

**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:

Health Services – To be completed jointly with Adult Day Health Specialist

Yes No N/A

Health Care Coordinator Role

() () () Health Care Coordinator meets minimum qualifications listed under II. E. 3. of the Standards, Page 9-10.

() () If the program capacity exceeds 10 people, the health care coordinator position is separate from the full-time program director [10A NCAC 06R .0305(d) and 06S .0204(a) Standards, Page 7.]

() () The health care coordinator is on site a minimum of four hours per day. [10A NCAC 06S .0204 Standards, Page 8.]

() () The health care coordinator is following the responsibilities listed under II. E. 2 of the Standards, Pages 8-9.

() () () If the health care coordinator is an LPN, an RN is supervising this person at least once every two weeks. [10A NCAC 06S .0204 Standards, Page 9-10.]

Staff Responsible for Personal Care in Adult Day Health Programs

() () () All Day Health Program staff providing personal care shall present evidence of either successful completion of Nurse’s Aide, Home Health Aide or Equivalent Training course, or a minimum of 1 year of experience in caring for impaired adults before assuming such responsibility. [10A NCAC 06S .0204(c) Standards, Page 10.]

Treatment Room/Medical Supplies and Equipment [10A NCAC 06S .0301, Standards, Page 13.]

() () The treatment room is enclosed and private from the rest of the facility.

() () The treatment room meets the requirements of the NC State Building Code

() () The treatment room has a sink, or a doorway that connects it to a room containing a sink.

() () The treatment room contains a treatment table (or bed with a waterproof mattress cover that serves as a treatment table), storage cabinet for first aid, medical supplies and equipment, table or desk, and two chairs.

() () The storage cabinet is kept locked.

Continued on Back

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

DAAS-6214 (7-07)

Check Yes, No, or N/A (not applicable). If no, provide explanation.

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Health Services (Continued)

- () () The treatment room has a means of insuring the privacy of the person on the treatment table.
- () () The treatment room has the required medical supplies and equipment as listed in the Standards, Page 13.

Care Plans [10A NCAC 06R .0501 and 06S .0401 Standards, Page 16]

- () () Health component of care plan is written and signed by RN

Health Care & Personal Care Services [10A NCAC 06S .0403. Standards, Page 19]

- () () The health care and personal care services listed in the Standards, on page 19 are being provided.

Medications are covered in a separate monitoring report.

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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Health Care Specialist