

**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:

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.

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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.

VI. COMMENTS/CONCERNS _____

Attach an additional sheet if needed

VII. PROGRAM DIRECTOR'S COMMENTS _____

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

IX. Signatures:

Coordinator	Date	Program Director	Date
Health Care Specialist			