

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

<b>Governing Body</b> [10A NCAC 06R .0301 and 06S .0201] – <u>Standards</u> , Pages 1 – 2
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Yes No

Governing body or operator carries out responsibilities as specified, including:

- ( ) ( ) Approval of the organizational structure (Centers only).
- ( ) ( ) Adoption or development of annual budget.
- ( ) ( ) Regular review of financial status, including annual budget, monthly accounts of income and expenditures to reflect against budget, and annual audit for Centers; or maintenance of monthly accounts of income and expenditures for homes.
- ( ) ( ) Appointment of Program Director for Centers.
- ( ) ( ) Adoption of written policies regarding operation including:
- Program Policies;
  - Personnel Policies;
  - Any other policies deemed necessary, such as arrangement with other agencies and organizations.

<b>Program Policies</b> [10A NCAC 06R .0302, .0501, .0505(e), .0506, and .0507 and 10A NCAC 06S .0202 and .0401,] – <u>Standards</u> , Pages 2-5
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Yes No

- ( ) ( ) Program has goals in writing and consistent with the definition of adult day services.
- ( ) ( ) Enrollment policies in writing, define the population served and are specific to prevent enrolling people whose needs cannot be met by the planned activities.
- ( ) ( ) Program policies include the following:
- Discharge policies outline criteria for discharge and notification procedures for discharge, the timeframe and procedures for notifying family or responsible person of discharge, and referral or follow-up procedures;
  - Medication policies regarding participant medication use, medication administration order changes and medical disposal;
  - Participant's Rights description;

*Continued on Back*

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

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Check Yes or No. If no, provide explanation.

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**Governing Body and Program Policies (Continued)**

Program Policies (continued)

- Grievance Policies and Procedures for Families;
- Advance Directives Policies;
- Non-Discrimination Policies;
- Policies Addressing Procedures to Maintain Confidentiality;
- Policies on Reporting Suspected Abuse or Neglect;
- Description of the geographical area serviced by the program;
- Inclement Weather Policies;
- Transportation Policies for programs providing or arranging for public transportation that includes routine and emergency procedures, accidents, medical emergencies, weather emergencies and escort issues

- ( ) ( ) Hours and days of operation
- ( ) ( ) Supervision of adult day program participants and services provided throughout all hours participants are present.
- ( ) ( ) Program in operation a minimum of six (6) hours each day, five (5) days per week, with exceptions noted.
- ( ) ( ) Types of services provided are identified, including transportation.

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
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Check Yes or No. If no, provide explanation.