;

- (b.) establishing procedures for the exchange of information so that each department can stay informed of the other's findings and actions. This includes setting time schedules for submission of reports of certification and recertification reviews and monitoring visits;
- (c.) arranging for plans for problem-solving conferences when issues arise which affect both the health and social aspects of the program and when the departments' working procedures are not being followed or are inadequate. Joint visits should be made if there is concern over non-compliance with standards.

The Coordinator at the county department of social services will be responsible for consolidating standards review reports and recommendations from the department of social services and the health department and forwarding them to the Consultants, Division of Aging and Adult Services for the annual recertification process.

D. Role of the Local Health Department

1. Designated Staff

The local health department must designate a registered nurse to act as the Specialist and carry out the responsibilities described in this manual.

2. Consultation

Because adult day health services programs have an emphasis on health care, it is important that the local health department be available for consultation during the initial development and ongoing operation of each adult day health services program.

The Specialist should be able to provide information and assistance to individuals and organizations regarding the nature and scope of health related activities. The orientation and understanding of potential service providers toward the nature and purpose of adult day health services is an important consideration. It is important that both social and health services are balanced and that the program exhibits an atmosphere of wellness. The Specialist should be able to explain health related standards and assist providers in understanding the effect of standards on their proposed program. The Specialist can give assistance to the program in designing forms or other methods of recording health related data, nursing notes, care plans (also referred to as Service Plans), etc.

The Specialist should work with adult day health services programs in making changes necessary for compliance with health related standards, and helping to insure that changes are appropriate and consistent with standards.

In any instance that the Specialist observes that improvement could be made in any aspect of the adult day health services program's operation, the Specialist should discuss the issue with the program director and make the department of social services' Coordinator aware of the outcome of the discussion.

Adult day health services programs are required to review and evaluate their operation and services at regular intervals. The Specialist should participate in this process, if asked, in order to assist the program in identifying strong and weak points and in suggesting ways of improving the delivery of health related services; however, this should not turn into the Specialist's monitoring of the program since the real value comes from the program's constructive evaluation of itself.

3. Certification and Monitoring

The Specialist will participate as planned with the county department of social services' Coordinator in program certification and monitoring. This includes the initial and recertification health standards review. The Specialist will conduct **quarterly** monitoring visits to the adult day health services program after the initial certification is approved by the Division of Aging and Adult Services as well as an annual visit preferably with the Coordinator to complete the program's annual recertification. The Specialist may conduct more frequent visits for new centers, at the request of the program or county department of social services or when it is deemed necessary to provide consultation or to ensure that standards are being met on an ongoing basis.

In order to carry out this responsibility, the Specialist must become familiar with the scope and intent of the program, all standards applicable to health related services provided, and health related program and participant records.

V. Certification and Monitoring Procedures

A. The Initial Certification Process

Procedures described in this manual and in the North Carolina Adult Day Care/Day Health Care Services Standards for Certification apply to combination Adult Day Care/Adult Day Health programs as well as to discrete Adult Day Health Programs.

1. The procedures, forms and reports to be used for the initial certification of adult day health services program are identified in Section VI of the North Carolina Adult Day Care/Day Health Services Standards for Certification manual. It is the responsibility of the adult day health services program to request necessary inspections and to make the requests sufficiently in advance to give adequate time for the required inspections to be made within the timetable for certification. The Coordinator should explain this responsibility to the adult day health services Program Director or operator and may provide the forms and types of inspectors (i.e., building, fire, environmental health services, etc) to contact.
2. For initial certification, the following items are required: the completed DAAS-6205 including Part A and Part B, Adult Day Health Services Program Certification Report. DAAS 6205 Part A must be completed by the Coordinator and the DAAS 6205 Part B must be completed by the Specialist for initial and recertification reviews and for other actions as listed on the report form. A link to the DAAS-6205 Parts A and B are included at the end of this manual. This form serves as the department of social services' and local health department's report and recommendation to Division of Aging and Adult Services regarding certification.
3. For initial certification, the review process should begin as policies are developed, before staff are employed and the facility is readied for occupancy. By reviewing plans and draft policies, the Coordinator and Specialist can identify any areas of non-compliance with standards and make recommendations for changes so that necessary corrections can be made before program policies are finalized. An adult day health services program cannot be certified until standards are met; however, it should be understood that if a program is new, some areas will be incomplete (for example, participant and program records). In such instances, the Coordinator and Specialist should review the program's plans and capability to comply with standards.
4. A Consultant from Division of Aging and Adult Services will visit each adult day health services program with the Coordinator and Specialist as part of the initial certification process. Arrangements for the visit are made with the Coordinator after the DAAS-6205, Program Certification Report, and all other required materials including a copy of the Fire Inspection Report (DOA-4198 or equivalent); Building Inspection Report (DOA-1499 or DOA-1499a or

equivalent) and Sanitation Evaluation Report (DENR-4054 or equivalent) must be submitted with the DAAS-6205. The reports submitted with the DAAS-6205 for the initial certification must be dated within 30 days of the adult day health service's initial certification. are received by the Division of Aging and Adult Services. The state Consultant reviews the program's plans for activities and services, written policies, evaluation plans, participant and program records, inspections and other aspects of program operation, as needed, during the visit. A decision is made by the Division of Aging and Adult Services Consultant regarding certification based on the report and recommendation from the county department of social services and the local health department, and the results of the joint visit.

5. An Adult Day Health Services only or an Adult Day Care/Day Health Services (combination) program may be certified for a maximum period of 12 months, with the certification period always ending on the last day of the twelfth month.

B. The Recertification Process

1. The certification renewal (recertification) process is the shared responsibility of the Coordinator, the Specialist, and Program Director of the adult day health services program. An on-site visit to the program by the Coordinator and Specialist is required to complete the annual recertification. It is recommended that this on-site visit be conducted by the Coordinator and Specialist jointly. It is suggested that the Coordinator make arrangements with the Specialist and initiate the recertification review at least 90 days in advance as the county's Program Certification Report and recommendation (DAAS-6205, Part A and B) must be received by Division of Aging and Adult Services at least 30 days but no more than 60 days prior to the end of the certification period. By initiating the recertification review early, some problems may be corrected at the local level prior to submitting the report and recommendation to Division of Aging and Adult Services. While the Coordinator shares in this process it is the Program Director's responsibility to ensure that all additional material that is to be attached to the DAAS-6205 and required by standards for certification renewal is forwarded to the county department of social services within the established time frames. The forms and reports to be submitted for recertification are identified in Section VI in the Standards Manual. The Coordinator should consolidate the necessary recertification materials, including the report and recommendations from the local health department.
2. For recertification, the copies of the Fire Inspection Report (DOA-1498 or equivalent) and Sanitation Evaluation Report (DENR-4054 or equivalent) must be submitted with the DAAS-6205 and be dated within one year of recertification. If the program's building has undergone structural changes

during the previous 12 months, then a Building Inspection Report (DOA-1499 or DOA-1499a or equivalent) must be submitted along with the above items for recertification.

3. As a part of the certification renewal (recertification) process, the Consultant at Division of Aging and Adult Services will review the recertification package submitted by the Coordinator. Based on the report and the county's recommendation, a decision will be made by Division of Aging and Adult Services regarding certification. An Adult Day Care Consultant(s) from the Division of Aging and Adult Services may visit the adult day health services program as part of the recertification process. The Coordinator may request a visit from a state Consultant when the Program Certification Report (DAAS-6205, Part A and B) and related materials are sent to Division of Aging and Adult Services, or the Consultant may make arrangements with the Coordinator for a joint visit.

C. Monitoring

The county department of social services and the local health department are responsible for ensuring that certification standards continue to be met by the program. The Coordinator and Specialist are responsible for visiting the program to review the program's operation, compliance with standards, and follow up on recommendations made during the certification review, recertification review and in previous visits. The monitoring visit may be viewed in a positive way by the Coordinator, Specialist, and program director or operator, in that the Coordinator and Specialist should act as consultants as well as monitors and have a supportive role in helping the program to strengthen the quality of its service provision through compliance with standards.

During each visit, the Coordinator and Specialist should observe activities in progress, talk with individual participants about their involvement in the program, and review any aspects of program operation about which the Coordinator or Specialist has a question. **The Coordinator and Specialist should refer to the previous monitoring report(s) prior to making the next monitoring visit, review any concerns/deficiencies noted and follow up to ensure that these concerns were addressed during the next monitoring visit. If the concern was resolved at time of next monitoring visit, this should be indicated on this monitoring report.** It is suggested that the Specialist review in depth one aspect of the program each visit in order to become knowledgeable about the total operation of the program. The Specialist may review one or more areas of the program during visits. Priority should be given to potential or identified problem areas. Any discrepancies or problems observed should be discussed with the program director or operator during the visit. If appropriate and necessary, a corrective action plan and a time limit for corrections should be negotiated. Recommendations made in previous monitoring visits or the annual certification review should also be discussed in terms of corrective action

taken by the program. The Coordinator and Specialist should take note of improvements and program accomplishments and acknowledge such achievements with program staff.

The Coordinator is required to monitor adult day care programs (regardless of type) monthly. The Specialist is required to monitor Adult Day Health only and Adult Day Care/Day Health Services (combination) programs quarterly. Currently, the Specialist is required to monitor one of the four following areas each quarter (in no specific order):

- Medications
- Emergencies
- Participant Records
- Health Services

The Specialists' quarterly monitoring visits are in addition the annual certification (recertification) visit required to complete the certification form the DAAS-6205, Part B.

D. Documentation of Monitoring Visits

The Coordinator and Specialist must complete either the Adult Day Care and Day Health Monitoring Report (DAAS-6214) or the Adult Day Care and Day Health Notice of Violation of Standards (DAAS-6215) or both if appropriate. The Specialist should monitor the follow areas: Health Services, Participant Records, Emergencies, and Medications using the corresponding DAAS-6214 Monitoring Report to record the visit. The monitoring reports may be located at this web address: <http://www.ncdhhs.gov/aging/adcdow.htm> When completed, the forms should be promptly distributed, as indicated on the bottom of the form.

The DAAS-6214 is used to acknowledge the program's improvements/achievements; identify concerns; initially cite deficiencies that do not involve the health, safety, or welfare of the participants and offer any other information useful to the program. The Coordinator and/or Specialist should be specific in outlining the issues discussed during the visit and any actions to be taken in consequence. The program Director/designee must be given the opportunity to record comments on the DAAS-6214 regarding anything cited.

The Coordinator and/or Specialist must use the Notice of Violation Report (DAAS-6215) when there is:

- 1) Recurring non-compliance with Standards that was previously documented on the DAAS-6214 during a previous monitoring visit, or
- 2) Violations that involve the health, safety or welfare of the participants.

At the time it is determined that the non-compliance issue meets one of the above criteria, the DAAS-6215 will serve to identify the specific standard(s) with which the program is out of compliance, the reason that the program is considered to be out of compliance with each standard cited, and the date by which the program must again meet the standard. The Coordinator and/or Specialist must sign and date the form and have the director, or someone representing the director, sign and date the form. Copies must be promptly distributed.

1. Citation of Standards

The specific standard(s) with which the program is out of compliance must be clearly identified on the written notification. It will not be necessary to copy the standard(s) on the notice but reference must be made to the standard(s) in the North Carolina Adult Day Care and Day Health Services Standards for Certification. The Coordinator and/or Specialist should enter the complete outline reference for the standard as set forth in the North Carolina Adult Day Care and Day Health Services Standards for Certification manual, point it out to the director as needed, and explain why the program is not meeting the standard(s). The explanation should also be documented on the DAAS-6215.

2. Corrective Action

Corrective action must be taken by the program for any violation of standards. The Coordinator and/or Specialist and the Program Director/designee must discuss the violation to assure the program's clear understanding of the reason it was determined to be out of compliance, what change(s) needs to be made to bring the program into compliance, the date(s) by which the program's corrective action must be completed, and the possible consequences if timely corrective action is not taken.

The Coordinator and/or Specialist must discuss with the Program Director/designee the need for corrective action and offer assistance to the program in developing a written corrective action plan and specify what steps will be taken to bring the program into compliance. The plan is to be documented on the DAAS-6215.

3. Completion Date

A reasonable date must be established within the allowable time-frame by which the corrective action must be completed. The maximum time allowed for corrective action is based on the severity of the violation and the effect of the violation on the participants of the program:

- (a.) Where a violation presents immediate danger to the participant's health or safety, the program director or designee shall

take immediate corrective action to correct the source of danger or to remove the participants from the source of danger. Such action shall be documented in writing within 72 hours. The program should be cautioned that failure to complete corrective action on that day will place it in a position of being in willful violation and that the certification law (G.S. 131D-6) specifies that "any person, firm, agency, or corporation that harms or willfully neglects a person under its care is guilty of a class 1 misdemeanor."

- (b.) Where a violation has the potential to endanger the participant's health, safety or welfare, the program director or designee shall take corrective action. The date specified for the completion of the corrective action shall be no later than 30 days of written notification.
- (c.) Where a violation does not directly endanger the participants, such as a violation of administrative or record keeping standards, the program director or designee shall take corrective action. The date specified for the completion of the corrective shall be within 90 days of written notification.

When the program is in violation of more than one standard, each standard must be cited on a separate DSS-6215 and the reason given as to why the program was determined to be out of compliance with each standard. Different completion dates for correcting each of the standards may be established, but in no instance may the completion date exceed the limitation for the type of violation as defined above.

4. Follow-up

The Coordinator and/or Specialist are responsible for assuring that timely corrective action is taken. This must be done by means of a site visit to review the standard(s) which were not being complied with and the corrective action by the program. Documentation of the follow-up visit must be on the DAAS-6215. When planned corrections have not been made within the time frame allowed, the Coordinator and/or Specialist must do one of the following: notify the Program Director in writing that they have failed to comply with the plan of correction, and/or initiate another plan of correction. It is important that Division of Aging and Adult Services receive information regarding on-going noncompliance with the standards in order to determine in collaboration with the county if negative action is to be taken.

E. Negative Actions

Any negative action will be the responsibility of Division of Aging and Adult Services based on information submitted by the county. The county is to submit a DAAS-6205 (Part A and B) when provisional certification, denial or revocation of certification is recommended. Copies of any notice of negative action taken will be sent to the Coordinator.

1. Provisional Certification

Certification status will be changed by the Division of Aging and Adult Services to a provisional status under the circumstances set forth in Section VI. E. of the Standards for Certification manual. For two of the circumstances, the provisional status is designed to allow the program to continue operating for a designated period beyond its annual renewal date. A provisional certification may be granted to a program when the program does not meet all standards at the time of recertification, but the completion date of corrective action is after the ending date of the certification period; and when the certification renewal package is incomplete or has not been received by the Division of Aging and Adult Services in time for a thorough review prior to making the certification decision. This will be done by the 15th day of the month in which the certificate would expire. In this way, it assures that certification continues without interruption until the program can be evaluated for compliance.

The other circumstance under which the certification status will be changed to provisional status is when the program has failed to complete corrective action

within the established time frame. The provisional certificate will remain in place until corrections have been made and the Division of Aging and Adult Services so informed, or until revoked. In no instance will a provisional certification be in effect for longer than six months. The program will then be considered in willful violation of standards. Procedures for revocation of certification and imposition of a penalty may be initiated as soon as this determination is made but, because of due process, revocation cannot take effect until 20 days after the program receives the revocation notice. In the interim between the notification of willful violation and the effective date of revocation, the program's certification status will remain provisional.

At the time of recertification, it is possible for the adult day health services or adult day care/day health services (combination) program to be certified on a provisional basis. The county department of social services may recommend provisional certification but the Coordinator should be certain that the adult day health services program has been made aware of the problems and issues involved and been given an opportunity to correct them (See D. 1.-4., below).

An adult day health services or adult day care/day health services (combination) program will be given provisional status when a condition is

identified which is considered to be a violation of standards and which must be corrected in order for certification to continue (See E. 1. , below).

If the Coordinator or Specialist finds that an adult day health services program is in serious violation of certification standards during the recertification period, and if the program is unable or unwilling to make changes in accordance with an established corrective action plan, a recommendation for revocation of the certification may be made by the county department of social services to the Division of Aging and Adult Services.

Prior to making such a recommendation, the county department of social services should have documentation of the written corrective action plan and the occasions on which the adult day health services program has been notified of changes which must be made and the possible consequences if necessary changes are not made. As a general rule, a recommendation for revocation is made only after the program has failed to carry out a corrective action plan established jointly by the program, county and local staff, and appropriate staff of the Division of Aging and Adult Services.

2. Termination of Certification

Certification will automatically terminate at the end of a certification period if the Division of Aging and Adult Services has not received the certification renewal package from the county by the last day of the certification period.

Certification will automatically terminate when the governing body changes. This means when ownership in its entirety is transferred if it is a proprietary program or, if the program is private nonprofit or public agency, when the board of directors is dissolved. This does not mean changes in board membership which occur in accordance with the by-laws of the corporation.

The program should inform the Coordinator as soon as they become aware of the pending move so that the Coordinator can inform the Division of Aging and Adult Services staff. When the program moves to another location, certification will automatically terminate. The program should be reminded well in advance of a move that it must follow initial certification procedures and submit its certification package within the required time frame for the new facility. Prompt submission of the required certification material through the county will avoid any delay in the review of the material by county and the Division of Aging and Adult Services staff prior to making the certification decision.

If the program is not closed by the effective date, unless an appeal has been properly filed, the Coordinator must notify the Division of Aging and Adult Services.

3. Denial of Certification

A certificate may be denied by the Division of Aging and Adult Services at any time for failure to comply with these standards.

When a program fails to comply with the certification standards at the time initial certification is requested, certification will be denied by the Division of Aging and Adult Services. In order to be certified initially, a notice from the Division of Aging and Adult Services setting forth the particular reasons for such action will be delivered personally or by certified mail to the applicant. Such denial becomes effective 20 days after receipt of the notice.

When a program receives a notice of denial, the program director must inform each participant and participant caregiver, as appropriate, of the notice and the basis on which it was issued.

4. Revocation of Certificate

A certificate may be revoked by the Division of Aging and Adult Services at any time for failure to comply with these standards.

Revocation of a certificate, when violations of standards have not been corrected by the date established by a corrective action plan, may be effected by personal delivery or certified mail of a notice setting forth the particular reasons for such action. Such revocation becomes effective 20 days after the receipt of the notice.

When a program receives a notice of revocation, the program director must inform each participant and participant caretaker, as appropriate, of the notice and the basis on which it was issued.

5. Summary Suspension

In accordance with G.S. 150B-3(c), if the Division of Aging and Adult Services finds that the health, safety or welfare of the participants requires emergency action and incorporates this finding in its notice, the certificate may be summarily suspended. Notice of the summary suspension shall be affected by serving the program director by personal delivery or certified mail. The summary suspension will be effective on the date specified in the notice or upon service of the notice, whichever is later.

6. Penalty

The Division of Aging and Adult Services may impose a penalty upon receipt of information from the county, via Form DAAS-6215, Adult Day Care and Day Health Notice of Violation Report, that the program continues to be out of compliance after the corrective action completion date.

If a program is in willful violation as specified in section D. Documentation of Monitoring Visits, pages 17-19 of this manual, a penalty may be imposed. The amount of the penalty, within the limitation established by G.S. 131D-6, shall be determined based on the degree and extent of the harm or potential harm caused by the willful violation.

- (a.) Where a violation presents a clear and immediate danger to the participants a civil penalty of \$100 per day will be imposed effective from the day that the corrective action was to have been completed.
- (b.) Where a violation has the potential to endanger the participants' health, safety or welfare, a civil penalty of \$50 per day will be imposed effective from the day the corrective action was to have been completed.
- (c.) Where a violation does not directly endanger the participants, a civil penalty of \$10 per day will be imposed effective from the date on which the corrective action was to have been completed.

The Division of Aging and Adult Services shall determine the penalty levied against a program based on the severity of the violation as described above, and will notify the program by registered or certified mail. The penalty shall become due 20 days after receipt of the notice.

7. Procedure for Appeal

When a program is notified of a negative action by the Division of Aging and Adult Services, the program may ask for an informal review by Division staff. The request for the informal review may be made in person, by telephone, or in writing to the:

Adult Day Care Consultant
Division of Aging and Adult Services
2101 Mail Service Center
Raleigh, North Carolina 27699-2101
(919) 733-0440

If the review is not satisfactory, the program may request a hearing.

The program may request a hearing within 60 days after receipt of written notification from the Division of a negative action, by written notice through registered or certified mail to the:

Office of Administrative Hearings
424 North Blount Street
Raleigh, North Carolina 27601

In addition, at any time before the hearing, the Division of Aging and Adult Services may rescind the notice of negative action upon being satisfied that the reasons for such action have been corrected.

Except as provided for in V. E. 5 of this Manual (page 22), upon receipt of a request for a hearing, the enforcement of a negative action will be suspended pending final agency decision.

The petition for a hearing shall be filed with the Office of Administrative Hearings in accordance with G.S. 150B-23 and 26 NCAC 3.0003. In accordance with G.S. 1A-1, Rule 4(j)(4), the petition shall be served on a registered agent for service of process for the Department of Health and Human Services. A list of registered agents may be obtained from the Office of Legislative and Legal Affairs.

Procedures for processing an appeal of an adverse certification action and for the final decision are specified in G.S. 150B, Article 3 and 10A NCAC 1B.0200.

8. Complaint Policy

The Adult Day Care/Adult Day Health Services Complaint Policy titled “Managing Complaints” is located in Appendix B of this manual. It also maybe viewed on the DAAS web site at:

http://www.ncdhhs.gov/aging/ADS_Complaint_Policy.pdf

VI. Guidance for Applying Certification Standards

Standards for certification of adult day health services and combination adult day care/day health programs are contained in the Adult Day Care and Day Health Services Standards for Certification. The Coordinator and Specialist should be knowledgeable about the standards and able to assist service providers in understanding them. The following information is intended to clarify and explain certain standards or sections of the standards. References in this material are to specific sections and pages of the standards. Additional clarification and interpretation may be obtained from the Consultants at the Division of Aging and Adult Services.

A. Governing Body (Section I.A., pages 1-2)

1. There are specific areas of responsibility which must be carried out by the governing body or operator. If the day care program is governed by a board of directors, the bylaws should address these areas in defining the scope of the board's responsibilities.
2. For purposes of the annual audit requirement, it is the responsibility of the governing body to either perform the audit or secure the services of someone to do it. In any case, the audit may not be performed by the same individual who actually posted the records.
3. The governing body is responsible for the adoption of written policies regarding operation including program policies, personnel policies and any other policies deemed necessary by the governing body, such as agreements with other agencies and organizations. All policies affecting clients shall be written in direct and understandable language.
4. Appoint Program Director who will have responsibility for operating specific administrative and programmatic activities following the policies adopted by the governing body.

B. Program Policies (Section I. A. 2. e, 3, B., pages 1-4)

The program policies should be designed so that they can be distributed to participants, their families, community agencies, and to Board members, governmental agencies and anyone else that should be made aware of the day care program operation and services and any individual who requests them.

All programs regardless of type- adult day care only, adult day health only, adult day care/day health services (combination) - are required to have program policies for the following areas: program goals; enrollment policies and procedures; discharge policies; medication policies; participant's rights description, grievance policy and procedures for families; advance directives policy; non-discrimination policies; policies addressing procedures to maintain confidentiality; policies on reporting suspected abuse or neglect; description of geographical area serviced by the program;

inclement weather policies; transportation policies; hours and days of operation and types of services provided. Program policies shall be provided to the participant's family member, responsible party or caregiver at the time of enrollment and available upon request. The program policies shall be written in direct and understandable language.

1. Program Goals (Section I.B.1, page 2)

- a. The program shall have stated goals that guide the character of the services given.
- b. These goals shall be in writing and consistent with the definition of adult day care and day health services.

2. Enrollment Policies (Section I.B.2., pages 2-3)

Enrollment policies should be specific in defining the population to be served, including any age restrictions and physical and mental conditions which cannot be accommodated in the adult day health services program. Consideration should be given to the need for group balance and to participant demands on staff. It is suggested that the program address the extent to which it can serve persons with certain conditions, including any limits on the number of such persons who can be enrolled at one time. For example the program may be able to only accommodate at one time up to three persons in wheelchairs or four persons with diagnosed psychiatric disorders. The enrollment criteria should address such restrictions so that individuals and agencies which refer persons to the program will be aware of the program's policies. Adult Day Health and combination programs are able to enroll participants with a gastrostomy tube or sliding scale insulin requirements, whereas an Adult Day Care (social model only) program could not.

The maximum number of persons for whom an adult day health services program is certified is based on the available square footage, furnishings, rest rooms and staff. Enrollment may exceed the certified capacity, but the number of persons in attendance on a daily basis cannot exceed the capacity. At any time the number of participants in attendance exceeds capacity, the program is in violation of the certification standards.

Additional Enrollment and Participation Requirements for Adult Day Health Programs such as medical condition monitoring (Section I.B. 2. C, page 3) should be specified in the enrollment criteria.

Adult day health services programs are encouraged to include in their enrollment policy provisions for applicants to visit for part or all of a day before being enrolled in the program. These visits are not to be counted in daily attendance. This visit can be useful in informing the applicant of what

to expect and as an opportunity for program staff to become acquainted with the applicant and his/her level of functioning. In most instances, one visit should be sufficient to acquaint the applicant with staff and the program.

3. Discharge Policies (Section I. B. 3, p. 3)

These policies should include information about what situations would constitute a participant or caregiver receiving a discharge notice. These policies should also include how a participant/caregiver will be notified by the program of the pending discharge such as: in writing, verbally, etc. as well as the time frame from when the discharge notice is issued and when the participant will no longer be enrolled in the program for active service. Additionally, these policies should include what changes in care needs or behaviors may necessitate the discharge process. For example, continued verbal abuse by a participant toward a fellow participant after interventions have been implemented by program and caregiver, versus a participant who is verbally abusive toward a fellow participant one day (which is abnormal for participant) and after the program and/or caregiver implemented interventions, it was determined that this individual had a urinary tract infection (UTI) and once received treatment, the verbal abuse toward other participant ceases. These policies should also include what information the program will provide to the participant/caregiver regarding any follow up services and/or referrals for alternate services.

4. Medication (Section I. B. 4., page 3)

The program must have a policy regarding medication administration, changes in medications and medical disposal. This policy shall be included in the Program Policies. Adult Day Care (social model only) program staff may administer medications to participants. Training in medication administration is recommended. The Program Director may delegate medication administration to another staff member. However, medication administration should be listed as a job responsibility in the job description of the position which the Program Director has assigned this responsibility to.

In Adult Day Health only or Adult Day Care/Adult Day Health (combination) programs, the Health Care Coordinator position has the ultimate responsibility for medication administration to participants while at the program. The Health Care Coordinator may delegate medication administration to other staff members (unlicensed personnel); however, the ultimate responsibility for this delegation to other staff members is the Health Care Coordinator's.

- a. While standards permit medications to be administered as authorized by the responsible caretaker, the caretaker is only permitted to authorize over-the-counter medications and not prescription medications. Prescription medications are to be administered as directed by a physician via a physician's order. In the event that the

program staff is concerned regarding the caretaker's authorization for certain over-the-counter medications, procedures in the North Carolina Adult Day Care and Day Health Services Standards for Certification IV.A.2.b should be followed. These procedures indicate that any unusual behavior, change in mood, change in attitude, suggestion of family problems or personal problems, need for help or services will be reported to the appropriate person. This may include contacting the participant's family or appropriate social services person. In the event of an emergency the program shall arrange for medical assistance as authorized by the family during the initial enrollment. This would include contacting the participant's physician regarding any adverse reaction to any medications.

Since many participants take various prescriptions and over the counter drugs are particularly susceptible to adverse drug interactions, the staff may want to seek physician approval also for over the counter medications administered by center staff with approval of the responsible caretaker.

- c. Participants may not self-administer medications or keep medications on his/her person while attending the program regardless of his/her cognitive function. Therefore, program staff are required to administer participant's medications while participants are attending the program.
- d. A record of all medications given to each participant must be kept indicating each dose given including the following:
 - (1.) participant's full name;
 - (2.) name, dosage, quantity and route of the medication;
 - (3.) instructions for giving medication;
 - (4.) date and time medication is administered; and
 - (5.) name or initials of person giving the medication. If initials are used, a signature equivalent to those initials is to be entered on this record.
- e. Medications shall be kept in the original pharmacy containers in which they were dispensed. The containers shall be labeled with:
 - (1.) participant's name
 - (2.) the name and strength of the medicine
 - (3.) dosage
 - (4.) instructions for administration

For example, programs should not accept participant medication in a pill box or napkin and should not administer medication delivered in such manner to participants at the program.

Prescription medications must have specific instructions on the label. “Use as directed” is not considered acceptable.

Over the Counter (OTC) medications are not required to be labeled with pharmacy label as detailed above.

- f. Medications shall be kept in a locked location at the program. If medications need refrigeration, these must be in a locked location as well. The program may opt to have a small refrigerator with a lock or a medication lock box that is placed in a refrigerator.
- g. Intravenous, intramuscular or subcutaneous medications should only be administered at Adult Day Health Only or Adult Day Care/Adult Day Health (combination) programs to a participant while he/she is attending the program. Only Adult Day Health Only or Adult Day Care/Adult Day Health (combination) programs shall enroll participants who required this type of medication while attending the program.
- h. The program shall indicate in their Medication Program Policy how the program will accept changes to a participant’s medication regimen to be administered at the program. For example, a program may indicate in their medication program policy that they will only accept a change in a participant’s medication regimen to be administered at the program in writing from the participant’s physician who prescribed the medication in the form of a doctor’s order. A program may indicate in their medication program policy that they will accept changes to a participant’s medication regimen to be administered at the program via phone by the physician. The program should ensure that the individual responsible for authorizing program staff to administer medication to participant while at program is the individual providing such authorization to program.
- i. Medications shall be disposed of properly if the medications are expired or medications are left at the program after a participant discontinues attending the program according to the North Carolina Board of Pharmacy guidelines for medication disposal. Every effort should be made to return the participant’s medication to the caregiver in the instance that the participant no longer attends the program. It is strongly suggested that the program document the method of medication disposal or returning of said medication to family and include the medication’s name, strength, number disposed or returned, the date the medication was disposed or returned and the signatures and printed names of the staff member disposing or returning the medication and the staff member who witnessed the disposal or return of the medication and include this as part of their medication disposal policy.

Recommendations are that medications should not be placed in the water system via flushing them in the toilet. This is only a recommendation. Currently, some recommendations for medication disposal include mixing the medications in need of disposal with kitty litter and disposing of the mixture in the trash. Here is a web site that may provide some assistance in drafting this part of the policy:
http://portal.ncdenr.org/c/document_library/get_file?uuid=60c73101-88c9-41ca-b8b3-3f23faf54459&groupId=38361

Adult Day Health Only or Adult Day Care/Adult Day Health (combination) programs also need to outline how the program will dispose of other medical waste they will likely encounter (i.e., sharps [needles for injections], used wound care products, etc.). Here is the Occupational Safety and Health Administration (OSHA) web site which may also provide some guidance in drafting this policy:
<http://www.osha.gov/>

5. Participant’s Right Description (I. B. 5, Page 3)

This section is to inform participants and families/caregivers of the participant’s rights as an enrolled participant in an adult day program. Many programs have adopted Participant’s Rights as outlined by the National Adult Day Services Association. A draft of Participant’s Rights is located in the North Carolina Adult Day Care and Day Health Service Standards for Certification on the back of the manual’s title page. The National Adult Day Services Association (NADSA) web site also has also outlined basic information/language that needs to be included in a statement of this type which includes participant’s responsibilities as well as participant’s rights. A link to their suggested language of participant’s rights and responsibilities is located on the North Carolina Adult Day Services Association’s web page. Here is the web address to review guidelines for drafting a statement regarding participant’s rights and responsibilities:
http://www.ncadsa.org/statement_of_rights_responsi.php

Other programs have adopted Rights from other entities such as the Local Management Entity (LME). Regardless of what set of rights a program opts to follow or adopt, a program must identify and describe the rights chosen in this section of the program policies.

6. Grievance Policies and Procedures for families (I.B. 6., page 3)

This set of policies and procedures is for families to share grievances about the program and its services with the management.

These policies and procedures should include how the grievance needs to be submitted to the program such as verbally or writing and which staff member the grievance should be initially submitted to.

- a. These policies and procedures should also include information on specific time frames in reference to how long the program will take to respond to the initial submission of a grievance such as 10 business days or 12 calendar days, etc and how the response will be given to the family (i.e., verbally, in writing, etc).
- b. These policies and procedures should also include information about a family's recourse if they are not satisfied with the program's initial response to the initial submission of the grievance. This would need to include how to submit to the grievance to another member of the program staff (such as: in writing or verbally); which staff member the grievance should be submitted to (such as: Executive Director) and time frames about when the family can expect a response (such as 5 business days or 5 calendar days). These steps should be included in this policy for as many levels as the family can pursue their grievance until the grievance has been submitted to the terminal authority and the response to the grievance is final with no further recourse through the program. Such as: the Board of Directors Chairperson, Owner(s), etc.

7. Advance Directives (i.e., Do Not Resuscitate Orders and Durable Powers of Attorney) Policy (I.B.7., page 3)

Health Care Powers of Attorney and Living Wills are legal documents called advance directives. A health care power of attorney authorizes someone, called a health care agent, to make health care decisions for another in the event an individual can no longer make or communicate their own health care decisions. A living will is a declaration by an individual explaining the care they wish to receive (or not receive) during his/her last illness.

According to the Patient Self-Determination Act of 1991(PSDA), if a program receives Medicare or Medicaid funding for its services, they must inquire prior to enrollment if the applicant has any advance directives and if the applicant does, maintain copies in participants' records. If the individual does not have an advance directive, the program must provide written information regarding individual health care decision-making rights (i.e., advance directives).

For more information on the PSDA see:

http://www.abanet.org/publiced/practical/patient_self_determination_act.html

For free public informational material on advance directives go to the Division of Medical Assistance (DMA) web page at:

<http://www.ncdhhs.gov/dma/pub/consumerlibrary.htm>

There, you can download the Medical Care Decisions and Advance Directives document which is near the bottom of the page.

For free North Carolina advance directive forms see:

<http://www.secretary.state.nc.us/ahcdr/>

Providers shall develop a written policy on how the caregiver must present the advance directive documentation to the program. For example, the provider shall detail how the caregiver may present the Do Not Resuscitate (DNR) documentation to the program.

Although a DNR is a medical or doctor's order and not an advance directive, it also needs to be addressed in program policies. Any provider may adopt a policy to not honor Out of Facility Do Not Resuscitate Orders. However, the provider must advise applicants of the program's policy regarding medical emergencies.

Individuals frequently have general Durable Powers of Attorney (POA) that grant broad authority for someone else, called an attorney in fact, to handle their personal, medical, business and financial affairs. Providers must retain a copy of the POA in their records if they are allowing another to make decisions for a recipient based on a POA.

8. Non Discrimination Policies (I. B. 8, page 3)

These policies are to ensure that a program is enrolling participants in an open, non-discriminatory manner. By receiving public funds, a program is agreeing to do many things and one of these (that providers may not be aware of) is to not discriminate when enrolling participants or when hiring program staff. Programs receiving public funding must follow the Civil Rights Legislation.

9. Policies Addressing Procedures to Maintain Confidentiality (I. B. 9, page 3)

This section addresses what steps a program takes to protect participants' confidential information. North Carolina Adult Day Care/Day Health Services Standards requires all programs to document the specific steps the program takes to comply with The Health Insurance Portability and Accountability Act (HIPAA) of 1996. The program needs to indicate the specific steps they are taking to comply with HIPAA to secure confidential participant and program records.

Examples of procedures programs use to maintain confidentiality are:

- program and participant files are stored in a locked file
- new hires sign a confidentiality agreement indicating they agree to keep participant information confidential after they are educated on what is considered individual protected health information and given written materials on DAAS confidentiality policies and HIPAA. Documentation of this process along with

10. Policies on Reporting Suspected Abuse or Neglect (I.B. 10, page 3)

It is the responsibility of any North Carolina citizen who suspects a vulnerable adult is the victim of abuse, neglect or exploitation (in this case, an older or an adult with a disability) to the local county Department of Social Services, Adult Protective Services Unit. Therefore, it is the responsibility of adult day program staff members to contact the local county Department of Social Services, Adult Protective Services Unit, if they suspect a program participant is the victim of abuse, neglect or exploitation, regardless of who the suspected perpetrator is thought to be. This policy should include how staff members make reports of this type to the local county Department of Social Services, Adult Protective Services Unit, and how staff will document that this report was made in the participant's record.

11. Description of geographical area serviced by the program (I.B.11, page 4)

The Description of Geographical area serviced by the program's policy should name the specific counties served. For example, the program serves persons residing in A, B and C counties versus the program serves persons residing in A County and surrounding counties. If the program changes the counties that it serves, this program policy needs to be changed to reflect this and submitted to DAAS staff at the time of the program's next recertification. The geographical area serviced by the adult day health services program should be specified in enrollment criteria. Different areas for service and for transportation may be defined, or an area limitation may be defined for transportation only.

12. Inclement Weather Policies (I. B. 12, page 4)

A program is required to have policies to address a program's operation in the event of inclement weather. These policies should include how a participant or caregiver can determine if a program will be opened, closed, have a delayed opening or early closure due to inclement weather. This policy should include the procedure the program will follow to inform caregivers if the program closes earlier than its normal operating hours due to inclement weather. These procedures should include how participants who are transported to and from the program's facility site via public transportation will be transported home if the program closes earlier than regularly scheduled. The policy should also include procedures for those participants who are transported to and from the program by caregivers.

13. Transportation Policies (Section I. B. 12., page 4)

Adult day care/day health services are not required to provide or arrange transportation for participants to and from the service facility. However, if a program opts to provide, arrange or coordinate public transportation for its participants, the program must have a Transportation Policy that addresses the following areas: routine and emergency procedures, accidents, medical emergencies, weather emergencies, escort issues. For programs that directly provide transportation, their transportation policy should outline the step-by-step processes for emergency and regular procedures, inclement weather/weather emergency, medical emergency, accident and escort issues. In relation to escort issues, the program should include in its transportation policy the procedure to be followed if a caregiver is not present to receive participant at time of drop off at drop off location.

When a program opts to arrange or coordinate public transportation for its participants, the program should indicate this in the program's transportation policy and cite the transportation vendor's policies. The provider should obtain copies of these policies and procedures from the transportation provider and provide as needed to caregivers.

If a program opts to provide transportation, the program must have a copy of the Transportation Policy in each vehicle along with a operational fire extinguisher and first aid kit. The program's vehicle must have a seat and be equipped with a seat belt for each participant who is transported by the program and be instructed by program staff to use his/her seatbelt while being transported. Participants utilizing a program's transportation will be transported for no longer than thirty minutes without being offered a rest break.

14. Hours and days of operation (I.B.14 a-c, page 4)

Adult day care programs shall be responsive to the needs of participants and families in establishing hours and days of operation. Six hours per day and five days per week are the minimum amount of time a program must operate to be certified as an adult day program by the Division of Aging and Adult Services. Programs may opt to be open more days per week and hours per day, but not overnight. Programs should indicate program closures for holidays and other anticipated events that would result in program closures. If the program opts to change its operating hours, families/caregivers must be notified and the program policy must be revised to reflect the change. Additionally, the revised program policy must be submitted to DAAS staff at the time of the program's next recertification.

15. Types of services provided (I.B.15, page 4)

This section shall address services that are offered in addition to the minimally required services, such as: beauty and barber services; physical therapy; occupational therapy, speech therapy. If a program opts to offer

additional services, they must provide a fee schedule to participants/families/caregivers prior to arranging these services. If it is a medical service such as physical, occupational or speech therapy, the program must obtain a physician's order prior to arranging this type of service for a participant while participant is in attendance at the program.

C. Personnel (Section II.A. B. C. D. E. F., pages 4-10)

All adult day care programs, regardless of the program type- adult day care only, adult day health only or adult day care/day health services (combination) shall have personnel policies and procedures for the following areas: annual leave; educational opportunities; pay practices; employee benefits; grievance procedures; performance and evaluation procedures; criteria for advancement; discharge procedures; hiring and firing responsibility; use of any probationary period; staff participation in review of personnel practices; maternity leave; military leave; civil leave (jury duty and court attendance) and protection of confidential information. A copy of the statement of personnel practice shall be given to each employee.

1. Adult day health services program staff must be employed in accordance with the standards. The Coordinator and Specialist have the authority and responsibility to review job descriptions, employee records, personnel policies, and hiring and orientation procedures to insure compliance.
2. The staffing pattern in the standards are the minimally acceptable ratios. If the adult day health services program's enrollment criteria provide for enrollment of persons who require a great deal of individual attention, consideration should be given to increasing the staff-participant ratio to insure that the needs of the participants are adequately met.
3. The program may use part-time staff to meet the staff-participant ratio, as long as the required number of staff for the program's attendance are present during the hours the program is in operation. Trained volunteers may be used as substitutes when regular staff are absent.

The required staff-participant ratio applies to attendance, not to capacity. In order for a program to be cost effective, it may elect to over enroll, that is, enroll more participants than would be allowed in relation to the number of staff at the facility, or it may elect to vary staff hours in relation to attendance patterns. In practice these procedures seem to work well. However, if a program elects to over enroll or stagger staff hours it must assure that qualified part-time staff will be available on any given day or part of a day to assure that the allowable staff-participant ratio is not exceeded. The program would be in violation of standards if the required ratio of staff to participants were not adhered to at all times.

In no instance may more participants attend the program on a given day than the number established by the certified capacity.

4. It is the responsibility of the governing body of the adult day health services program to employ a program director and health care coordinator who meet the minimum qualifications according to the North Carolina Adult Day Care and Health Services Standards for Certification and to document in writing to the county department of social services the program director's and health care coordinator's qualifications in terms of compliance with these minimum standards.

The Program Director must meet the minimum qualifications and complete the duties as outlined on pages 7-8 of the North Carolina Adult Day Care and Health Services Standards for Certification. The Health Care Coordinator must meet the minimum qualifications and complete the duties as outlined on pages 8-10 of the North Carolina Adult Day Care and Health Services Standards for Certification. Additionally, staff that provide personal care in adult day health centers must meet the minimum qualifications as outlined on page 10 of the North Carolina Adult Day Care and Health Services Standards for Certification.

Adult day health centers with a capacity of more than 10 participants must have a full time program director: in these centers the program director cannot also serve as health care coordinator. The county department of social services must involve the local health department in reviewing the job description and qualifications of the health care coordinator and the qualifications of the operator of adult day health homes or the designated paid staff responsible for the home's health services.

5. The program director for adult day health programs with a certified capacity of ten or fewer participants may also serve as the health care coordinator provided that the individual meets all of the requirements of both positions (see II. C (3) and E in the Adult Day Care and Day Health Services Standards for Certification, pages 7-10 for the program director and health care coordinator education and experience requirements) and if the proper staffing ratios are met (see II. B in the Adult Day Care and Day Health Services Standards for Certification, pages 6-7).

D. Volunteers (Section II. G., pages 10-11)

Programs are not required to use volunteers in their operation. If programs use volunteers in their operation, it is essential that adequate planning be completed before volunteers are introduced into the program in order to provide the volunteer with a written description of his/her duties and responsibilities. This written

description shall outline in detail the tasks to be performed by the volunteer, qualifications the volunteer needs to possess to perform the tasks, and specifics regarding hours, days and length of commitment needed from the volunteer.

Programs will require that volunteers at the program complete a formal or informal orientation and training session to inform him/her about the program's goals, operation and daily schedule of the program, specific needs of participants served by the program and any necessary specialized approaches the volunteer shall be expected to use.

Paid program staff shall be properly informed that the program is opting to use a volunteer prior to his/her working at the program, and staff's responsibilities and roles as well as the volunteer's responsibilities and roles shall be clearly identified.. Paid program staff shall be involved in planning for the volunteer and shall assist in writing the tasks the volunteer shall perform.

Programs shall evaluate the volunteer in his/her completion of the tasks he/she has been asked to complete.

The program will provide volunteer recognition and appreciation of the volunteer. Some programs may opt to have an annual luncheon for their volunteer(s) where the volunteers are recognized maybe with a certification of appreciation from the program or an award for the volunteer who has been volunteering for the longest time at the program, shown appreciation for their volunteering at the program with the meal and possibly, a small gift such as a pin, mug, etc.

The decision to use volunteers should include consideration of the availability of staff to provide guidance and supervision and skills of the volunteers.

If volunteers are used to maintain the minimum required staff to participant ratio, these volunteers should be treated as newly hired employees and have a medical exam, evidence of a statewide, criminal background check for the past years completed by an agency approved by the Office of Administrative Courts and current CPR and First Aid certification on file at the program. Additionally, if these volunteers are being used as the program director, the health care coordinator or to provide personal care, he/she must meet the minimum educational, licensure and work experience requirements for the positions. If the volunteers are being used as substitutes, they must have the same training and qualifications as the position they are substituting for. Volunteers who are acting as substitutes do not have to have current CPR and First Aid certification on file at the program as long as there is another staff member or volunteer on site that has current CPR and First Aid Certification.

The Coordinator and Specialist should review plans for using volunteers to be sure that the written description of duties and responsibilities is clear and specific, and that the volunteers will not be assigned duties which should be carried out by regular

staff. (For example, volunteers should not be responsible for maintaining participant records or for developing the program plans.)

E. The Facility (Section III. A. B. C. D. E. pages 11-15)

1. General Requirements

The facility and grounds of the adult day program shall be approved by the local environmental health specialist, local fire safety inspector, the county department of social services and the Division of Aging and Adult Services. A copy of any report that does not indicate overall approval by the inspector must be sent to the Consultants at the Division of Aging and Adult Services along with the corrective action plan. The facility must comply with all applicable zoning laws. There shall be adequate space for participants to engage in group activities as well as quiet activities. Adult day health and combination programs are required to have a quiet space and a treatment room for participants to have quiet time, rest and receive treatments as needed. There must be adequate storage areas for storage of clean linens, dirty linens, cleaning materials, household supplies, food equipment, and program supplies. There must be a locked area to store potentially hazardous materials (i.e., cleaning fluids, disinfectants, etc.). A minimum of one female and one male toilet is required in each facility and must be accessible in accordance with the North Carolina Accessibility Code. One toilet shall be available for each twelve adults, including staff and participants who utilize the facility. One hand lavatory (hand washing sink) is required for each two toilets.

2. Kitchen Facilities (Section III. A.4.b., page 11)

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In determining the adequacy of the kitchen, if meals or snacks are prepared there, the local environmental health specialist should be consulted. If there are questions regarding the use of the kitchen, contact the local Environmental Health Specialist and/or one of the Adult Day Care Consultants at the Division of Aging and Adult Services.

3. Additional Facility Requirements for Adult Day Health (Section III. B., pages 12-13)

The treatment room provides a private location for the provision of health care services. Therefore, the treatment room must have a door that can be closed to ensure participant's privacy when receiving treatment in the treatment room. The Specialist should ensure that the treatment room is equipped with the required medical supplies and equipment.

Additional medical supplies and equipment not required by the standards, but needed by staff, may be located in the treatment room as well (such as a wheelchair, walker, etc.).

The treatment room must have a sink or have a doorway which connects it to a room containing a sink. The requirement for the sink is primarily related to ensuring that hand washing practices are maintained in the program in accordance with universal infection control practices. Therefore, the treatment room sink may not be used in the preparation of snacks, meals or food of any type or be located in a kitchen. The Specialist should be available to assist staff in understanding universal infection control practices and in developing a plan for infection control. The plan should be shared with all of the personnel of the program. The plan should also be posted in the treatment room.

The requirement for the treatment table or bed is primarily related to ensuring that participants are safely and privately provided with necessary health care activities that require a specific body position and to adhere to infection control practices.

4. Adult Day Health Programs in Multi-Use Facilities (Section III. B. C., pages 13-14)

If an adult day health services program is to be located in a building used at the same time for other activities, the following guidelines must be used in planning for the adult day health services program.

- (a.) The area to be used by the adult day health services program must be self-contained, separate and distinct from all other activities taking place in the building. The program must have its own staff. Separation must be sufficient to insure privacy. The adult day health services area should be immediately recognizable as such, to avoid confusion on the part of adult day health services participants and other persons using the building.
- (b.) The separate space (or nucleus area and other designated space as explained in Section III. C.1., page 13), must be adequate to meet certification standards, including square footage per participant, space for group and individual activities, number of bathrooms and other specific requirements.
- (c.) Depending on the nature of the other activities in the building, it may or may not be appropriate for adult day health participants to share in them on a planned basis. Such involvement must be a part of the adult day health services program plan and must be supervised by an adult day health services staff member.

- (d.) It is not appropriate for persons from other activity groups in the building to move through the adult day health services area at will or to attend adult day health services activities on an informal basis. The adult day health services program is in a sense a "closed" program in that participation is open only to persons enrolled in the program and to visitors on a planned basis.
- (e.) Programs must assure that any use of facility space does not adversely affect compliance with any standards, policy, laws, or regulations governing other services being provided in the facility. Facilities such as hospitals, adult care homes and nursing homes should be encouraged to consult with the Division of Health Service Regulation (DHSR) during the planning stage to guard against this.

5. Building Construction (Section III.D., Page 14)

The county department of social services and the Division of Aging and Adult Services should be notified prior to beginning any construction or renovation of the building or grounds in order to provide an opportunity for review of plans and for recommendations to be made before plans are finalized. In addition, it is suggested that when the local building inspector, fire inspector and environmental health specialist inspect the building they use specified report forms or an equivalent and note in writing their recommendations for changes which must be made for their approval.

6. Equipment and Furnishings (Section III. E., pages 14-15)

Adult day health services programs will have to assess the number of cots or beds that will be needed, taking into account the number and physical condition of the participants. Foldaway cots are acceptable if stored in the adult day health facility and if there is a separate, quiet area where they can be quickly set up. However, the Standards indicate that only one bed or cot is required to meet the minimum standards for a program's quiet space.

One bed or treatment table is required to be present in the treatment room with waterproof mattress cover to meet the minimum standards.

The program shall have at least one straight back chair or sturdy folding chair for each participant and staff person, except for persons in wheelchairs.

Table space that provides enough space for participants to be served and eat a meal at the same time and for program activities is required.

Chairs or sofas that allow for position changes that are upholstered or of soft material and easily cleaned so that at least half of the participants can relax at the same time are required.

****NOTE**** For programs that have a special care designation or serve persons who require different equipment, such as mats for resting versus beds or cots, this is acceptable. If the program does not have a special care designation, but a participant requires furnishing or equipment that differs from the required furnishing or equipment (such as using a mat to rest versus a bed or cot), this information should be noted on his/her service plan.

F. Planning Program Activities (Section IV.A.1-3., pages 15-19)

The adult day health services program plan should provide for a variety of activities on a daily basis. Community resources such as community colleges, cooperative extension service, health and mental health agencies, senior centers, libraries, and others should be used to the extent possible and appropriate. However, it should be understood that use of such resources does not relieve the responsibility of staff for planning and supervision of all activities. Responsibility for supervision of participants cannot be delegated to someone who is not an employee of the adult day health services program.

The service plan should be initiated at enrollment and shall be completed within 30 days of enrollment of a new participant using the information obtained in preliminary interviews with the applicant and family or referral source to develop some general goals. It is important that program staff include the applicant and

his/her

family in the development of the service plan to the extent possible, to inquire about his/her interests and preferences in activities and to determine his/her perception of his/her needs and reasons for applying for enrollment in the program. As the service plan is reviewed, it is important to ascertain with the participant and his/her family their assessment of his/her progress while in the program. It is required that the plan be reviewed and renewed at least every six months, but it should be updated as needed to reflect a change(s) in a participant's status.

G. Nutrition (Section IV.C., pages 19-20)

Programs are required to provide a mid-day meal and two snacks per day to its participants. Programs may opt to provide meals and snacks on site or may opt to contract with a food vendor for meals and snacks. The midday meal shall provide at least one-third (1/3) of an adult's daily nutritional requirement as specified by the Dietary Guidelines for Americans (website: <http://www.healthierus.gov/dietaryguidelines/>). At a minimum, the two snacks that are required as part of the standards, should be offered at mid-morning and mid-

afternoon and keep sugar, salt and cholesterol intake to a minimum. A Registered Dietitian or Licensed Nutritionist must approve the program's menus for meals and snacks to ensure that they meet the nutritional requirements as indicated in the North Carolina Adult Day Care and Day Health Services Standards for Certification. If the program is contracting with a Registered Dietitian or Licensed Nutritionist for menu review and approval, a contract must be present between the two parties that indicates what services the Registered Dietitian or Licensed Nutritionist will provide to the program and the center must have copies of the Registered Dietitian or Licensed Nutritionist's credentials.

It is the day care program's responsibility to provide therapeutic diets if the participant has a written prescription for such from a physician, physician's assistant, or nurse practitioner. If program staff prepare therapeutic diets, these staff members must have training in planning and preparing therapeutic diets and must provide documentation of training or education that is sufficient to prepare meals that meet a physician's prescription for a therapeutic diet. A program should not admit or continue to serve a participant whose dietary needs cannot be met by the program.

The North Carolina Adult Day Care/Day Health Services Standards for Certification indicate that all programs shall have a registered dietician or licensed nutritionist provide consultation to staff on basic and special nutritional needs and proper food handling techniques and the prevention of food borne illness. If the program is contracting with a Registered Dietitian or Licensed Nutritionist to obtain this consultation or menu approval, a contract must be present between the two parties that indicates what services the Registered Dietitian or Licensed Nutritionist will provide to the program and the center must also have copies of the Registered Dietitian or Licensed Nutritionist's credentials. All programs must have such consultation, regardless of whether meals are catered by a food vendor or prepared by the program on site. Resources for consultation include the Cooperative Extension Service and local health department and ServSafe. ServSafe's web site: www.servsafe.com

Meals and snacks that are served to participants while attending the program, regardless if meals and snacks are prepared on site or catered into the program should be prepared, stored and handled in a sanitary manner following safe food handling techniques such as those recommended by the United States Department of Agriculture (*website: http://www.fsis.usda.gov/Fact_Sheets/Safe_Food_Handling_Fact_Sheets/index.asp*). If meals are catered into the program, the caterer shall follow the food safety and sanitation practices required by the Commission for Health Services rules that apply to restaurants.

Programs may opt to participate in the Child and Adult Care Food Program (CACFP). The United States Department of Agriculture (USDA) and the Food and Nutrition Service (FNS) funds and administers the CACFP program. CACFP provides reimbursement to qualified caregivers for meals and supplements (snacks). While the FNS develops regulations and establishes policies, state agencies are

responsible for administering the program at the state level and for assisting sponsors on the local level.

In North Carolina, the Special Nutrition Programs Unit in the Division of Public Health in the Department of Health and Human Services administers the CACFP program. Here is the state office web site: <http://www.nutritionnc.com/snp/cacfp.htm> and the federal office web site: <http://www.fns.usda.gov/cnd/Care/>

The CACFP and the Nutritional Standards as outlined in the North Carolina Adult DayCare/Day Health Services Standards for Certification are not equivalent.

This meal provision and 2 snacks are included in the daily care rate reimbursement and must be provided to participants at no additional charge.

H. Transportation (Section IV. D., pages 20-21)

The adult day health services program may provide transportation or arrange transportation with a vendor for participants if it wishes to do so. Transportation is not a required service; it is an optional service which may be offered at the provider's discretion. If a program contracts (arranges) transportation for participants to and from the program site, the program must still have a transportation policy in place. If a program receives reimbursement for transportation from a funding source, the program is likely involved in some aspect of coordinating (arranging) the transportation and needs to have a transportation policy in place. Even if a program does not provide daily transportation to participants to and from the program site and only provides transportation for field trips, the program must have a transportation policy in place.

If the program opts to not provide or coordinate (arrange) transportation for participants to and from the program, the program should not be receiving reimbursement from a funding source for transportation.

I. Emergencies and First Aid (Section IV.E, pages 21-22)

The plan for emergencies should be comprehensive in specifying what staff members are to do if an emergency occurs for different types of emergencies such as medical and non-medical emergencies. For example, if there is a fire, staff responsibilities for clearing the building, calling the fire department, staying with participants, etc., should be addressed. In a medical emergency, one staff member may be designated to stay with the sick participant, someone else to contact the physician and family and others to stay with the other participants.

Emergency drills are defined as reviews with staff of their responsibilities, including role-playing and step-by-step acting out of procedures. Both medical and non-medical emergency drills shall be conducted and include scenarios such as power

failure in the building, a tornado, a participant having a seizure or heart attack, etc. Drills in handling emergencies- both medical and non-medical- should be conducted at least quarterly, or more frequently if necessary. For program sites that have a sprinkler system, a quarterly fire drill is required. For program sites without a sprinkler system, monthly fire drills are required. A record of all emergency drills regardless of type should be kept.

Current certification for both Standard First Aid and CPR is required for all physically able staff who have direct contact with participants. Those staff members with direct participant contact who are physically unable to complete First Aid and/or CPR training must have a statement signed by a licensed physician, physician's assistant, or nurse practitioner indicating this and the time limit of this physical inability. First Aid and CPR training must be renewed prior to the expiration date of the current certification. Substitute staff members are not required to have current Standard First Aid and CPR certification as long as there is another staff member on site with current Standard First Aid and CPR certification. According to the Adult Day Care and Adult Day Health Services Standards for Certification, the Standard First Aid and CPR shall be taught by an instructor who is certified through the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute.

J. Medication (Section IV. F., pages 26-27)

The program must have a policy regarding medication administration, changes in medications and medical disposal. This policy shall be included in the Program Policies. Adult Day Care (social model only) program staff may administer medications to participants. Training in medication administration is recommended. The Program Director may delegate medication administration to another staff member. However, medication administration should be listed as a job responsibility in the job description of the position which the Program Director has assigned this responsibility to.

In Adult Day Health only or Adult Day Care/Adult Day Health (combination) programs, the Health Care Coordinator position has the ultimate responsibility for medication administration to participants while at the program. The Health Care Coordinator may delegate medication administration to other staff members (unlicensed personnel); however, the ultimate responsibility for this delegation to other staff members is the Health Care Coordinator's.

1. While standards permit medications to be administered as authorized by the responsible caretaker, the caretaker is only permitted to authorize over-the-counter medications and not prescription medications. Prescription medications are to be administered as directed by a physician via a physician's order. In the event that the program staff is concerned regarding the caretaker's authorization for certain over-the-counter medications,

procedures in the North Carolina Adult Day Care and Day Health Services Standards for Certification IV.A.2.b should be followed. These procedures indicate that any unusual behavior, change in mood, change in attitude, suggestion of family problems or personal problems, need for help or services will be reported to the appropriate person. This may include contacting the participant's family or appropriate social services person. In the event of an emergency the program shall arrange for medical assistance as authorized by the family during the initial enrollment. This would include contacting the participant's physician regarding any adverse reaction to any medications.

Since many participants take various prescriptions and over the counter drugs are particularly susceptible to adverse drug interactions, the staff may want to seek physician approval also for over the counter medications administered by center staff with approval of the responsible caretaker.

2. Participants may not self-administer medications or keep medications on his/her person while attending the program, regardless of his/her cognitive function. Therefore, program staff are required to administer participant's medications while participants are attending the program.
3. A record of all medications given to each participant must be kept indicating each dose given including the following:
 - (a.) participant's full name;
 - (b.) name, dosage, quantity and route of the medication;
 - (c.) instructions for giving medication;
 - (d.) date and time medication is administered; and
 - (e.) name or initials of person giving the medication. If initials are used, a signature equivalent to those initials is to be entered on this record.
4. Medications shall be kept in the original pharmacy containers in which they were dispensed. The containers shall be labeled with:
 - (a.) participant's name
 - (b.) the name and strength of the medicine
 - (c.) dosage
 - (d.) instructions for administration

For example, programs should not accept participant medication in a pill box or napkin and should not administer medication delivered in such manner to participants at the program.

Prescription medications must have specific instructions on the label. "Use as directed" is not considered acceptable.

Over the Counter (OTC) medications are not required to be labeled with pharmacy label as detailed above.

5. Medications shall be kept in a locked location at the program. If medications need refrigeration, these must be in a locked location as well. The program may opt to have a small refrigerator with a lock or a medication lock box that is placed in a refrigerator.
6. Intravenous, intramuscular or subcutaneous medications should only be administered at Adult Day Health Only or Adult Day Care/Adult Day Health (combination) programs to a participant while he/she is attending the program. Only Adult Day Health Only or Adult Day Care/Adult Day Health (combination) programs shall enroll participants who required this type of medication while attending the program.
7. The program shall indicate in their Medication Program Policy how the program will accept changes to a participant's medication regimen to be administered at the program. For example, a program may indicate in their medication program policy that they will only accept a change in a participant's medication regimen to be administered at the program in writing from the participant's physician who prescribed the medication in the form of a doctor's order. A program may indicate in their medication program policy that they will accept changes to a participant's medication regimen to be administered at the program via phone from the physician. The program should ensure that the individual responsible for authorizing program staff to administer medication to participant while at program is the individual providing such authorization to program.
8. Medications shall be disposed of properly if the medications are expired or medications are left at the program after a participant discontinues attending the program according to the North Carolina Board of Pharmacy guidelines for medication disposal. Every effort should be made to return the participant's medication to the caregiver in the instance that the participant no longer attends the program. It is suggested that the program document the method of medication disposal or returning of said medication to family and include the medication's name, strength, number disposed or returned, the date the medication was disposed or returned and the signatures and printed names of the staff member disposing or returning the medication and the staff member who witnessed the disposal or return of the medication and include this as part of their medication disposal policy.

Recommendations are that medications should not be placed in the water system via flushing them in the toilet. This is only a recommendation. Currently, some recommendations for medication disposal include mixing the medications in need of disposal with kitty litter and disposing of the mixture in the trash. Here is a web site that may provide some assistance in drafting

this part of the policy:

http://portal.ncdenr.org/c/document_library/get_file?uuid=60c73101-88c9-41ca-b8b3-3f23faf54459&groupId=38361

Adult Day Health Only or Adult Day Care/Adult Day Health (combination) programs also need to outline how the program will dispose of other medical waste they will likely encounter (i.e., sharps [needles for injections], used wound care products, etc.). Here is the Occupational Safety and Health Administration (OSHA) web site which may also provide some guidance in drafting this policy: <http://www.osha.gov/>

K. Program Evaluation (Section IV.G., page 23)

It is important to distinguish between the plan for evaluation (which should be a statement of how the annual evaluation (such as: a participant/caregiver satisfaction survey regarding the program and its services) is to be carried out, by whom, and what it will cover) and the report of the annual evaluation. The plan for evaluation should serve as a guide in conducting the evaluation and, as such, should be specific in describing the timetable, procedures, parties to be involved and topics to be covered. The following parties shall be involved, to the extent considered appropriate in the evaluation process:

- (1.) Governing Body,
- (2.) Program Director,
- (3.) Staff;
- (4.) Participants
- (5.) Families of Participants
- (6.) Department of Social Services.

The evaluation shall focus on the following three areas, in addition to any others the program may wish to address:

- (1.) The extent to which the program is achieving its goals
- (2.) The extent to which the program is meeting the needs and interests of the participants; and
- (3.) The extent to which the program is efficient and effective in its operation, including the extent to which the program is cost-efficient.

A written report summarizing the results of the survey should be drafted after the survey results are tallied. Additionally, there should be data documentation (such as completed participant/caregiver satisfaction surveys) that support the results cited and findings in the report. The report of the annual evaluation and the supporting data documentation should be reviewed by the Coordinator and Specialist at least annually for the recertification.

L. Individual Client Records (Section V.A., pages 24-25)

1. Confidentiality

Participant records contain confidential information and must be stored in a locked file, with access given only to appropriate adult day care/day health services staff. HIPAA permits information contained in such records to be shared only with appropriate staff and local and state oversight or monitoring agencies (i.e., The Coordinator and Specialist, state Consultant, etc.). Disclosure of personal health information is prohibited unless a signed release has been obtained from the participant or responsible party and a signed authorization stating what information and to whom it may be given must be obtained each time a request for participant information is made. A blanket authorization which does not identify the parties requesting and releasing information is not sufficient to comply with this standard.

At hire, each employee must sign a confidentiality agreement stating that he/she will keep participant and personnel information confidential. A copy of the signed and dated confidentiality agreement must be placed in each employee's personnel file.

2. Participant Medical Examination

Within 30 days of enrollment, each participant must provide a report of medical examination signed by a physician, nurse practitioner or physician's assistant and performed within the last 3 months. A copy of this report should be placed in each participant's file. This report of medical examination must be updated annually no later than the anniversary date of the initial report.

3. Publicity Efforts Involving Adult Day Health Participants

In any instance that the adult day health services program engages in publicity efforts in which participants are involved in any identifiable way (i.e., videos of activities, photographs, brochures, newspaper articles and photographs, etc.), the program must obtain prior written approval from the participant. If the participant is enrolled in the adult day health services program by a family member or other responsible person, that person's approval should also be obtained.

M. Program Records (Section V. B., pages 25-26)

Program records must be maintained for a minimum of six years. This includes all copies of activities schedules; monthly records of expenses and income, including fees collected; all bills, receipts, and other pertinent information which document expenses and income; a daily record of attendance of participants by name; accident reports; a record of staff absences, annual leave and sick leave, including dates and names of substitutes; and reports on emergency and fire drills.

Program should also keep a copy of the program's written policies including program policies; personnel policies; agreements regarding shared space or space licensed by other Divisions; plan for emergencies and evacuation plan; annual program evaluation reports and control file of DSS-5027 on all participants for whom Social Services Block Grant (Title XX) reimbursement is claimed.

N. Personnel Records (Section V. B., 8 a-h, page 26)

There should be a personnel record or file for each employee of the program. Also, for programs that use trained volunteers to maintain staff to participant ratio either as a "regular" staff person or as substitutes, programs should keep a separate personnel record for volunteers that fall into either of these categories. The individual personnel records should include application for employment, evidence of statewide criminal background check for the past five years by an agency approved by the Administrative Office of the Courts; job description; medical certification of absence of health condition that would pose a health risk to others and that the employee can perform the assigned job duties; written note or report on any personnel action taken with the employee; written report of annual employee reviews; verification of CPR and First Aid certification; signed statement to keep all participant information confidential.

O. Certification (Section VI. A-B, pages 26-30)

1. Certificate

Programs providing adult day health services must seek certification from the Division of Aging and Adult Services regardless of their funding sources according to G.S. 131D-6. The certificate will be issued by the Division of Aging and Adult Services when, in the Division's judgment, minimum requirements for certification have been met by the potential provider. The provider must display the certificate in a very visible location in the facility. The certificate is in effect for 12 months from the issue date unless it is revoked for cause, voluntarily or involuntarily terminated or changed to a provisional status.

2. Initial Certification

The application for initial certification (DAAS 6205, Part A and B) will be completed by the local monitoring agents, not the potential provider. The Coordinator at the county Department of Social Services where the program is to operate will complete the DAAS-6205, Part A and will make a recommendation regarding certification. The Specialist at the local department of health serving the county where the program will operate will complete the DAAS-6205 Part B and will make a recommendation regarding certification. An on-site visit will be completed by the Coordinator and Specialist, preferably together as part of completing the DAAS-6205. The

Coordinator and Specialist shall be available to provide technical assistance to the potential provider regarding program and personnel policies, job descriptions, etc.

****NOTE**** Encourage potential providers to discuss the facility site where they plan to house the program with the Adult Day Care Consultant at the Division of Aging and Adult Services and the Coordinator prior to purchasing, leasing, renting, renovating or building a site to ensure that the proposed plans or structure will meet the minimum building requirements.

3. Procedures for Recertification

The Coordinator and Specialist should make plans, preferably 90 days before the current certificate is to expire to begin the program's recertification. It is the ultimate responsibility of the program director or designee to ensure that all the required information for the recertification is received by the Coordinator. The Coordinator coordinates obtaining the information from the program director or designee and the Specialist. The Coordinator submits the completed DAAS-6205, Part A and B, along with the other required items to the Division of Aging and Adult Services, no more than 60 days prior to the end of the current period of certification, but no later than 30 days prior to the end of the current period of certification.

P. Adult Day Health Programs Serving More Than One County

It is permissible for an adult day health services program to serve more than one county. The following factors should be considered by the adult day health services program in deciding whether or not to do so:

- 1.** The proximity of the adult day health services program to other counties and the length of time involved in transporting persons.
- 2.** Whether there are potential participants who qualify for the Community Alternatives Program for Disabled Adults (CAP/DA), or for the Mentally Retarded/Developmentally Disabled (CAP-MR/DD), or individuals living in the area who could pay the cost of the service themselves.
- 3.** The logistics of referral to and assistance in using appropriate community resources for persons who do not live in the county in which the adult day health services program is located.
- 4.** If the adult day health services program is able to resolve these issues satisfactorily, the following steps must be taken in expanding the geographical area served to include all or part of a second county.

(a.) Enrollment criteria must specify the geographical area served,

including a statement of the counties involved.

- (b.) An agreement must be negotiated with the second county department of social services or the lead agency for aging services in the county if those agencies plans to purchase services.
- (c.) The department of social services and the health department of the county where the facility is located must continue to carry the responsibilities set forth in this manual and must be notified of the adult day health services program's plans and of how it intends to deal with the issues listed in Paragraph 1.

Q. The Adult Day Health Services Home

- 1. The adult day health services home is an adult day health services program operated in a single-family dwelling where the operator resides. This type of program can serve a maximum of sixteen persons. Usually there is one staff member, the operator, who has responsibility for all aspects of the program.
- 2. The adult day health services home can be an effective way of providing adult day health services in sparsely populated, rural areas where there is insufficient need and justification for an adult day health services center. In addition, the adult day health services home may be advantageous for some people who are more comfortable in a small home-like setting.
- 3. Standards for certification distinguish in some areas between requirements for adult day health services homes and centers. Requirements for programming and client records are the same, regardless of the capacity of the program.
- 4. Often in these programs that operator serves as both the program director and health care coordinator. The operator must meet the minimum educational and work experience qualifications for both of the positions in order to assume this dual role and the program's certified capacity must be ten or fewer.

Appendix A 10/11/2010
Resource Information

The following information is intended to assist the Coordinators and Specialists in working with individuals and organizations interested in establishing adult day health services programs. Much of this information is general and inquiries will need to be made to obtain correct information about resources at the local level.

- 1.** In response to an inquiry from someone interested in developing an adult day health services program, the certification standards should be sent to the interested party and an appointment should be scheduled for a conference to discuss their plans.

- 2.** The following information should be discussed with the interested party as appropriate:
 - a.** The nature and scope of adult day health services as defined in this manual and the standards.

 - b.** The need for adult day health services within the community or county. Possible sources of information are the Community Alternative Program (CAP), the agency's service planning and budgeting materials, surveys of agency adult services caseloads, the local council on aging and the regional council of government planning and aging units (area agency on aging). The potential service provider may wish to survey community interest in and need for the service.

 - c.** Guidelines to follow in developing an adult day health services program. It should be understood that a quality adult day health services program cannot be established in a matter of days or weeks, and that it may take several months to several years to organize and implement a program. Variables include available funding, whether or not a building has to be constructed or renovated and the extent to which the sponsor has an organizational structure which can act quickly in developing and finalizing program guidelines and policies.

 - d.** Certification requirements and certification standards in general.

 - e.** The role and authority of the county department of social services and local health departments; the Division of Aging and Adult Services and the Division of Public Health. The interested party should understand the importance of keeping the Coordinator informed as the adult day health services program develops.

 - f.** Possible sources of funding. The Coordinator should be knowledgeable about Medicaid waiver programs (CAP/DA and CAP-MR/DD) as possible sources of funding. Other possible sources of funding and resources to reduce program costs include:

- (1) Department of Health and Human Services, Division of Public Health. Contact the Child and Adult Care Food Program: Special Nutrition Program for information about reimbursement for meals and snacks.
- (2) The North Carolina Adult Day Services Association <http://www.ncadsa.org/>
- (3) The Division of Aging and Adult Services' Web Site at: www.ncdhhs.gov/aging
Once there, click on "Adult Day Care/Health Programs" which will go to the Adult Day Care web page. Click on "Additional Resources" on the right side of the page which will go to links for the North Carolina Adult Day Services Association, Small Business Center Network; North Carolina Small Business and Technology Development Center; North Carolina Area Health Education Centers and SCORE which offers advice to small businesses.
- (4) United Way
- (5) Local churches, places of worship and civic groups. Some organizations may provide a scholarship fund to pay for one or more persons to attend the adult day health services program.
- (6) Local industry (for donations of money and/or supplies and equipment)
- (7) Home and Community Care Block Grant (HCCBG) funding for the purchase of service may be available. Contact the county lead agency or the Division of Aging and Adult Services for information about these funds.
- (8) Title V Senior Community Service Employment Program. Employment opportunities for low-income individuals 55 or older in community service activities. For information regarding this program contact the N.C. Division of Aging and Adult Services.

g. Community agencies and organizations which may be resources for an adult day health services program. Some possibilities are:

- (1) Cooperative extension service
- (2) Health Department
- (3) Senior centers
- (4) Technical institutes and community colleges
- (5) Public libraries

- (6) Churches or ministerial association
 - (7) Legal Aid Society
 - (8) Parks and Recreation department
- h.** The need to be aware of any of the following:
- (1) applicable zoning ordinances. The city and county managers' offices should be resources for questions regarding zoning.
 - (2) The local fire and building inspectors and environmental health specialists. Prior to making a commitment on a building, it should be inspected by these parties to determine the extent to which changes will be necessary to comply with regulations and the potential provider should also talk with the Adult Day Care Consultant at the Division of Aging and Adult Services as well as the Coordinator at the county Department of Social Services to ensure the building will meet the minimum requirements so that the potential provider does not spend money on a structure that the program cannot be certified in because it does not meet the minimum requirements. It is recommended that certification inspection forms be used to provide documentation of recommendations. The Coordinator should visit the building and note square footage, rest rooms, etc.
 - (3) Be informed of the location of nearby adult day health services and adult day care programs as part of a needs assessment to determine if the service is needed where the potential provider is looking to operate. Additionally, encourage the prospective service provider if he/she has not already done so to contact and visit one or more adult day health services programs and adult day care programs as part of the preparation for becoming a provider.
 - (4) The need to plan carefully, considering anticipated demand for the service and expected income in relation to the proposed capacity of the program and its effect on staffing, vehicles and facility.
 - (5) The need to be aware of what effect the program may have on other activities in a multi-use facility. Facilities such as hospitals and nursing homes should be encouraged to consult with DHSR or other appropriate agencies during the planning stage to assure that any use of the facility space for the adult day health services program will not adversely affect compliance with any rules governing other services being provided in the facility.

Appendix B 9/2010
Adult Day Care/Adult Day Health Services Complaint Policy

Division of Aging and Adult Services
Adult Day Care and Day Health Services
September 2010

Managing Complaints

I. Complaint Investigation Rationale

II. Legal Authority

III. Receipt of Complaint

- A. General Guidelines
- B. Guidelines for Staff Taking the Initial Complaint
 - 1. Complaint received by Local Monitors (Adult Day Care Coordinator/Adult Day Health Specialist)
 - 2. Complaint received by Division of Aging and Adult Services Staff (Adult Day Care Consultant)
 - 3. Complaint Specifics
 - 4. Multiple Complaints

IV. Fact Finding Complaint Investigation Visit

- A. Preparing for the Visit
- B. Scheduling the Visit
- C. What Information to Review Prior to the Visit
- D. How to Conduct the Fact Finding Complaint Investigation Visit
- E. Forms/Equipment/Supplies Needed to Complete a Fact Finding Complaint Investigation
- F. Interviewing Techniques

V. Preparing for The Fact Finding Complaint Investigation Visit

- A. Introduction
- B. Minimum Items to be Requested and Reviewed
 - 1. Participant Record
 - 2. Medication Administration Record
- C. Staff Interviews
 - 1. Preparing Questions Prior to Actual Fact Finding Complaint Investigation
 - 2. Actual Interviews
- D. Recording Your Findings
- E. Reaching a Conclusion
- F. Corrective Action
- G. Exit Conference

VI. Compiling the Investigation's Findings

I. Rationale

North Carolina General Statute 131D-6 (b) states that the North Carolina Department of Health and Human Services shall inspect and certify adult day care programs. The Social Services Commission adopted rules granting consultation to county departments of social services and providers, certification and monitoring responsibilities for Adult Day Care to the Division of Aging and Adult Services per 10A NCAC 06P.0401. County department of social services responsibilities include designating a social worker to be the Adult Day Care Coordinator responsible for consultation to service providers and all activities at the local level concerning certification, recertification reviews and supervision of the day care program to insure Standards are being met on an ongoing basis per 10A NCAC 06P.0402.

II. Legal Authority

The Older Americans Act of 1965, 42 USC§ 3025 (a) (1) (c) and 3025 (a) (2) (B); 3027 (a) (4)

Fed 45 CFR 1321.17 (f) (4) A7)

North Carolina General Statute 131D-6

Adult Day Care and Health Services Rules 10A NCAC .06P; 10A NCAC 06R; 10A NCAC 06S and specifically:

- 10A NCAC 06P.040
- 10A NCAC 06P.0402
- 10A NCAC 06R.0501 (a) (4); (a) (6) (C) and (a) (6) (D)
- 10A NCAC 06R.0507- program policies are provided at time of enrollment
- 10A NCAC 06R.0509 (d) and (d)(2)
- 10A NCAC 06S.0101

III. Receipt of Complaint

A. General Guidelines

The person making the complaint is referred to as the “caller,” the “complainant” and sometimes, the “reporter” and he or she expects a timely response to his/her complaint. The person taking the complaint is referred to as “staff” or the “receiver.” Generally, there are 3 basic types of complaints:

1. Uncertified Programs- an allegation that an individual is or individuals are providing adult day care and/or adult day health services without certification from the Division of Aging and Adult Services (DAAS) in violation of G.S. 131D-6.
2. Standards Violations- an allegation that an adult day care and/or adult day health provider is not meeting the minimum standards for certification.
3. Adult Abuse/Neglect/Exploitation Reports- an allegation that

an adult day care and/or adult day health program participant is being abused/neglected/or exploited. The complainant should be directed to immediately report this allegation to the county department of social services, adult protective services section, where the program is located. Additionally, the receiver of this category of allegation shall contact the county department of social services, adult protective services section, where the program is located if the receiver has reasonable cause to believe that a disabled adult is in need of protective services. See Protection of the Abused, Neglected or Exploited Disabled Adult Act, Section 108A-102, Duty to Report.

The DAAS-600 form should be used to record any complaint.

Incidents precipitating complaint must have occurred within a reasonable amount of time and must be regulated by NC General Statute, federal law or the DAAS Standards for Certification.

B. Guidelines For Staff Taking the Initial Complaint

*****NOTE** Regardless of who takes the complaint, the local monitors will make the initial investigation visit to the program.***

The county department of social services' Adult Day Care Coordinator (Coordinator) or the local department of health's Adult Day Health Specialist (Specialist) should be the first contact to take complaints.

Complaints may be submitted via telephone call, mail, email, fax or in person.

1. Complaint Received By Local Monitors (Adult Day Care Coordinators or Adult Day Health Specialists)

The Coordinator or Specialist may take complaints for services and/or care provided to participants of adult day care, adult day health or adult day care/health programs. The Coordinator or Specialist will complete the DAAS-600 with all of the required information. Once completed, the Coordinator or the Specialist will contact the Adult Day Care Consultant (Consultant) at DAAS and advise him/her of the complaint. Complaints may be made by phone, in person, email, mail or facsimile.

If the complaint is taken locally and there is uncertainty about which Division in the Department of Health and Human Services or authority has responsibility for a complaint, the local authorities should contact the Adult Day Care Consultant at DAAS to determine which Division in the Department of Health and Human Services or other authority has responsibility for the complaint.

If the complaint is the responsibility of another Division of the Department of Health and Human Services or authority, DAAS staff will contact the appropriate division or authority and forward the complaint to the appropriate entity. DAAS staff shall follow up with the appropriate division or authority to determine what actions were or were not taken regarding the complaint.

2. Complaint Received By North Carolina Division of Aging and Adult Services' Staff (Adult Day Care Consultants)

NC Division of Aging and Adult Services (DAAS) staff may take complaints for services and/or care provided to participants of adult day care, adult day health or adult day care/health programs.

Any complaint received by DAAS staff will be referred to the local monitors in the appropriate county department of social services and/or local department of health for complaint investigation. DAAS staff will do additional investigation as needed.

DAAS staff will forward a copy of the completed DAAS-600 to the Coordinator and if needed, the Specialist via fax or email within 24 hours of receiving the complaint. If DAAS staff is unable to reach the Coordinator directly, the Consultant will contact the Adult Services Supervisor at the appropriate county department of social services.

3. Obtaining Specific Information about the Complaint

Receiver will obtain as much factual information as possible during the first contact with the complainant.

- What: what type of complaint is this?
- When: date and time complaint occurred?
- Who: make a list of all possible persons involved in complaint
- What: what have others already done to address complaint?
- Which: which agencies have already been contacted or need to be contacted about this complaint?
- What: Standards that may apply to the complaint- did program follow or not follow Standards related to complaint?

Request that the complainant be as fact specific as possible, avoiding descriptions, using opinions, judgments and non-factual information about what his/her complaint is. For example, if a complainant states "The adult day care is mean to my dad" or "The adult day staff does not feed the participants" ask the complainant for facts of what is occurring such as, "What does that staff do when they are taking care of your dad?" or "What times does the program serve snacks and lunch?"

If the complainant wishes to remain anonymous, respect this wish and advise the complainant that the local monitor (the Coordinator or Specialist) who performs the initial investigation will be informed of the request for anonymity. However, the staff member (the Coordinator, Specialist or DAAS Consultant) receiving the complaint should inform the complainant that anonymity cannot be guaranteed. It shall be explained to the

complainant that the program management/staff may determine whom the complainant is or what participant the complaint concerns during the investigation process.

If the complainant alleges abuse, neglect or exploitation, then receiver shall advise complainant to report such allegations to the appropriate county department of social services, Adult Protective Services unit. Additionally, the receiver of this category of allegation shall contact the county department of social services, adult protective services section, where the program is located if the receiver has reasonable cause to believe that a disabled adult is in need of protective services. See Protection of the Abused, Neglected or Exploited Disabled Adult Act, Section 108A-102, Duty to Report.

If the complaint indicates that participants are in imminent danger, make the initial visit immediately.

If the complaint does not indicate imminent danger for participants, make the initial visit within 72 hours of receiving complaint.

4. Multiple Complaints

If there are multiple complaints about the same issue, they can be condensed into 1 Complaint Investigation Report (DAAS-601), but there should be multiple Adult Day Services Intake Forms (DAAS 600) completed for each complaint received.

IV. Preparing for the Fact Finding Complaint Investigation Visit

A. Scheduling the Visit

Most visits should be unannounced and take into account the time of day referenced in the complaint. Such as: if the complaint was regarding the mid-day meal, the initial investigation visit to the program should be when the mid-day meal is served to observe the meal service.

B. What to Review Before the Actual Fact Finding Complaint Investigation Visit to the Program

- Review the DAAS-600 in detail.
- Review the program's file kept in your records. What does it reveal? Have there been other complaints in the past about this program? If so, was it the same type as the current complaint? What does the program's monitoring reports reveal? Is the program in compliance? Has the program received any Provisional Certifications? If yes, what for?
- Identify the Adult Day Care and Day Health Services Standards for Certification that were violated.

C. Questions to Ask and Answer Before Conducting the Actual Fact Finding Complaint Investigation Visit

- Who will you interview? Who will be the best source of information? Will you only interview persons at the facility?
- What areas do you need to observe? (Such as: if the complaint is regarding meals, you would observe meals being served and if the meals are prepared on site, the meal preparation and you would also contact the local Environmental Health Specialist to do the observation of the meal preparation. If the meals are catered, you would review the contract between the food vendor and the program to see what has been agreed upon, etc.)
- What time of day will you visit? (Such as: if the complaint is in reference to the am snack, you would want to visit the program when the am snack is served- this information should be available via the activity calendar)
- What documents/files will you want to review?
- Will you conduct surveillance? (This maybe necessary if there is an allegation of an uncertified provider providing services)

D. Forms/Equipment/Supplies Needed to Conduct a Complaint Investigation

Bring the Following Items with you to the facility:

- Adult Day Care and Health Services Standards for Certification Manual to reference as needed.
- Previous monitoring reports to reference if needed.
- Last Recertification Package to reference if needed.
- Completed DAAS 600 Form.
- Complaint Investigation Report Form (DAAS-601).

V. The Fact Finding Complaint Investigation Visit

The goal of the complaint investigation is to determine 1). if the complaint is covered by certification requirements 2). is substantiated or not; or 3). “inconclusive” when there is insufficient information to substantiate or unsubstantiate.

During the Coordinator and/or Specialist’s visit, he/she should monitor the following areas for compliance in addition to the alleged areas noted in the complaint:

- Staff/participant ratio
- Number of participants in attendance at time of visit versus maximum certified capacity
- Participant supervision by staff and activities

Note that a complaint investigation is not the same as an initial certification or recertification. However, if the Coordinator and/or Specialist note several Standards Violations, issue the program the violations and develop a corrective action.

A. Coordinator or Specialist's Introduction to Program Staff

When the Coordinator and/or Specialist arrives at the program for the Fact Finding Complaint Investigation Visit, he/she should ask to speak with the program director/designee, introduce him/herself and present his/her official identification.

The Coordinator and/or Specialist may want to use the following explanation to explain the reason for his/her visit (using the mid-day meal as the reason for the complaint):

Hello, my name is _____ and I am the Adult Day Care Coordinator and/or Adult Day Health Specialist and I am here to follow up on a report we received regarding the mid-day meal. I will need to review the program's recent menus for about the last 2 weeks and also observe the mid-day meal service. Do you have copies available? I may need to speak with the cook (if program has one) and the staff that assists with the mid-day meal service. (If the program contracts with a food vendor, inform program director that you'll [Adult Day Care Coordinator and/or Specialist] need to review the program's current contract with said food vendor). After I finish, I'll talk with you about my findings. "Would you like to join me? Do you have any questions before I start? Please feel free to ask me questions or provide information to me at any time."

B. Minimum Items that Coordinator or Specialist Should Request from Program

Once the introduction is complete between the Coordinator and/or Specialist and the program director/designee, the Coordinator and/or Specialist should request the following items:

- the file and medication administration record of the participant for whom the complaint is about (if the complainant wishes not to reveal his/her identity, pick several participant records including participant cited in complaint). One reason to review the medication administration record is so the Coordinator and/or Specialist can determine if the participant was taking his/her medications as ordered, if the program staff was administering the participant's medications as ordered, etc. All of which may have an affect on the participant's behavior. An example of this may be: a participant has an order for Tylenol to be administered every six hours while the participant is at the program, but in reviewing the medication administration record, the Coordinator and/or Specialists notes that the program staff documented that the participant has refused it every day for a week. The program staff indicates in the participant's progress notes that the participant has been aggressive and difficult to care for. One of the reasons that the participant may have been aggressive and difficult to care for is because he or she has been in pain because he or she has refused the Tylenol that was ordered for him or her. However, because the participant has refused his or her medications, should not be used to excuse the complainant's complaint, but rather, helps to better illustrate the situation that may have contributed in part to the complaint.

- the participant attendance sheets for the days(s) that the incident(s) occurred;
- the time cards/sheets for staff members working the day(s) the incident(s) occurred.

1. Participant(s) File Review

In each participant's file that is reviewed, the Coordinator and/or Specialist should ensure that the following items are in the participant's file and are current:

- **Enrollment Application** (should be completed prior to first day of attendance according to the Standards)
- **Advance Directives** (Programs are required to have a policy on advance directives. If a participant has advance directives and this was indicated to the program, there must be a copy of the properly executed document for Power of Attorneys, Living Wills, etc and an Original with physician signature; notary seal and has not expired for Do Not Resuscitate Out of Facility Forms/Goldenrod forms with red stop sign)
- **Signed Statement from Participant/Caregiver that the program policies were explained to them, a copy was given to them and they agree to uphold the program policies** (This should have been obtained by the program at the time of enrollment)
- **Service Plan** (it is required to be written within the first 30 days of a participant's enrollment and revised every 6 months according to the Standards);
- **Health Care Plan** (it is required to be signed by a Registered Nurse according to the Standards and should be updated at a minimum of once every 6 months according to the Standards);
- **Progress Notes** (these are to be updated as needed, but minimally every 3 months according to the Standards);
- **Medical Report** (must be renewed every year on the anniversary date of the participant's enrollment into the program according to the Standards);
- **Medication List** (this is to be updated quarterly according to the Standards)

2. Participant(s) Medication Administration Record Review

In the review of each participant's Medication Administration Record, the Coordinator and/or Specialist should ensure that the following items are in the participant's file and are current:

- That the medications administered while participant is at program are documented and include the following information: participant's name; name, dosage, quantity and route of the medication; instructions for giving the medication; date and time medication is administered; and name or initials of person giving the medication. If initial are used, a signature equivalent to those initials shall be entered on this record.
- Ensure that the medication administration record matches the medications listed on the medical examination report that should be in the participant's record according to the Standards or as authorized by the participant's caregiver.

When reviewing participant records, look for factual and specific information related to the complaint.

Take notes and make sure your notes for your report are clear and factual.

C. Staff Interviews

1. Preparing Questions Prior to Actual Fact Finding Complaint Investigation

- Before speaking with staff, make sure you know what questions you will ask.
- Ask open-ended questions to try to get more information from staff than just yes/no questions.

2. Actual Interviews

- When speaking with staff, try to make the environment as private as possible so that they will feel more at ease talking with you. Explain who you are and what you are doing.
- Try to schedule a meeting during the initial visit with the Program Director and/or Health Care Coordinator and any other member of the management staff that you feel you need to interview, to get their point of view on the complaint.

D. Recording Your Findings

- The steps leading up to the visit and the results of your visit to investigate the complaint will be compiled into a report. Use a narrative format; remember to include full names, dates and times of actions taken and include issues discussed, objective descriptions or observations.
- Record as much information as you can from the complainant- keep the notes you take from the initial contact.
- Include information from the participant's record that you locate during your visit in the report. Make copies of the parts of the participant's record that you include in your narrative portion of the investigation report as supportive documentation for your investigation report.
- Use the Complaint Investigation Report Form (DAAS-601) for the formal report (the narrative portion) and submit the completed report along with the Adult Day Services Intake Form (DAAS-600) to the Division of Aging and Adult Services, Adult Day Care Consultant, within 10 business days of the investigation visit.

E. Reaching a Conclusion: Verifying or Substantiating the Complaint

- *Substantiated:* A complaint should be deemed substantiated when the information compiled during the investigation indicates that the complaint occurred as reported by complainant.
- *Unsubstantiated:* A complaint should be deemed unsubstantiated when the information compiled during the investigation indicates that the complaint did not occur as reported by the complainant. If your investigation does not reveal that the complainant's complaint was verified or substantiated, this must be stated in the investigation report.
- *Inconclusive:* A complaint should be deemed inconclusive when the information compiled during the investigation is not sufficient to indicate whether the complaint occurred as reported by the complainant or not.

F. Corrective Action

If the investigation reveals that the program is in violation of the Adult Day Care and Adult Health Services Standards for Certification, a corrective action shall be completed using the DAAS-6215. Follow the steps regarding time frames for corrective action completion as indicated based on the type of violation it is. If the violation is identified during the time of the Complaint Investigation Visit, complete the DAAS-6215 and issue it to Program Director/designee during the Exit Conference so that Coordinator and/or Specialist can explain violation to Program Director/designee, corrective action may be determined and date that corrective action is to be completed can be determined. Include the completed DAAS-6215 with the rest of the report.

G. Exit Conference

- Prior to leaving the program, have an exit interview with the program director/designee.
- During the exit conference, the Coordinator and/or Specialist shall inform the program director/designee of any violations that were noted during the investigation visit. At that time, issue the DAAS-6215 to the Program Director/designee, allow the program director/designee to complete the program director's comments section of the DAAS-6215 and determine the date that the corrective action shall be completed by the program.
- If the Coordinator and/or Specialist has not determined the outcome of the complaint at the end of his/her investigation visit, inform the program director or his/her designee that once a determination has been made, the program director or his/her designee will be notified within 5 business days. Once a conclusion has been reached, the Coordinator and/or Specialist should notify the program director in writing. During the review of the findings, if the Coordinator and/or Specialist determines that any program operation

errors were made, the program director should be notified of these errors and inform of any needed corrections.

- The Coordinator and/or Specialist should tell the program director/designee that he/she may provide a written explanation/response to the complaint and/or the findings. Include the written explanation/response in the report.

VI. Compiling the Investigation's Findings

Gather all of the information regarding the complaint and forward it to the DAAS Adult Day Care Consultant.

The information should include:

- The completed Adult Day Services Intake Form (DAAS-600)
- The completed Complaint Investigation Report Form (DAAS-601) (the narrative portion)
- Violations of the Adult Day Care and Day Health Services Standards for Certification identified during the investigation visit.
- The completed DAAS-6215 with the completion date of the corrective action indicated if it has not been resolved yet.

The Coordinator and/or Specialist should make the follow up visit to the program to determine that the corrective action has been completed on the date that the corrective action was to be completed. If the corrective action has been completed, the Coordinator and/or Specialist should update the DAAS-6215. The updated DAAS-6215 indicating that the corrective action has been completed should be submitted to the Division of Aging and Adult Services, Adult Day Care Consultant, within 5 business days of the Coordinator and/or Specialists' follow up visit to the program.

The Coordinator and/or Specialist should draft and forward a letter to the complainant and advise him/her of the outcome of the investigation within 30 days of completing the investigation visit.

Prepare 2 or 3 copies of the Adult Day Services Complaint Intake Form (DAAS-600), the Complaint Investigation Report (DAAS-601) (the narrative portion) and Letter to Complainant. 3 copies are needed if the program is Adult Day Health Only or a Combination Program to ensure that the local Department of Health receives a copy. Forward one copy of each to:

- The County Department of Social Services and local Department of Health, if applicable- if program is an adult day health only or combination program
- One copy to DAAS, Adult Day Care Consultant

Prepare 1 copy of the Complaint Investigation Report (DAAS-601) (the narrative portion) and forward to:

- The Program Director

****NOTE** If the complaint requested that his/her identity not be revealed, make sure that this information is omitted from the copies of the above items provided to the Program Director.**

Appendix C 10/11/2010

Adult Day Care/Day Health Services Forms

- **DAAS-1500** (Certification form for adult day care- social only model programs used for initial certification and recertification) *Completed by Coordinator*
- **DAAS-6205 Part A** (Certification Form for adult day health- health only model or adult day care/day health services- combination programs used for initial certification and recertification) *Completed by Coordinator*

- **DAAS-6205 Part B** (Certification Form for adult day health- health only model or adult day care/day health services- combination programs used for initial certification and recertification) *Completed by Specialist*
- **DAAS-6214** (Monitoring Report Form used to document monitoring visits by Coordinators and/or Specialists) *Completed by Coordinators and/or Specialists*
- **DSS-6215** (Violation of Standards Form used to document programs that are in violation of the Standards for Certification) *Completed by Coordinators and/or Specialists*
- **DAAS-600** (Complaint Intake Form used to document complaints) *Completed by Coordinators and/or Specialists*
- **DAAS-601** (Complaint Investigation Report Form used to document complaint investigations) *Completed by Coordinators and/or Specialists*

All Adult Day Care/Day Health Services Forms are available on-line at the Division of Aging and Adult Services' web site at this web address:

<http://www.ncdhhs.gov/aging/adcdwn.htm>

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