

<b>MONITORING REPORT</b> <b>ADULT DAY CARE AND ADULT DAY HEALTH</b>
--

DATE OF VISIT: \_\_\_\_\_

I. PROGRAM: \_\_\_\_\_ COUNTY: \_\_\_\_\_

II. TYPE OF PROGRAM:  ADC  ADH  ADC/ADH

III. TYPE OF VISIT: ( ) Announced ( ) Unannounced TIME OF VISIT: \_\_\_\_\_

IV. ENROLLMENT: # Full-time \_\_\_\_ # Part-Time \_\_\_\_ Month Reviewed \_\_\_\_\_

ATTENDANCE: # Participants at time of visit \_\_\_\_ # of Staff at time of visit \_\_\_\_\_

V. CONCERNS FROM PREVIOUS VISIT: \_\_\_\_\_

Have these concerns been resolved? ( ) YES ( ) NO (If no, complete DSS Form 6215)

VI. AREA REVIEWED:

<b>Program Activities</b> [10A NCAC 06R .0501 and 06S .0401 – <u>Standards</u> , Pages 15-19]
---

Yes No

- ( ) ( ) Personal interview done with Initial Assessment documenting the following:
- Social needs;  Medical care needs;
  - Spiritual, Religious or cultural needs;  Strengths;
  - Needs;  Abilities;
  - Program's ability to meet the individual's expressed needs;
  - Obtained prior to first day of enrollment & signed by staff doing assessment
- ( ) ( ) Comprehensive Assessment conducted within 30 days of enrollment including:
- Assessment of ADL's and IADL's;
  - Mental, social & living environment of the individual;
  - Economic and physical health status of the individual;
- ( ) ( ) Individual written service plans developed, including necessary information as identified on page 16 of the standards, involving appropriate persons, initiated at enrollment and reviewed no less than once every six months.
- ( ) ( ) Participants or responsible party involved in selecting days to attend.
- ( ) ( ) Reason for participant unscheduled absence determined and documented on the day it occurred.
- ( ) ( ) Participants sign out when leaving program for part of a day, or whoever is responsible for participant has signed the participant out.
- ( ) ( ) Program activities plan meets the following criteria:
- Based on elements of individual service plans;
  - Primary program mode is group process, both large and small groups, provision made for individual activities and services;
  - Activities are adaptable and modifiable to allow for greater participation and to maintain participant's individual skill level;
  - Activities are consistent with the stated program goals;
  - Activities are planned jointly by staff and participants;

*Continued on Back*

Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (7-07)

Check Yes or No. If no, provide explanation.

**MONITORING REPORT  
ADULT DAY CARE AND ADULT DAY HEALTH**

**Program Activities (Continued)**

Yes    No

( ) ( )    Program activities plan meets the following criteria: *Continued*

- All activities are supervised by staff;
- Participants have choice of refusing to participate on any given activity.

( ) ( )    Activities plan provides for the following activities to be available on daily basis (*Standards, pg. 18*):

- \_\_\_ Cognitive (stimulate thinking and creativity; provide opportunities for learning new ideas and skills; help maintain existing reasoning skills and knowledge base; and provide opportunities to utilize previously learned skills.)
- \_\_\_ Physical (improve or maintain mobility and overall strength and increase or maintain joint range of motion.)
- \_\_\_ Psychosocial (provide opportunities for social interaction; develop a sense of belonging; promote goal-oriented use of time; create feelings of accomplishment; foster dignity and self-esteem; prompt self-expression; and provide fun and enjoyment.)

( ) ( )    The activities plan is in writing and specifies the following:

- Name, days of week, and approximate length of time of each activity.
- Length of time the plan is to be followed.

( ) ( )    Activities plan is posted weekly or monthly in a prominent place in the facility.

VII.    COMMENTS/CONCERNS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attach an additional sheet if needed*

VIII.    PROGRAM DIRECTOR'S COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IX.    Continued by ( ) DSS-6215 ( \_\_\_\_ # of forms)

X.    Signatures:

Coordinator	Date	Program Director	Date
-------------	------	------------------	------