

MONITORING REPORT ADULT DAY CARE AND ADULT DAY HEALTH
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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:

Comprehensive Assessment and Care Plan [10A NCAC 06R .0501 and 06S .0401] – Standards, Page 16
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Yes No

- () () A sample of participant records shows a comprehensive assessment completed within 30 days of enrollment.
The assessment addresses the following components:
- () () The individual's ability to perform activities of daily living and instrumental activities of daily living while in the program.
- () () The mental, social, living environment, economic and physical health status of the participant
- () () The comprehensive assessment is signed and dated by the program director or the director's designee.
- () () A sample of participant records shows individuals' have a written plan for services.
- () () The service plan has been updated at least every six months.
- () () The service plan includes input from the participant, family member or other caregiver and other agency professionals with knowledge of the individual's needs
- () () The service plan is based on the strengths, needs and abilities identified in the initial assessment
- () () The service plan includes:
- Needs and strengths of the person
 - Measurable service goals and objectives of care for the participant while in the day care program
 - Type of interventions to be provided by the program in order to reach desired outcomes;
 - Services to be provided by the program to achieve the goals and objectives;
 - Roles of participant, family, caregiver, volunteers and program staff
 - Time limit for the plan, with provision for review and renewal no less than once every six months

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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.

