

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

DATE OF VISIT: _____

I. PROGRAM: _____ COUNTY: _____

II. TYPE OF VISIT: () Announced () Unannounced TIME OF VISIT: _____

III. ENROLLMENT: # Full-time ___ # Part-Time ___ Month Reviewed _____
ATTENDANCE: # Participants at time of visit _____ # of Staff _____

IV. CONCERNS FROM PREVIOUS VISIT: _____

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

V. AREA REVIEWED:

Program Activities [10A NCAC 06R .0501 and 06S .0401 – Standards, 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 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.

