

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

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:

Emergencies [10A NCAC 06R .0504 and 06S .0405] – Standards, Page 21-22

Yes No

- () () A fire safety and evacuation plan, approved by the office of the fire marshal or its designee, is on file as evidence the program is in compliance with the North Carolina State Building Code and Fire Prevention Code.
- () () A written plan for emergencies is established and displayed prominently in the facility.
- () () All staff members are knowledgeable about the plan.
- () () The plan specifies responsibilities of each staff member.
- () () The plan relates to medical and non-medical emergencies.
- () () Quarterly drills in handling emergencies, such as medical emergencies, natural disasters, fire, and facility security are conducted and documented as to date and kind of emergency. Documentation is kept with program records.
- () () An evacuation plan is posted in each room.
- () () Fire drills are conducted quarterly by programs with a fire safety sprinkler system and monthly by programs without a fire safety sprinkler system.
- () () Records of fire drills are kept with dates and time required to evacuate the facility.
- () () All staff physically able has certified training in first aid and CPR.
- () () The program has arranged for medical assistance to be available in the event of an emergency.
- () () Portable basic emergency file is available on each participant that includes:
 - hospital preference, physician of record and telephone number;
 - emergency contact (family or caregiver);
 - insurance information;
 - medications and allergies;
 - current diagnosis and history; and
 - advance directives, if any.
- () () Sickness and all accidents reported to program director who takes required action. Program should be responsible for constructing forms to make reports.
- () () The program has records of any emergency actions taken.

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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.

Emergencies [10A NCAC 06R .0504 and 06S .0405] – Standards, Page 21-22

VII. COMMENTS/CONCERNS _____

Attach an additional sheet if needed

VIII. PROGRAM DIRECTOR'S COMMENTS _____

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

X. Signatures:

Coordinator and/or Specialist	Date	Program Director	Date
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