

# NORTH CAROLINA



ADULT  
DAY  
CARE  
AND  
DAY  
HEALTH  
SERVICES  
STANDARDS  
FOR  
CERTIFICATION

North Carolina  
Department of Health and Human Services  
Division of Aging and Adult Services  
2101 Mail Service Center • Raleigh • NC • 27699-2101  
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ADULT DAY CARE SERVICES  
AND  
ADULT DAY HEALTH SERVICES  
STANDARDS FOR CERTIFICATION

North Carolina Department of Health and Human Services  
Division of Aging and Adult Services  
2101 Mail Service Center  
Raleigh, NC 27699-2101

## STATEMENT OF RIGHTS OF ADULT DAY CARE PARTICIPANTS

The following is a statement of rights of persons enrolled in adult day care programs. Though the statement is not intended to be inclusive, it suggests an outline of the basic tenets that should be followed in providing day care services for adults.

The right to be treated as an adult, with respect and dignity.

The right to participate in a program of services and activities that promote positive attitudes on one's usefulness and capabilities.

The right to participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop one's interests and talents.

The right to be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence.

The right to self-determination within the day care setting, including the opportunity to:

participate in developing one's plan for services;

decide whether or not to participate in any given activity;

be involved to the extent possible in program planning and operation.

The right to be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.

The right to privacy and confidentiality.

Prepared by:  
The National Institute on Adult Day Care  
a constituent unit of  
The National Council on the Aging, Inc. 1984

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## PREFACE

Day Care Services for Adults is the provision of an organized program of services during the day in a community group setting for the purpose of supporting adults' personal independence, and promoting their social, physical, and emotional well-being. Services must include a variety of program activities designed to meet the individual needs and interests of the participants, a nutritious meal and snacks as appropriate to the program, and referral to and assistance in using appropriate community resources. Medical examinations are required for individual participants for admission to a program and periodically thereafter. Services must be provided in a home or center certified to meet state standards for such programs.

The health care component of adult day health services distinguishes it from adult day care, which also provides a structured program of activities and services during the day for aging, disabled and handicapped adults. As part of the structured day program of activities and services, participants enrolled in adult day health also require daily nursing supervision. Participation in adult day health can enable such persons to achieve and maintain their optimum level of independence and can support family members and other caregivers who are providing full-time care to frail adults living at home.

It is possible for adult day care and adult day health to be provided within one program. This arrangement is referred to as a combination adult day care/day health program. In a combination program, persons are enrolled for the level of service needed, either adult day care or day health. Activities and services are provided in the same setting with the same staff.

Adults who need adult day care and adult day health services are aging, disabled and handicapped persons who have impairments which prohibit them from living independently without supportive services and which put them at risk of becoming institutionalized. Some of these adults have faced rather drastic crises in their lives which have led to or will lead to substantial deterioration of their physical, emotional, mental, social and economic well-being. For others, the changes have been slower and less visible. A final group of adults may not yet have experienced crises requiring immediate intervention; for these, the signs of distress and deterioration are developing. Preventive action is needed in these cases. Adult day care and adult day health are services that can respond to these needs.

It is the intent of the Division of Aging and Adult Services of the North Carolina Department of Health and Human Services to support the development and operation of adult day care services and adult day health in local communities for adults who need this type of supportive program in order to maintain their potential for independent living. These services are not intended nor appropriate to substitute for the services of skilled nursing care nor to duplicate the functions of an adult social club, sheltered workshop, or senior service center. Services are to be planned and implemented as an integral but distinct point in the continuum of supportive services that should be offered and provided in a coordinated effort within a community.

The standards which follow for adult day care and adult day health are not intended as standards for day hospitals, partial hospital programs, or other medically oriented day services. These standards support a program which is designed to reduce social isolation and loneliness, to provide opportunities for socialization, to stimulate interests in leisure activities, to enhance capacity to perform the activities of daily living, to provide instruction, consumer protection, to make referral to other services in the community as needed, and to improve health status by maintaining necessary liaisons with health providers.

Two primary purposes are to be served by these standards. First and foremost, they are the criteria for certification which must be met in order to comply with North Carolina General Statute 131D-6. In addition, these standards are intended to provide guidance on how to develop and operate day care and day health programs which meet the needs of the aging and disabled in local communities. The goal of the standards is to establish policies and procedures which will contribute to good programs and improve services, and not merely to identify shortcomings.

The administrative rules applicable for adult day care and adult day health, 10A North Carolina Administrative Code (NCAC) 06R and 10A NCAC 06S, are a part of the North Carolina Administrative Code which can be found online at <http://reports.oah.state.nc.us/ncac.asp>. The citation "10A NCAC 06R" refers to Title 10A, Subchapter 06R of the Code and "10A NCAC 06S" refers to Title 10A, Subchapter 06S of the Code.

The language of the administrative rules of Subchapter 06R and 06S are identical to that of the Standards for Certification contained in this document which has been prepared for everyday use. The administrative rules of Subchapter 06R and 06S are referenced in these Standards. Any information contained in these Standards which is in italicized print is not contained in the administrative rules of Subchapter 06R or 06S, but should be considered extra guidance or clarification. To further assist those reading the standards those rules applicable only to adult day care are highlighted with a double line around the section where feasible; those rules applicable only to adult day health or combination programs are highlighted with a single line around the section where feasible.

For purposes of developing individual service plans and designing program activities, staff should consider that:

The family continues to be a significant unit within our society whether as immediate family, extended family, or non-related but significant persons.

All persons in a family deserve to have their attitudes, contributions, concerns and potential respected and considered.

Participants and their families should be given the opportunity to find their own ways to resolve problems.

Each situation and person should be treated individually, recognizing and taking into consideration any unique factors.

Each person in a family should be allowed to engage in decision-making and caregiving to the extent that he can and desires.

Families have varying values, culture and lifestyles that should be taken into account during intervention, problem-solving and treatment.

Each participant has individual rights to choose not to engage his family in service planning and his needs should still be adequately addressed.

Adult day health programs and programs which provide adult day health in combination with adult day care must be certified as meeting these standards in order to be eligible to receive Medicaid funds [Title XIX of the Social Security Act]. The certification process is described in Section VI of this manual. The county department of social services is the local agency which is responsible for providing assistance regarding program certification. Anyone interested in establishing a certified adult day care or day health program should contact the department of social services in the county where the program would be located. In addition, the Adult Day Care/Day Health Consultant in the Division of Aging and Adult Services in Raleigh (919-733-0440) is available to provide consultation and technical assistance.

Additional copies of this standards manual are available from the Division of Aging and Adult Services website <http://www.ncdhhs.gov/aging/> or by contacting:

Division of Aging and Adult Services  
2101 Mail Service Center  
Raleigh, NC 27699-2101  
(919) 733-0440

Certification Requirement  
[10A NCAC 06R .0101 and 06S .0101]

This manual contains standards for certification of adult day care programs. The standards relate to all aspects of operation of an adult day care and adult day health program including administration, facility, and program operation. Adult day care and adult day health programs, as stated in North Carolina General Statute 131D-6, shall be certified as meeting these standards. Programs exempted from certification requirements by General Statute 131D-6 shall meet these standards for certification only if receiving funds administered by the Division of Aging and Adult Services. Certification is the responsibility of the county department of social services (and health department, for Adult Day Health) and the Department of Health and Human Services, Division of Aging and Adult Services.

Any program making application for certification or making timely and sufficient application for renewal of certification shall be in compliance with all standards for certification. If all standards are not being met, certification shall be denied or limited as appropriate. Certification of any program in willful violation of standards as defined in this manual, VI. Certification, D.2., page 35 shall be revoked. Procedures in G.S. 150B-3 shall be followed.



## DEFINITION OF ADULT DAY CARE [G.S. 131D-6]

Adult day care means the provision of group care and supervision in a place other than their usual place of abode on a less than 24-hour basis to adults who may be physically or mentally disabled. The following programs are exempted from the provisions of G.S. 131D-6:

- those that care for three people or less;
- those that care for two or more persons, all of whom are related by blood or marriage to the operator of the facility;
- those that are required by other statutes to be licensed by the Department of Health and Human Services.

## DEFINITION OF ADULT DAY HEALTH SERVICES [10A NCAC 06S .0102]

Adult day health services is the provision of an organized program of services during the day in a community group setting for the purpose of supporting an adult's personal independence, and promoting his social, physical, and emotional well-being. Services must include health care services as defined in these standards and a variety of program activities designed to meet the individual needs and interests of the participants, and referral to and assistance in using appropriate community resources. Also included are food and food services to provide a nutritional meal and snacks as appropriate to the program. Transportation to and from the service facility is an optional service that may be provided by the day health program.

A community group setting is:

1. a day health center, which is a program operated in a structure other than a single family dwelling; or
2. a day health home, which is a program operated in a single family dwelling limited to 16 adults; or
3. a day health program in a multi-use facility, which is a day health center established in a building which is used at the same time for other activities; or
4. a combination program, which is a program offering both adult day care and adult day health services.

## STANDARDS FOR ADULT DAY CARE AND ADULT DAY HEALTH PROGRAMS

### I. Administration

#### A. Governing Body [10A NCAC 06R .0301 and 06S .0201]

1. Responsibility for management rests with the governing body of the day care or day health program. In a private for profit program, responsibility for management rests with the owner or board of directors; in a private, non-profit program, with the board of directors; in a public agency, with the board of that agency.
2. The governing body of a day care or day health program shall establish and maintain management procedures, including:
  - a. approval of organizational structure;
  - b. adoption of an annual budget;
  - c. regular review of financial status, making sure that the program is under fiscal management; this includes conducting a review of the annual budget, monthly accounts of income and expenditures to reflect against the projected budget, and an annual audit;
  - d. appointment of the program director who shall delegate responsibility for conduct of specific programmatic and administrative activities in accordance with policies adopted by the governing body; and
  - e. adoption of written policies regarding operation, including:
    - (1) program policies outlining program goals; enrollment and discharge criteria and procedures; hours of operation; types of services provided, including transportation if offered; rates and payments; and management of medications. The policies shall be designed so copies may be given to interested parties who request information about the day care or day health program.
    - (2) personnel policies; and
    - (3) any other policies deemed necessary by the governing body, such as agreements with other agencies and organizations.
3. All policies affecting clients shall be written in direct and understandable language.

4. The owner of a day care or day health home shall establish and maintain operating procedures, including the following:
  - a. develop an annual budget;
  - b. maintain monthly accounts of income and expenditures; and
  - c. establish written policies regarding operation, including:
    - (1) program policies *including, but not limited to* outlining program goals; enrollment and discharge criteria and procedures; hours of operation; types of services provided, including transportation, if offered; rates and payments; and management of medications [see Section I. B. below]. The policies shall be designed so copies may be given to interested parties who request information about the day care or day health program;
    - (2) personnel policies; and
    - (3) any other policies deemed necessary, such as agreements with other agencies and organizations.

B. Program Policies

The adult day care and day health program policies shall be provided to the participant's family member, responsible party or caregiver at the time of enrollment and available on request. [10A NCAC 06R .0507 and 06S .0401]

*The following items shall be addressed in the program policies:*

1. Program goals [10A NCAC 06R .0302 and 06S .0202]
  - a. The program shall have stated goals to guide the character of the services given.
  - b. These goals shall be in writing and consistent with the definition of adult day care and day health services.
2. Enrollment Policies and Procedures [10A NCAC 06R .0501 and 06S .0401]
  - a. Each adult program shall have enrollment policies. Enrollment policies shall be in writing as a part of the program policies and shall define the population served.
  - b. These policies serve as the basis for determining who shall be accepted into the program and for planning activities appropriate for the participants. The policies shall be specific to prevent enrolling people whose needs cannot be met by the planned activities and shall provide for discharge of participants whose needs can no

longer be met or who can no longer be cared for safely. If a day care or day health program serves semi-ambulatory or non-ambulatory persons, it shall be so stated in the admissions criteria.

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- c. Additional Enrollment and Participation Requirements for Adult Day Health Programs [10A NCAC 06S .0402]
  - 1. Adult day health programs may serve persons 18 years of age or older who need day health services in order to support their independence and who require one or more of the following during the hours of the day health program
    - (A) Monitoring of a medical condition; or
    - (B) Provision of assistance with or supervision of activities of daily living; or
    - (C) Administration of medication, special feedings or provision of other treatment or services related to health care needs.
  - 2. Day health programs shall not enroll or continue to serve persons whose needs exceed the capability of the program.
  - 3. Each individual's service plan, in addition to the requirements related to program activities, shall include the health needs and the goals for meeting the health needs of the individual.

- 3. Discharge Policies outlining the criteria for discharge and notification procedures for discharge, the timeframe and procedures for notifying the applicant, family member or other caregiver of discharge, and referral or follow-up procedures;
- 4. Medication Policies [10A NCAC 06R .0505(a) and 06S .0401] regarding participant medication use, medication administration order changes and medical disposal;
- 5. Participant's Rights description;
- 6. Grievance Policies and Procedures for families;
- 7. Advance Directives Policy;
- 8. Non-Discrimination Policies;
- 9. Policies Addressing Procedures to Maintain Confidentiality;

10. Policies on Reporting Suspected Abuse or Neglect;
11. Description of the geographical area serviced by the program;
12. Inclement Weather Policies;
13. Transportation Policies [NCAC 06R .0503 and 06S .0404] for programs providing or arranging for public transportation that include routine and emergency procedures, accidents, medical emergencies, weather emergencies and escort issues;
14. Hours and days of operation [10A NCAC 06R .0506 and 06S .0401]
  - a. Supervision of adult day program participants and adult day care and day health program services shall be provided throughout all hours participants are present at the program.
  - b. The program shall operate for a minimum of six (6) hours.
  - c. Day care and day health programs shall provide supervision of participants and program activities at least five (5) days per week, except that a facility may be closed for designated holidays, for hazardous weather conditions, for vacations, and for other reasons as agreed upon by the director and the county department of social services. Late openings or early closures may be scheduled on days when hazardous weather conditions exist or when emergency situations arise.

15. *Types of services provided*

*In addition to the basic services provided as a part of the program, specialized services such as speech therapy, physical therapy, counseling, etc. may be provided as needed by individual participants. These services may be provided by program staff, if qualified, or arranged for through the program if available through community resources.*

C. Personnel Policies [10A NCAC 06R .0305(b) and 06S .0201]

1. Personnel policies and their content are the responsibility of each adult day care program. Each program shall state its policies in writing. A copy of this statement of personnel practice shall be given to each employee and shall state the program's policy on the following:
  - a. annual leave,
  - b. educational opportunities,
  - c. pay practices,
  - d. employee benefits,

- e. grievance procedures,
- f. performance and evaluation procedures,
- g. criteria for advancement,
- h. discharge procedures,
- i. hiring and firing responsibility,
- j. use of any probationary period,
- k. staff participation in reviews of personnel practices,
- l. maternity leave,
- m. military leave,
- n. civil leave (jury duty and court attendance), and
- o. protection of confidential information.

2. All policies developed shall conform to the United States Department of Labor wage and hour regulations.

D. Insurance [10A NCAC 06R .0304 and 06S .0201]

The governing body shall provide for adequate liability insurance coverage for the facility and vehicles used by the program.

II. Personnel [10A NCAC 06R .0305(a) and 06S .0201]

A. General Requirements

- 1. The owner of adult day care and adult day health homes initially certified after January 1, 2003, or homes that make structural modifications after this date, shall reside in the home.
- 2. Staff positions shall be planned and filled according to the goals of the program and the manpower needed to develop and direct the activities which meet these goals.
- 3. There shall be a statewide criminal history records search of all newly-hired employees of adult day programs for the past five (5) years conducted by an agency approved by the North Carolina Administrative Offices of the Courts.
- 4. There shall be a written job description for each position, full-time or part-time. The job description shall specify:
  - a. qualifications of education and experience;
  - b. to whom employee is responsible;

- c. duties and responsibilities; and
- d. salary range;

*[See Part C, for responsibilities and minimum qualifications on which the program director's job description should be based.]*

- 5. References, including former employers, shall be required in recruitment of staff.
- 6. There shall be an established review process for each employee at least annually and following any probationary period.
- 7. There shall be a written plan for orientation and staff development of new employees and volunteers and ongoing development and training of all staff. Documentation of such orientation, staff development and training shall be recorded.
- 8. There shall be a written plan for staff substitutions in case of absences. The plan shall include the coverage of usual responsibilities as well as maintenance of staff/participant ratio. Substitute staff shall have the same qualifications and training as those required by the position and Standards for Certification. Substitutes are not required to have current CPR and First Aid training as long as other staff are present with this training at all times. Trained volunteers may be used instead of paid substitutes.
- 9. Prior to beginning employment, each new employee shall present a written medical statement, completed within the prior 12 months by a physician, nurse practitioner or physician's assistant, certifying that the employee has no illness or health condition that would pose a health risk to others and that the employee can perform the duties assigned in the job.

B. Staffing Pattern [10A NCAC 06R .0305(c) and 06S .0203]

The staffing pattern shall be dependent upon the enrollment criteria and the particular needs of the participants who are to be served. The ratio of staff to participants shall be adequate to meet the goals and objectives of the program. Whenever regularly scheduled staff are absent, substitutes shall be used to maintain the staff-participant ratio and, for adult day health programs, to assure proper supervision of the delivery of the health care services. The minimum ratios shall be as follows:

Adult Day Care Homes

One full-time equivalent staff person with responsibility for direct participant care for each six participants, up to 16 participants total.

Adult Day Care Centers

One full-time equivalent staff person with responsibility for direct participant care for each eight participants.

Adult Day Health Centers and Adult Day Health Homes

One full-time equivalent staff person with responsibility for direct participant care for each five participants.

Adult Day Health Combination

One full-time equivalent staff person with responsibility for direct participant care for each six participants.

C. Program Director [10A NCAC 06R .0305(d) and 06S .0204(a)]

1. The adult day care and day health care program shall have a full-time program director or a full-time substitute meeting the requirements as specified in this section. The program director shall assign authority and responsibility for the management of activities and direction of staff when the program director is not on site.

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- a. The program director for adult day health programs with a capacity of ten or fewer participants may also serve as the health care coordinator provided that the individual meets all of the requirements set forth in C(3) and E of this section and if requirements in B of this section related to program capacity are met.
- b. If requirements of C(3) and E of this section are met, and the capacity is greater than 10 participants, the program director may serve as the substitute health care coordinator for up to but not exceeding three consecutive weeks.

2. The program director shall have the authority and responsibility for the management of activities and direction of staff to ensure that activities and services are provided in accordance with established program policies.
3. The program director shall:
  - a. be at least 18 years of age;
  - b. have completed a minimum of two years of formal post secondary education from an institution accredited by an accrediting agency recognized by the United States Department of Education (including colleges, universities, technical institutes, and correspondence schools) or shall have a high school diploma or the equivalent and a combination minimum of five years experience and training in services to elderly or adults with disabilities;
  - c. have at least two years of work experience in supervision and administration;
  - d. present a written medical statement, completed within the prior 12 months by a physician, nurse practitioner or physician's assistant, certifying that the employee has no illness or health condition that would pose a health risk to others and that the employee can perform the duties assigned in the job; and



- e. provide at least three reference letters or the names of individuals with whom a reference interview can be conducted, including at least one former employer. The individuals providing reference information shall have knowledge of the applicant program director's background and qualifications.
4. In employing a program director, the governing body, agency, or owner shall consider whether or not applicants exhibit these characteristics:
- a. ability to make decisions and set goals;
  - b. knowledge and understanding of the needs of the aging and disabled;
  - c. ability to design and implement a varied, structured program of group and individual activities; and
  - d. managerial and administrative skills - ability to supervise staff and to plan and coordinate staff training.

**ADULT DAY CARE HOMES ONLY**

- D. Day Care Homes: Only Staff Person Is Operator [10A NCAC 06R .0306]
- 1. The operator of an adult day care program shall meet the qualifications of director as defined in Paragraph C.
  - 2. There shall be a minimum of one staff person during all hours of operation meeting the requirements set forth in Paragraph C above.
  - 3. A day care home shall have substitute or relief staff to enable the day care home to remain open on days when the operator is not available to supervise the program. The substitute or relief staff shall meet the requirements for this position as set forth in Paragraph C above.

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- E. Health Care Coordinator of Adult Day Health programs [10A NCAC 06S .0204]
- 1. Adult day health programs shall have a health care coordinator to coordinate the delivery of health care services and participate in direct care as specified in E.2. The health care coordinator shall be on-site a minimum of four hours per day and any additional hours necessary to meet requirements for the provision of health and personal care services as stated on page 19.
  - 2. The nursing responsibilities of the health care coordinator, consistent with the Nursing Practice Act include:

- a. completing preadmission health assesement for initial acceptance into program, including problem-identification and care planning;
-

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- b. implementing the health care components of the established service plan which shall include:
    - (1) medication administration;
    - (2) wound care;
    - (3) enteral or parenteral feedings;
    - (4) bowel or bladder training and maintenance programs;
    - (5) tracheostomy care and suctioning; and
    - (6) delegating nursing care tasks to qualified unlicensed personnel;
  - c. monitoring participant's response to medical treatment plan and nursing interventions and revising plan of care as necessary;
  - d. reporting and recording results of the nursing assessment, care rendered and participant's response to care;
  - e. collaborating with other health care professionals and caregivers regarding provision of participant's health care;
  - f. educating other staff members to emergency procedures and providing information to staff and caregivers about health concerns and conditions of participants;
  - g. providing first aid treatment as needed; and
  - f. making certain health and personal care services as outlined in IV. B., page 19 are provided to participants consistent with the participant's service plans.
3. The health care coordinator:
- a. shall be either a registered nurse or a licensed practical nurse currently licensed to practice in North Carolina; and
  - b. if the health care coordinator is a licensed practical nurse:
    - (1) supervision shall be provided by a registered nurse consistent with the Nursing Practice Act G.S. 90-171 and 21 NCAC 36 .0224 - .0225. Copies of these rules may be obtained from the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714, (919) 733-2678, at a cost of \$2.50 for up to 10 pages and .25 for each additional page, or available at the following website: <http://reports.oah.state.nc.us/ncac.asp>; and

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- (2) the licensed practical nurse shall also receive on-site supervision by the registered nurse as needed, or at minimum, every two weeks.
- c. shall have knowledge and understanding of the physical and emotional aspects of aging, the resultant diseases and infirmities and related medications and rehabilitative measures;
- d. Shall be at least 18 years of age;
- e. shall present, prior to beginning employment, a written medical statement completed within the prior 12 months by a physician, nurse practitioner, or physician's assistant, certifying that the employee has no illness or health condition that would pose a risk to others and ability to perform the duties assigned on the job; and
- f. shall provide at least three current reference letters or the names of individuals with whom a reference interview can be conducted, including at least one former employer. The individuals providing reference information must be knowledgeable of the applicant coordinator's background and qualifications.

F. Staff Responsible for Personal Care in Adult Day Health Centers  
[10A NCAC 06S .0204(c)]

All day health program staff providing personal care shall present evidence of meeting the following qualifications before assuming such responsibilities:

- 1. successful completion of nurse's aide, home health aide or equivalent training course, or
- 2. a minimum of one year of related experience in caring for impaired adults.

G. Volunteers [10A NCAC 06R .0307 and 06S .0201]

- 1. When volunteers are used in an adult day care or day health program, adequate planning prior to the placement of the volunteers shall take place in order to provide the volunteer with a written description of his duties and responsibilities. This written description shall outline in detail the tasks to be performed, qualifications for performing them, and specifics of hours, days and length of commitment needed from the volunteer.
- 2. The volunteer shall take part in a formal or informal orientation and training session to inform him of the goals of the program, the operation and daily schedule of the program, specific needs of the adults being served and any necessary specialized approaches the volunteer shall be expected to use.

3. Paid staff of the program shall be properly informed of the use of a volunteer prior to his working in the program, staff's responsibility and role and the volunteer's responsibility and role. Paid staff shall be involved in planning for the volunteer and shall assist in writing up the duties the volunteer shall perform.
4. Provision shall be made to evaluate the volunteer in his execution of the job.
5. Provision shall be made for recognition and appreciation of the volunteer.

### III. Facility

#### A. General Requirements [10A NCAC 06R .0401 and 06S .0301]

1. The facility and grounds of an adult day care program shall be approved by the local environmental health specialist, local fire safety inspector, the county department of social services and the Division of Aging and Adult Services.
2. Programs initially certified after January 1, 2003, or those that make structural building modifications after this date, shall comply with the North Carolina Building Code.
3. The facility shall comply with all applicable zoning laws.
4. There shall be adaptable spaces suitable for activities for participants. Spaces shall provide opportunities for participants to get together as a group as well as privacy for quiet times.
  - a. The facility shall provide at least forty square feet of indoor space for each participant in the portion of the buildings utilized for adult day care programs. This minimum square footage excludes hallways, offices, and rest rooms.
  - b. If meals are prepared within the facility, the kitchen shall meet environmental health rules.
  - c. Storage areas must be adequate in size and number for storage of clean linens, dirty linens, cleaning materials, household supplies, food, equipment, and program supplies. A separate locked area for storing poisons, chemicals or other potentially harmful products (cleaning fluids, disinfectants, etc.) shall be provided.
  - d. A minimum of one male and one female toilet shall be located in each facility and accessible in accordance with the North Carolina Accessibility Code. One toilet shall be available for each twelve adults, including staff and participants who utilize the facility. One hand lavatory shall be provided for each two toilets.

5. All rugs and floor coverings must be securely fastened down. Loose throw rugs are not allowed. Floors shall not be slippery.
6. A telephone shall be available for participants to make and receive calls. A pay station telephone is not acceptable for local calls.
7. Unless certified as shared space, the area certified for adult day care shall be used for the sole purpose of the adult day care program and its activities during hours of program operation.

#### ADULT DAY HEALTH ONLY

**B. Additional Facility Requirements For Adult Day Health  
[10A NCAC 06S .0301]**

1. Facility space shall be of sufficient dimension and size to allow for required program group activities.
  - a. Day health centers and day health homes shall provide at least 60 square feet of indoor space excluding hallways, offices and restrooms for each participant.
  - b. Combination programs shall provide at least 50 square feet of indoor space excluding hallways, offices and restrooms for each participant.
  - c. Day health programs or combination programs which share space with other programs or activities in a multi-use facility shall have a nucleus area separate from other activities in the rest of the building and shall have a fire-resistant rated separation according to the North Carolina Building Code.
    - (1) The nucleus area must provide at least 40 square feet of indoor space per participant excluding hallways, offices and restrooms, and a minimum of 20 square feet per participant must be provided in other space in the facility designated for use by the day health program.

When the other space is being used at the same time by individuals participating in other services provided in the multi-use facility, the 20 square feet per participant is in addition to any minimum square footage requirement for other use of such space. Shared facility space outside the nucleus area which may be used by the day health program and counted in meeting the 20 square feet per participant requirement includes craft, therapy and other activity areas. Dining space may be included if also used for activities. Offices, restrooms, hallways, kitchens and shared treatment rooms shall not be counted in meeting the 20 square feet per participant requirement.

- (2) Participation is open only to persons enrolled in the program and to visitors on a planned basis. Involvement of day health participants in other activities in the building shall be on a planned basis, as a part of the day health program, and supervised by a day health staff member.

## ADULT DAY HEALTH ONLY

2. The facility shall have a minimum of one private office for staff use with equipment and furnishings for administrative purposes and for conferences with individual participants and families.
3. The facility shall include a treatment room which is enclosed and private from the rest of the facility. The treatment room shall meet the requirements of the North Carolina State Building Code. The treatment room shall have a sink or have a doorway that connects it to a room containing a sink. The room shall contain a treatment table or bed with waterproof mattress cover that will serve as a treatment table, storage cabinet for first aid and medical supplies and equipment, table or desk and two chairs. The storage cabinet shall be kept locked.
4. The treatment room shall provide a means of insuring the privacy of the person on the treatment table.
5. The treatment room shall have the following medical supplies and equipment:
  - (a) first aid supplies consisting of absorbent compress, adhesive bandages, adhesive tape, antiseptic, burn treatment, medical exam gloves, sterile pads and triangular bandage;
  - (b) fever thermometer;
  - (c) blood pressure cuff;
  - (d) stethoscope;
  - (e) medical scales, or scales that can be calibrated;
  - (f) emesis basin;
  - (g) bed pan;
  - (h) urinal; and
  - (i) wash basin.

C. Day Care or Day Health Programs in Multi-Use Facilities [10A NCAC 06R .0510, 06R 0303, 06S .0201 and 06S .0301(b)]

Adult day care or day health programs established in buildings which are used at the same time for other activities must adhere to the following guidelines:

1. The program must be self-contained with its own staff and separate area.
2. Participation is open only to persons enrolled in the program and to visitors on a planned basis. Depending on the nature of the other activities in the building, it may or may not be appropriate for day care participants to share in them on a planned basis. Such involvement must be as part of the program plan and must be supervised by a day care or day health staff

member. (Examples of appropriate involvement might include senior center crafts and social events and lunch at a congregate meal site.)

3. When the program is located in a multiple-use facility (e.g. school, church) there shall be a written agreement regarding the facility's cooperative use. The agreement shall contain the following as they apply to the adult day care or day health program: time of use, maintenance of space, use of equipment, security, liability, and insurance.
4. For a program to utilize space currently certified or licensed for another purpose by a state agency, such as the North Carolina Division of Facility Services or the North Carolina Division of Child Development, a letter from the licensing agency shall be obtained granting permission to use the space for a purpose other than the original licensed one.

D. Building Construction [10A NCAC 06R .0402 and 06S .0301]

1. The adult day care program building shall meet the approval of the local building inspector in terms of structural soundness and fire safety.
2. The program shall provide at least one entrance at ground level with no steps or an entrance ramp with rails and a maximum slope of 1 in 12 (8%). The ramp shall be covered with a securely fastened non-skid floor covering which is secured at both ends.

**ADULT DAY CARE AND DAY HEALTH HOMES ONLY**

3. Facilities where sixteen or fewer adults are served in a single family dwelling must meet building construction requirements for adult day care homes specified in Appendix A of these standards.
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4. All facilities initially certified after January 1, 2003, or those that make structural building modifications after this date shall meet the North Carolina State Building Code.

*Contact the county department of social services before any construction or renovation of the building or grounds are begun.*

E. Equipment and Furnishings [10A NCAC 06R .0403 and 06S .0301]

1. Adult day care facility equipment and furnishings shall meet the needs of participants and staff and enable efficient operation of the program. The facility shall have:
  - a. At least one sturdy straight back chair or sturdy folding chair for each participant and each staff person, excluding those in wheelchairs;
  - b. Table space adequate for all participants to be served a meal at a table at the same time and for program activities;



- c. chairs or sofas that allow for position changes, are upholstered or of soft material, and water and stain resistant, so that at least half of the participants can relax and rest at the same time. If all participants take a daily rest period at the same time, the facility shall have enough of such seating for all participants;
  - d. A quiet space with a minimum of one bed or cot so that participants can lie down as needed separate from other program activities.
2. All equipment and furnishings shall be in good condition and safe for use by all participants and staff of the facility.

#### IV. Program Operation

##### A. Planning Program Activities [10A NCAC 06R .0501 and 06S .0401]

##### 1. Enrollment Procedures

- a. Enrollment policies serve as the basis for determining who shall be accepted into the program and for planning activities appropriate for the participants.
- b. Prior to enrollment, the applicant, family members or other caregiver shall have a minimum of one personal interview with a minimum of one program staff member.
- c. During the interview, the staff shall complete initial documentation identifying social and medical care needs, any designated spiritual, religious or cultural needs, and a determination of whether the program can meet the individual's expressed needs.
- d. The staff person doing the interviewing shall sign the determination of needs and the applicant, family member or other caregiver shall sign the application for enrollment.
- e. These signed documents shall be obtained before the individual's first day of attendance as a participant in the program.
- f. A medical examination report signed by a physician, nurse practitioner or physician's assistant, completed within the prior three months, shall be obtained by the program within 30 days of enrollment. This report must be updated annually no later than the anniversary of the date of the initial report.
- g. At enrollment, or in the initial interview, the program policies shall be discussed with each applicant and family member or other caregiver, and a copy of the program policies shall be provided.
- h. Documentation of receipt of and agreement to abide by the program policies by the applicant, family member, or other caregiver shall be obtained by the program and kept in the participant's file.

## 2. Planning Services for Individual Participants

- a. Within 30 days of enrollment of a new participant, the program shall perform a comprehensive assessment and written services plan for each individual. The assessment shall address:
  - (1) the individual's ability to perform activities of daily living and instrumental activities of daily living while in the program;
  - (2) the mental, social, and living environment of the individual; and
  - (3) the economic and physical health status of the individual.
- b. The service plan shall be signed and dated by the program director or the director's designee. For adult day health participants, the health component of the service plan shall be written and signed by a registered nurse.
- c. In developing the written service plan, the program shall include input from the participant, family members, or other caregiver, and other agency professionals with knowledge of the individual's needs. The service plan shall be based on strengths, needs and abilities identified in the assessment. The assessment and service plan shall be reviewed at regular intervals, and no less than once every six months. The service plan shall include:
  - (1) The needs and strengths of the participant;
  - (2) The interests of the participant;
  - (3) The measurable service goals and objectives of care for the participant while in the day care program;
  - (4) The type of interventions to be provided by the program in order to reach the desired outcomes;
  - (5) The services to be provided by the program to achieve the goals and objectives;
  - (6) The roles of participant, family, caregiver, volunteers and program staff; and
  - (7) The time limit for the plan, with provision for review and renewal.
- d. Progress notes in the participant's record shall be updated at least every three months.
- e. The participant, caregiver and other service providers may contribute to the development, implementation and evaluation of the service plan.

- f. Any unusual behavior, change in mood, change in attitude or need for help or services shall be reported by the program. If the participant is a social services client, the report shall be made to the participant's family, caregiver, or responsible party and the department of social services worker or the social worker designated as consultant to the day care program by the department. If the participant is not a social services client, the report shall be made to the person's family, caregiver, or responsible party. A note should be made in the participant's record of action taken.
- g. The participant or the responsible party may choose the days and number of days the participant will attend, with the program director's approval.
- h. The reason for any unscheduled participant absence shall be determined by the program staff and documented on the day it occurs. The program shall attempt to contact the absent participant or the responsible party.
- i. The adult day care program is responsible for the participant when a participant is registered in attendance. A participant leaving the program for part of a day shall sign out, relieving the staff of further responsibility. If a participant has emotional or mental impairment which requires supervision and that person needs or wants to leave the program during the day, the social worker, family, caregiver, friend, or responsible party shall sign the person out.

### 3. Program Activities

- a. The day care and day health programs shall have a program activities plan which meets the following criteria:
  - (1) Overall planning of activities are based on elements of the individual service plans. [See Section IV. A. 2., page 16]
  - (2) The primary program mode is the group process, both large and small groups, with provision for individual activities and services as needed.
  - (3) Activities are adaptable and modifiable to allow for greater participation and to maintain participant's individual skill level.
  - (4) Activities are consistent with the stated program goals.
  - (5) Activities are planned jointly by staff and participants. Staff shall encourage participants to participate in the planning and operation of the program as much as they are able, and to use their skills, talent and knowledge in program planning and operation.
  - (6) All program activities are supervised by program staff.
  - (7) Participants may refuse to participate in any given activity.

- b. The activities schedule shall provide for the inclusion of cognitive activities to be available on a daily basis, and be designed to:
  - (1) stimulate thinking and creativity;
  - (2) provide opportunities for learning new ideas and skills;
  - (3) help maintain existing reasoning skills and knowledge base;  
and
  - (4) provide opportunities to utilize previously learned skills.
- c. The activities schedule shall provide for the inclusion of physical activities to be available on a daily basis, and be designed to:
  - (1) improve or maintain mobility and overall strength; and
  - (2) increase or maintain joint range of motion.
- d. The activities schedule shall provide for the inclusion of psychosocial activities to be available on a daily basis, and be designed to:
  - (1) provide opportunities for social interaction;
  - (2) develop a sense of belonging;
  - (3) promote goal-oriented use of time;
  - (4) create feelings of accomplishment;
  - (5) foster dignity and self-esteem;
  - (6) prompt self-expression; and
  - (7) provide fun and enjoyment.
- e. The activities schedule shall:
  - (1) be in writing;
  - (2) specify the name of each activity to be provided, the days of the week each activity shall be conducted, and the approximate length of time of each activity;
  - (3) indicate the length of time the schedule is to be followed;  
and
  - (4) be posted weekly or monthly in a prominent place in the facility.
- f. *Specialized services, i.e., speech therapy, physical therapy, counseling, etc., may be arranged by or provided through the adult*

*day care program as needed by individual participants and as available through community resources.*

#### ADULT DAY HEALTH ONLY

B. Health and Personal Care Services [10A NCAC 06S .0403]

1. In adult day health programs, the following health care and personal care services shall be provided:
  - a. assistance with activities of daily living including feeding, ambulation, or toileting as needed by individual participants;
  - b. health care monitoring of each participant's general health and medical regimen. This includes documenting the periodic assessment of the vital signs, weight, dental health, general nutrition, and hygiene of each participant. When health changes occur, positive or negative, the adult day care program staff shall notify the family, caregiver or responsible party of the changes. The change in health status and notification shall be recorded in the participant's file;
  - c. assistance to participants and caregivers with medical treatment plans, diets, and referrals as needed;
  - d. health education programs for all participants on a regular basis, at least monthly;
  - e. health care counseling tailored to meet the needs of participants and caregivers; and
  - f. first aid treatment as needed.
2. Specialized services, e.g. speech therapy, physical therapy, and counseling, shall be facilitated by the adult day health program as ordered by a physician and as available through community resources.

C. Nutrition  
[10A NCAC 06R .0502 and 06S .0401]

1. The adult day care program shall provide a midday meal to each participant in attendance. The meal shall provide at least one-third (1/3) of an adult's daily nutritional requirement as specified by the United States Department of Agriculture, Dietary Guidelines for Americans, which are incorporated by reference, including any subsequent amendments or additions to the guidelines. These guidelines may be viewed and downloaded from the Internet at <http://www.health.gov/dietaryguidelines>.
2. A registered or licensed dietician or nutritionist shall approve the menu.

3. The adult day care program shall offer snacks and fluids to meet the participant's nutritional and fluid needs. The adult day care program shall offer a mid-morning and mid-afternoon snack daily to participants. Snacks shall be planned to keep sugar, salt and cholesterol intake to a minimum.
4. The adult day care program shall provide a therapeutic diet, if prescribed in writing by a physician, physician's assistant or nurse practitioner for any participant. If therapeutic diets are prepared by program staff, such staff shall have training in planning and preparing therapeutic diets or shall provide documentation of previous training and education sufficient to assure ability to prepare meals in accordance with a physician's prescription.
5. A registered dietician or certified nutritionist shall give consultation to the staff on basic and special nutritional needs and proper food handling techniques and the prevention of foodborne illness. *(Instruction in nutrition, weight control and safe food handling techniques may be provided as an ongoing part of program activities.)*
6. An adult day care program shall neither admit nor continue to serve a participant whose dietary requirements cannot be accommodated by the program.
7. The adult day care program shall store, prepare and serve in a sanitary manner using safe food handling techniques such as those recommended by the United States Department of Agriculture, at the following website: [http://www.fsis.usda.gov/Fact\\_Sheets/Safe\\_Food\\_Handling\\_Fact\\_Sheets/index.asp](http://www.fsis.usda.gov/Fact_Sheets/Safe_Food_Handling_Fact_Sheets/index.asp).
8. The food service provider shall abide by the food safety and sanitation practices required by the Commission for Public Health rules applying to adult day care facilities including any subsequent amendments or additions, which are incorporated by reference. Copies of the rules may be found at the following website: (<http://deh.enr.state.nc.us/ehs/images/rules/t15a-18a.33.pdf>)

D. Transportation  
[10A NCAC 06R .0503 and 06S .0404]

1. For programs providing or arranging for public transportation, the adult day care program shall have a transportation policy that includes routine and emergency procedures. Accidents, medical emergencies, weather emergencies and escort issues shall be addressed.
2. When the adult day care or day health program provides transportation, the following requirements shall be met to ensure the health and safety of the participants:
  - a. Each person transported shall have a seat in the vehicle.

- b. Participants shall be transported no more than thirty minutes without being offered the opportunity to have a rest stop.
- c. Vehicles used to transport participants shall be equipped with seatbelts. Participants shall be instructed to use seatbelts while being transported.
- d. Vehicles shall be equipped with a first aid kit, consisting of the items listed in Section III. B. 5., page 13 and a fire extinguisher.
- e. A copy of the transportation policy shall be located in the vehicle used for transport.

E. Emergencies and First Aid [10A NCAC 06R .0504 and 06S .0405]

- 1. A fire safety and evacuation plan, approved by the office of the fire marshal or its designee, shall be prepared and maintained by each adult day care program in compliance with the North Carolina State Building Code and Fire Prevention Code.
- 2. Plan for Emergencies
  - a. A written plan for handling emergencies shall be established and displayed prominently in the facility.
  - b. All staff shall be knowledgeable about the plan.
  - c. The plan shall relate to medical and non-medical emergencies and shall specify responsibilities of each staff member in an emergency.
  - d. Quarterly drills in handling emergencies, such as medical emergencies, natural disasters, fire, and facility security shall be conducted. These drills shall be documented including the date and kind of emergency.
- 3. Evacuation Plan

An evacuation plan shall be posted in each room and fire drills shall be conducted quarterly by programs with a fire safety sprinkler system and monthly by programs without a fire safety sprinkler system. A record shall be kept of dates and time required to evacuate the facility.
- 4. All physically able staff who have direct contact with participants shall complete certified training in standard first aid and cardio-pulmonary resuscitation (CPR). If a staff member is determined to be physically unable to complete this training, a signature by a licensed physician, physician's assistant, or nurse practitioner attesting to such shall be provided indicating the time limit of such physical inability. The first aid and CPR training shall be:
  - a. taught by an instructor certified through the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute, or Emergency Medical Services;

- b. current, as determined by the organization conducting the training and issuing the certification; and
  - c. documented on an official attendance card issued by the organization certifying the training, or documented by the attendance course roster, in which case the roster shall be signed by the instructor, indicate pass or fail for each student, indicate the length of time the training is valid, and be accompanied by a copy of the instructor's certification.
- 5. The program shall arrange for medical assistance to be available in the event of an emergency.
- 6. The program shall have a portable basic emergency file available on each participant that includes:
  - a. hospital preference, physician of record and telephone number;
  - b. emergency contact (family or caregiver);
  - c. insurance information;
  - d. medications and allergies;
  - e. current diagnosis and history; and
  - f. advance directives, if any.
- 7. Adult day care staff shall report actions taken in case of sickness, incidents resulting in physical injury or suspected physical injury, including incidents involving missing participants to the program director. The adult day care staff shall make sure that all persons needing medical attention receive such attention as soon as possible. The person taking emergency action shall notify other program staff and the family or responsible party of the participant involved of the emergency action that was taken as soon as possible. The program director shall compile and keep on record a report of all emergency actions taken. A copy of the report shall be sent to the county department of social services and, for day health programs, to the county health department within 72 hours of the incident.

F. Medications [10A NCAC 06R .0505 and 06S .0401]

- 1. All adult day care programs shall have written policies on participant medication use, medication administration order changes and medical disposal.
- 2. Medications shall be administered according to the participant's medication schedule as defined in Section V.A.1.d., pages 24-25, or as authorized by the participant's caregiver.
- 3. A record of all medications given to each participant shall be updated at a minimum of once every quarter and shall document the following:
  - a. participant's name;



- b. name, dosage, quantity and route of the medication;
  - c. instructions for giving medication;
  - d. date and time medication is administered; and
  - e. name or initials of person giving the medication. If initials are used, a signature equivalent to those initials shall be entered on this record.
4. Medications shall be kept in the original pharmacy containers in which they were dispensed. The containers shall be labeled with the participant's full name, the name and strength of the medicine, and dosage and instructions for administration.
  5. Medicines shall be kept in a locked location.
  6. Only adult day health or adult day care and adult day health combination programs shall enroll or serve participants who require intravenous, intramuscular or subcutaneous medications while attending the program.

G. Program Evaluation [10A NCAC 06R .0509 and 06S .0401]

1. Each day care and day health program shall have in writing a plan for internal evaluation of its operation and services. The plan shall include the timetable for initiating and completing the annual evaluation, the parties to be involved, the areas which will be addressed and the methods to be used in conducting the evaluation.
2. A formal evaluation shall be conducted at regular intervals, at least annually.
3. The following parties shall be involved, to the extent considered appropriate, in the evaluation process:
  - a. Governing body,
  - b. Program director,
  - c. Staff,
  - d. Participants,
  - e. Families of participants,
  - f. Department of Social Services.
4. The evaluation shall focus on the following three areas, in addition to any others the program may wish to address:
  - a. The extent to which the program is achieving its goals;
  - b. The extent to which the program is meeting the needs and interests of participants; and
  - c. The extent to which the program is efficient and effective in its operation, including the extent to which the program is cost-efficient.

5. A written report of the program evaluation and findings shall be made and kept on file.

V. Records [10A NCAC 06R .0508 and 06S .0401]

Each adult day care and day health program shall maintain records to document the progress of each participant and to document program operation. Such records shall be kept in a locked file. The following records are required:

A. Individual Client Records

1. An individual folder for each participant shall be established and maintained and include the following:
  - a. A signed application, recording:
    - (1) participant's full name;
    - (2) address and telephone number;
    - (3) date of birth, marital status and living arrangement of participant;
    - (4) time of day participant will arrive and time of day participant will leave the program;
    - (5) travel arrangements to and from the program for the participant;
    - (6) name, address and telephone number of at least two family members or friends who are responsible for the participant and can be contacted in emergencies;
    - (7) name, address and telephone number of a licensed medical service provider who will see the participant on request; and
    - (8) personal concerns and knowledge of the caregiver that may have an impact on the participant's care plan.
  - b. Copies of all current and former signed authorizations for the day care and day health program to receive and give out confidential information on the participant. Such authorization shall include the name of the party from whom information is requested and to whom information is given. Such authorization shall be dated within the prior 12 months and obtained each time a request for client participant information is made;
  - c. A signed authorization for the participant to receive emergency medical care from any licensed medical practitioner, if such emergency care is needed by the participant;

- d. A medical examination report conducted within the past three months before enrollment and updated annually, signed by a licensed physician, physician's assistant or nurse practitioner. The report shall include information on:
    - (1) current diseases and chronic conditions and the degree to which these diseases and conditions require observation by day care staff, and restriction of normal activities by the participant;
    - (2) presence and degree of psychiatric problems;
    - (3) amount of direct supervision the participant requires;
    - (4) any limitations on physical activities;
    - (5) listing of all medications with dosages and times medications are to be administered; and
    - (6) most recent date participant was seen by doctor.
  - e. Assessment forms as identified in Section IV. A. 1. c. and 2. a., pages 15-16.
  - f. Progress notes: which are the written report of staff discussions, conferences, consultation with family or other interested parties, evaluation of a participant's progress and any other information regarding a participant's situation.
  - g. All service plans for the participant, [See IV. A. 2. pages 16-17], including scheduled days of attendance, for the preceding 12 months.
  - h. A signed authorization if the participant or his responsible party will permit photographs, video, audio recordings or slides of the participant to be made by the day care or day health program, whether for medical documentation, publicity, or any other purpose. Such authorization shall specify how and where such photographs, videos, audio recordings or slides will be used, and shall be obtained prior to taking any photographs, videos, audio recordings or slides of the participant.
  - i. A statement signed by the participant, a family member or other responsible party (when applicable) acknowledging receipt of the program policies and agreeing to uphold program policies pertaining to the participant.
- B. Records for Adult Day Care and Day Health Centers and Homes shall be kept a minimum of six years and shall contain:
- 1. copies of activities schedules [see IV. 3. pages 17-19];

2. monthly records of expenses and income, including fees collected, and fees to be collected;
3. all bills, receipts and other information which document expenses and income;
4. a daily record of attendance of participants by name;
5. accident reports [see IV. E. 7. page 22];
6. a record of staff absences, annual leave and sick leave, including dates and names of substitutes;
7. reports on emergency and fire drills [see IV. E. 1. and 2., page 21];
8. individual personnel records on all staff members, including:
  - a. application for employment;
  - b. evidence of a state criminal history check on each employee providing direct care;
  - c. job description;
  - d. medical certification of absence of a health condition that would pose a risk to others;
  - e. written note or report on any personnel action taken with the employee;
  - f. written report of annual employee review;
  - g. CPR and first aid training documentation; and
  - h. signed statement to keep all participant information confidential.
9. a copy of all written policies, including:
  - a. program policies;
  - b. personnel policies;
  - c. agreements or contracts with other agencies or individuals;
  - d. plan for emergencies; and
  - e. evacuation plan;
10. program evaluation reports [see IV. G., page 23];
11. control file of DSS-5027(SIS Client Entry Form) on all participants for whom Social Services Block Grant (Title XX) reimbursement is claimed.

VI. Certification

A. The Certificate [10A NCAC 06R .0801 and 06S .0503]

The Certificate will be issued by the Division of Aging and Adult Services when, in the Division's judgment, minimum requirements for certification, as set forth in these standards have been met. The Certificate must be conspicuously posted in a public place in the facility. The certificate will be in effect for 12 months from the date of issuance unless it is revoked for cause, voluntarily or involuntarily terminated, or changed to provisional certification status.

B. Procedures for Certification [10A NCAC 06R .0601 and 06S .0501]

All individuals, groups or organizations operating or wishing to operate an adult day care or adult day health program as stated in G.S. 131D-6 shall apply for a certificate to the county department of social services in the county where the program is to be operated. A social worker at the county department of social services shall provide technical assistance and shall conduct a study of the program using the Division of Aging and Adult Services Form DAAS-1500 or DAAS-6205.

1. Initial Certification Package

The initial certification package shall be submitted through the county department of social services to the State Division of Aging and Adult Services. The materials and forms to be included in the package are:

- a. Program Polices;
- b. Organizational diagram;
- c. Job descriptions;
- d. Form 732A-ADS, Daily Rate Sheet, or the equivalent, showing planned expenditures and resources available to carry out the program of service for a 12 month period;
- e. A floor plan of the facility showing measurements, restrooms, and planned use of space;
- f. Form DOA-1498, Fire Inspection Report, or the equivalent completed and signed by the local fire inspector, indicating approval of the facility, no more than 30 days prior to the submission of the certification package;
- g. Form DOA-1499, Building Inspection Report for Day Care Centers, or DOA-1499a, Building Inspection Form for Adult Day Care Homes, or the equivalent completed and signed by the local building inspector indicating approval of the facility, no more than 30 days prior to submission of the certification package;

- h. Form DENR-4054, Sanitation Evaluation Report, or the equivalent completed and signed by a local sanitarian, indicating approval of the facility, no more than 30 days prior to submission of the certification package;
- i. Written notice and the effective date if a variance of local zoning ordinances has been made in order for property to be utilized for the adult day care or day health program;
- j. A copy of the articles of incorporation, by-laws, and names and addresses of board members for adult day care or day health programs sponsored by a non-profit corporation;
- k. The name and mailing address of the owner if the program is proprietary;
- l. A written medical statement from a physician, nurse practitioner or a physician's assistant, completed within the 12 months prior to submission of the certification package, for each proposed staff member certifying absence of a health condition that would pose a risk to others and that the employee can perform the duties normally assigned on the job;
- m. Verification of standard first aid and cardio-pulmonary resuscitation certification (CPR) for each proposed staff member who is physically able and who will have direct contact with participants. If a staff member is determined to be physically unable to complete this training, a signature by a licensed physician, physician's assistant or nurse practitioner attesting to such shall be provided indicating the time limit of such physical inability. The first aid or CPR training shall be:
  - (1) taught by an instructor certified through the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute, or Emergency Medical Services;
  - (2) current, as determined by the organization conducting the training and issuing the certification; and
  - (3) documented on an official attendance card issued by the organization certifying the training, or documented by the attendance course roster, in which case the roster shall be signed by the instructor, indicate pass or fail for each student, indicate the length of time the training is valid and be accompanied by a copy of the instructor's certification.
- n. Evidence of the completion of a statewide criminal history records search for the past five (5) years for the program owner and each proposed staff member having direct contact with participants,

conducted by an agency approved by the North Carolina Administrative Offices of the Courts; and

#### ADULT DAY CARE ONLY

- o. *DAAS-1500: Adult Day Care Certification Report. This form must be submitted by the county department of social services with a copy to the program for adult day care programs.*

#### ADULT DAY HEALTH ONLY

- p. *DAAS-6205: Adult Day Care/Day Health Certification Report. This form must be submitted by the county department of social services with a copy to the program for adult day health or combination programs.*

2. Following review of the certification package, a pre-certification visit may be made by staff of the Division of Aging and Adult Services.
3. Within 14 business days, the Division of Aging and Adult Services shall provide written notification to the applicant and the county department of social services of the action taken after a review of the certification package and visit, if made.
4. Renewal Certification Package [10A NCAC 06R .0601]

The following forms and materials make up a certification package for the renewal of certification and shall be submitted through the county department of social services, no more than 60 days prior to the end of the current period of certification, to the Division of Aging and Adult Services.

- a. Form DOA-1498, Fire Inspection Report, or the equivalent completed and signed by the local fire inspector, indicating approval of the facility, dated no more than 12 months prior to the submission of the certification package;
- b. Form DOA-1499, Building Inspection Report for Adult Day Care Centers, or DOA-1499a, Building Inspection Form for Adult Day Care Homes, or the equivalent when structural building modifications have been made during the previous 12 months, completed and signed by the local building inspector indicating approval of the facility, within 30 days following completion of the structural building modifications;
- c. Form DENR-4054, Sanitation Evaluation Report or the equivalent completed and signed by a local environmental health specialist, indicating approval of the facility, no more than 12 months prior to submission of the certification package;
- d. A written medical statement from a physician, nurse practitioner or physician's assistant for each staff member hired subsequent to the

previous certification or recertification expiration date, certifying absence of a health condition that would pose a risk to others and that the employee can perform the duties normally assigned on the job;

- e. An updated copy of the program policies, organizational diagram, job descriptions, names and addresses of board members if applicable, and a floor plan showing measurements, restrooms, and planned use of space (if any changes have been made since the previous certification package was submitted);
- f. Form 732a-ADS, Daily Rate Sheet, or the equivalent showing planned expenditures and resources available to carry out the program of service for a 12 month period;
- g. Verification of standard first aid and cardio-pulmonary resuscitation certification (CPR) for each proposed staff member who is physically able and who will have direct contact with participants. If a staff member is determined to be physically unable to complete this training, a signature by a licensed physician, physician's assistant or nurse practitioner attesting to such shall be provided indicating the time limit of such physical inability. The first aid or CPR training shall be:
  - (1) taught by an instructor certified through the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute, or Emergency Medical Services;
  - (2) current, as determined by the organization conducting the training and issuing the certification; and
  - (3) documented on an official attendance card issued by the organization certifying the training, or documented by the attendance course roster, in which case the roster shall be signed by the instructor, indicate pass or fail for each student, indicate the length of time the training is valid and be accompanied by a copy of the instructor's certification.
- h. Evidence of the completion of a statewide criminal history records search for the past five (5) years for each staff member hired subsequent to the previous certification or recertification expiration date having direct contact with participants, conducted by an agency approved by the North Carolina Administrative Offices of the Courts; and



ADULT DAY CARE ONLY

- i. *DAAS-1500: Adult Day Care Certification Report. This form must be submitted with the certification package by the county department of social services to the Division of Aging and Adult Services at least 30 days in advance of the expiration date of the certificate, with a copy to the program.*

ADULT DAY HEALTH ONLY

- j. *DAAS-6205: Adult Day Care/Day Health Certification Report. This form must be submitted with the certification package for adult day health or combination programs by the county department of social services to the Division of Aging and Adult Services at least 30 days in advance of the expiration date of the certificate, with a copy to the program.*

C. Changes in Personnel [10A NCAC 06R .0602 and 06S .0502]

Whenever there is a change in program director or operator, the qualifications of the new staff person as meeting requirements on pages 7-8 of these standards must be documented in writing to the county department of social services no later than the effective date of the change. The Adult Day Care Consultant of the Division of Aging and Adult Services shall be notified in writing of the change and the county department of social services' satisfaction that Standards are met.

D. Corrective Action [10A NCAC 06R .0102 and 06S .0509, previously 10 NCAC 42E .0705 and 42Z .0909]

- 1. Adult day care and day health programs shall be inspected annually and monitored in accordance with the Division of Aging and Adult Services criteria for making announced and unannounced visits to assure compliance with the Standards.

Where a violation of G.S. 131D-6 or these standards is identified by staff of the county department of social services or the Division of Aging and Adult Services, or other authorized inspectors such as environmental health specialists or building and fire safety inspectors, the program director of the adult day care or day health program shall be notified in writing of the nature of the violation by that inspector and requested to take corrective action by the county department of social services. The county department of social services shall determine, in consultation with the program director, the date by which corrective action shall be completed based on the severity of the violation and the effect of the violation on the participants of the program.

- a. Where a violation presents an immediate danger to the participant's health or safety, the program director shall take immediate corrective action to correct the source of danger or to remove the participants from the source of danger. Such action shall be documented in writing within 72 hours.



F. Termination of Certification [10A NCAC 06R .0803 and 06S .0505]

The Certificate will automatically terminate under the following conditions:

1. In a private for-profit program, when ownership in its entirety is transferred; in a private, non-profit program, when the board of directors is dissolved; in a public agency, when the board of that agency is dissolved;
2. When the program moves to another location;
3. When the required certification renewal materials are not received by the Division of Aging and Adult Services by the expiration date of the current period of certification.

G. Denial or Revocation of Certification [10A NCAC 06R .0804 and 06S .0506]

1. A certificate may be denied or revoked by the Division of Aging and Adult Services at any time for failure to comply with these standards.
2. When a program fails to comply with the certification standards at the time initial certification is requested, certification will be denied by the Division of Aging and Adult Services. A notice from the Division of Aging and Adult Services setting forth the particular reasons for such action will be delivered personally or by certified mail to the applicant. Such denial becomes effective 20 days after the receipt of the notice.
3. Revocation of a certificate, when violations have not been corrected by the date established by a corrective action plan, may be effected by personal delivery or certified mail of a notice setting forth the particular reasons for such action. Such revocation becomes effective 20 days after the receipt of the notice.
4. In accordance with G.S. 150B-3(c), if the Division finds that health, safety or welfare of the participants requires emergency action and incorporates this finding in its notice, the certificate may be summarily suspended. Notice of the summary suspension shall be effected by serving the program director by personal delivery or certified mail. The summary suspension will be effective on the date specified in the notice or upon service of the notice, whichever is later.
5. When a program receives a notice of denial or revocation, the program director must inform each participant and participant caregiver, as appropriate, of the notice and the basis on which it was issued.

H. Penalty [10A NCAC 06R .0805 and 06S .0507]

1. If a program is in willful violation as specified in D. Corrective Action, pages 31-32 of these Standards, a penalty may be imposed. The amount of the penalty, within the limitation established by G.S. 131D-6, shall be determined based on the degree and extent of the harm or potential harm caused by the willful violation.
  - a. Where a violation presents a clear and immediate danger to the participants a civil penalty of \$100 per day will be imposed effective from the day that corrective action was to have been completed.
  - b. Where a violation has the potential to endanger the participants' health, safety or welfare, a civil penalty of \$50 per day will be imposed effective from the day that corrective action was to have been completed.
  - c. Where a violation does not directly endanger the participants, a civil penalty of \$10 per day will be imposed effective from the date on which the corrective action was to have been completed.
2. The Division of Aging and Adult Services shall determine the penalty levied against a program based on the severity of the violation as described above, and will notify the program by registered or certified mail. The penalty shall become due 20 days after receipt of the notice.
3. *Each day of a continuing violation constitutes a separate violation (from General Statute 131D-6).*

I. Procedure For Appeal [10A NCAC 06R .0806 and 06S .0508]

1. When a program is notified of a negative action by the Division of Aging and Adult Services, the program may ask for an informal review by Division staff. *[The request for the informal review may be made in person, by telephone, or in writing to the:*

*Adult Day Care Consultant  
Division of Aging and Adult Services  
2101 Mail Service Center  
Raleigh, North Carolina 27699-2101  
(919) 733-0440]*

If the review is not satisfactory, the program may request a hearing.

2. The program may request a hearing within 60 days after receipt of written notification from the Division of a negative action, by written notice through registered or certified mail to the:

Office of Administrative Hearings  
6714 Mail Service Center  
Raleigh, NC 27699-6714

3. In addition, at any time before the hearing, the Division of Aging and Adult Services may rescind the notice of negative action upon being satisfied that the reasons for such action have been corrected.
4. Except as provided for in VI. G. 4 of these Standards (page 33), upon receipt of a request for a hearing, the enforcement of a negative action will be suspended pending final agency decision.
5. The petition for a hearing shall be filed with the Office of Administrative Hearings in accordance with G.S. 150B-23 and 26 NCAC 3.0003. In accordance with G.S. 1A-1, Rule 4(j)(4), the petition shall be served on a registered agent for service of process for the Department of Health and Human Services. A list of registered agents may be obtained from the Office of Legislative and Legal Affairs.
6. Procedures for the processing of an appeal of an adverse certification action and for the final decision are specified in G.S. 150B, Article 3 and 10 NCAC 1B .0200.

## Appendix A

### CONSTRUCTION REQUIREMENTS FOR DAY CARE AND DAY HEALTH HOMES [10A NCAC 06R .0701 and 06S .0302]

- I. Adult Day Care Homes initially certified after January 1, 2003 and those making structural building modifications after this date shall meet the residential building code requirements of the North Carolina Commercial Building Code. The requirements shall include:
  - A. Standard wood frame, brick, block or veneer construction.
  - B. Attic shall not be used for storage.
  - C. Porches and stoops shall be protected by handrails.
  - D. Steps shall be protected by handrails.
  - E. All entrances, pathways and exits shall adhere to the North Carolina State Accessibility Code.
  
- II. Fire Safety Requirements [10A NCAC 06R .0702] Adult Day Care Homes shall:
  - A. Have fire extinguishers of the type recommended by the fire inspector and governed by the North Carolina Fire Prevention Code, centrally located in the kitchen.
  - B. Provide automatic station products of combustion type smoke detectors as required by the North Carolina Fire Prevention Code.
  - C. Provide listed heat detectors in the attic and basement from the approved list in the North Carolina Fire Prevention Code.
  - D. Provide a fire safety and evacuation plan to be prepared according to the requirements of the North Carolina Fire Prevention Code.
  
- III. Other [10A NCAC 06R .0703 and 06S .0302]

Adult day care programs initially certified after January 1, 2003, or those that make structural building modifications after this date, shall comply with the North Carolina building codes where are hereby incorporated by reference, including subsequent amendments and additions. Copies of the building codes may be obtained from the North Carolina Department of Insurance, Office of State Fire Marshall, 2101 Mail Service Center, Raleigh, NC 27699-2101, or telephone (919) 661-5880, at a cost of fifty dollars (\$50.00); or available at the following website: <http://www.ncdoi.com/osfm/Default.asp>.

## Appendix B

### DEFINITIONS OF TERMS

(10A NCAC 06R .0201, previously 10 NCAC 42E .0801, AND 42Z .0502)

1. Activities of Daily Living (ADL): eating; dressing; bathing; toileting; bowel and bladder control; transfers; and ambulation.
2. Adaptable Space: space in a facility that can be used for several purposes with little effort and without sacrificing safety and health standards; For example, an activities room that is used for crafts in the morning, used to serve lunch, and used for exercise activities in the afternoon.
3. Adaptable Activity: an activity where participation can be varied from individual, small group, or large group, and can occur seated, standing or laying down.
4. Adult: an individual eighteen years of age or older.
5. Adult Day Care Center: a day care program operated in a structure other than a single family dwelling.
6. Adult Day Care Home: a day care program for up to 16 people operated in a single family dwelling.
7. Adult Day Care Program: the provision of group care and supervision in a place other than their usual place of abode on a less than 24-hour basis to adults who may be physically or mentally disabled. This term is used to refer to adult day care programs, adult day health programs, and adult day care and combined adult day health programs (i.e. combination programs).
8. Alzheimer's Disease: is a progressive, degenerative disease of the brain resulting in impaired memory, thinking and behavior. Characteristic symptoms of the disease include gradual memory loss, impaired judgement, disorientation, personality change, difficulty in learning and loss of language skills.
9. Ambulatory: a person who is mobile and does not need the continuing help of a person or object for support (except a walking cane).
10. Capacity: the number of participants for which a day care program is certified.
11. Caretaker or Caregiver: an adult who regularly provides an impaired adult with continuous supervision, assistance with preparation of meals, assistance with housework and assistance with personal grooming.
12. Certification: the process whereby an adult day care program is approved as meeting the North Carolina Adult Day Care Rules in 10A NCAC 06.
13. Certifying Agency: the Department of Health and Human Services, Division of Aging and Adult Services.

14. Dementia: the loss of intellectual functions (such as thinking, remembering, and reasoning) of sufficient severity to interfere with a person's daily functioning. Dementia is not a disease itself but rather a group of symptoms that may accompany certain diseases or conditions. Symptoms may also include changes in personality, mood and behavior.
15. Group Process: at least three persons engaged in a common activity.
16. Institution: a facility that is established to serve a particular purpose and is required by State law to be provided and maintained by the State and any facility defined in federal regulations as an institution. In North Carolina, the list of institutions includes: general hospitals, state psychiatric hospitals, state centers for the mentally ill, skilled nursing facilities, and intermediate care facilities.
17. Instrumental Activities of Daily Living (IADL): meal preparation, medication intake, housekeeping, money management, phone use, laundering, reading, shopping, communication such as speaking, writing, signing, gestures, using communication devices and going to necessary activities.
18. Medication Schedule: a listing of medications taken by participants with dosages, route of administration, and times medications are taken.
19. Mental Health Disability: disorders with physiological or behavioral symptoms or impairment in functioning due to a social, psychological, genetic, physical, chemical or biological disturbance.
20. Modifiable Activity: an activity that can be simplified and adapted as a participant's abilities decline or improve.
21. Non-Ambulatory: a person who is bedfast.
22. Nucleus Area: refers to adult day care programs located in a multi-use building and refers to the areas not shared by any other programs located in the building but used only by the adult day care program.
23. Nursing Care: skilled nursing care or intermediate care.
24. On-Site: the area certified for the day care program
25. Owner: the person responsible for management of a day care home or day health home.
26. Other Special Needs Disease or Condition: a diagnosis, disease or disability, such as AIDS/HIV, that benefits from monitoring or oversight in a supervised setting.
27. Participant: a person enrolled in an adult day care or adult day health program.
28. Personal Care: tasks that range from assistance with basic personal hygiene and grooming, feeding, and ambulation, to medical monitoring and other health care related tasks.



29. Physical Therapy Program: a series of activities prescribed by a licensed physical therapist or activities administered under the supervision of a physical therapist.
30. Program Director: the person responsible for program planning, development and implementation in a day care program.
31. Progress Notes: written reports in the participant's file of staff discussions, conferences, or consultation with family or other interested parties, for the purpose of evaluation of a participant's progress and any other information regarding the participant's situation.
32. Related Disorders: dementia or impaired memory conditions characterized by irreversible memory dysfunction.
33. Respite Care: as a component of adult day care programs, means a service provided to give temporary relief to the family or caregiver. Primarily, respite is provided to families caring for children or adults with disabilities or families caring for frail or disabled older adults.
34. Responsible Party: the caregiver with primary day-to-day responsibility for an impaired adult.
35. Semi-Ambulatory a person who needs and uses the assistance of objects such as a wheelchair, crutches, walker, or other appliance or the support of another person on a regular and continuing basis to move about.
36. Senior Center: a community or neighborhood facility for the organization and provision of services including health, social, nutritional and educational services and a facility for recreational and group activities for older persons.
37. Special Care Services: are services by a certified adult day care program that promotes itself as providing programming, activities or care specifically designed for persons with Alzheimer's Disease or other dementias, or related disorders, mental health disabilities, or other special needs diseases or conditions.
38. Supervising Agency: the county department of social services in the county in which the day care program is located. The county department is responsible for seeing that certification standards are met on an ongoing basis and for making a recommendation to the Division of Aging and Adult Services regarding certification.

## Appendix C Program Forms

The following forms may be used by day care programs in meeting standards for certification. These forms have been designed to insure compliance with requirements for record-keeping; however, they are offered only for the convenience of day care programs and it is perfectly acceptable for a day care program to develop its own set of forms, using the standards as a guide to ensure that all required information is included.

1. Initial Assessment Guidelines
2. Medication List/Waiver
3. Sample Application for Enrollment
4. Sample Medical Examination Report
5. Comprehensive Assessment and Service Plan Components
6. Authorization for Release of Information
7. Blank Activities Plan
8. Participant Sign-Out Sheet
9. Monthly Attendance Record
10. Incident Report
11. Medical Information Form for program staff

The following inspection reports referred to in Section VI of the standards must be used for the Certification package.

1. *DOA-1498* Fire Inspection Form
2. *DOA-1499* Building Inspection Form for Adult Day Care Centers
3. *DOA-1499a* Building Inspection Form for Adult Day Care Homes
4. *DENR-4054* Sanitation Evaluation Form
5. *732a-ADS* Daily Rate Sheet

## Initial Assessment Guidelines

During a personal interview complete initial documentation identifying the following:

Social Needs

Medical Care Needs

Spiritual, religious, or Cultural Needs

Strengths

Needs

Abilities

Can the program meet the individual's expressed needs?  Yes  No If no, why \_\_\_\_\_

---

Interview conducted by: \_\_\_\_\_

Signed by staff person doing the interviewing

Date: \_\_\_\_\_ (Prior to first day of participant's attendance in program)

Complete the Medication List/Waiver  
Discuss program policies and provide a copy

### MEDICINE LIST/WAIVER

To be prepared for the emergencies that can and do happen, please list below all medications being taken either at the Center or at home by the participant. This will provide the rescue squad with the vital medical information that is necessary to administer proper treatment. It is important that the staff at the Center be given in writing any changes in medication to keep our records current.

I hereby authorize the personnel of \_\_\_\_\_ to administer the medicine(s) listed below. In doing so, I hereby release said program, its officers, staff and personnel, from any and all liability that might arise as a result of the medication being administered and hereby waive any action which I may have as a result of the medication being administered. I will be notified when the medicine supply is low. Furthermore, I release the fore said from any and all liability that might arise as a result of said medication not being administered because the supply was not replenished.

Participant's Name: \_\_\_\_\_

✓ If Taken at the Program	Times Given at Program	Name of Medicine	Dosage	Frequency	Route	Notes
		<i>Use back if necessary</i>				

I give my permission for participant to take the following over-the-counter medication if requested:

\_\_\_\_\_ Tylenol      \_\_\_\_\_ Pepto Bismol      \_\_\_\_\_ Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Medication Policy:**

State regulations prohibit administering any medication not in the original container from the doctor or pharmacy. North Carolina Adult Day Care Standards for Certification state that medications kept by the program shall be in containers in which they were dispensed from the pharmacy. The containers shall be clearly labeled with the participant's full name, the name and strength of the medicine, and dosage and instructions for administration. Only medication that meet this stated criteria will be given. Most pharmacies will give two containers if asked. Pills brought to the center in envelopes, pills boxes or other containers not meeting the above description cannot be given.

With everyone's safety in mind, it is necessary to strictly comply with this policy. It is not intended to be a hardship on anyone. Thank you for your cooperation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Application for Enrollment  
Day Care For Adults**

Applicant's full name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_ SSN: \_\_\_\_\_

**Information About Applicant**

Why are you interested in coming to this program? \_\_\_\_\_

\_\_\_\_\_

Have you had previous experience in a Day program?  Yes  No

If yes, where and when? \_\_\_\_\_

Marital Status:  Married  Single  Separated  Widowed  Divorced

Present Living Arrangements:  With spouse  With relatives  With Non-Relatives  
 Alone in House or Apartment  Alone in Single Room

Living with Whom: \_\_\_\_\_ Relationship: \_\_\_\_\_

Nearest Responsible Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

If living with someone employed, employer: \_\_\_\_\_

Phone of Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Emergency Care Information**

Please list the names of two persons who may be contacted in case of emergency:

(1) \_\_\_\_\_  
Name Relationship to Applicant

\_\_\_\_\_ Telephone Number  
Address

(2) \_\_\_\_\_  
Name Relationship to Applicant

\_\_\_\_\_ Telephone Number  
Address

Name of Physician who  
will see you on request: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Dentist who  
will see you on request: \_\_\_\_\_ Telephone: \_\_\_\_\_

<b>Services</b>
-----------------

Transportation will be provided by:  Relative or Friend \_\_\_\_\_  
 Public Transportation \_\_\_\_\_ Name  
 Day Care Program

Monthly Schedule of Attendance:

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					
WEEK 2	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					
WEEK 3	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					
WEEK 4	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					
WEEK 5	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					

**Special dietary needs**, if any: \_\_\_\_\_

Attach a copy of the doctor's orders if on a therapeutic diet

**Supportive devices** used by applicant:

- Cane                       Walker                       Wheelchair                       Hearing aid                       Dentures  
 Eyeglasses (contacts)                       Other, please list: \_\_\_\_\_

**ADVANCE DIRECTIVE NOTIFICATION**

- My family member does not require a POA, may make his/her own medical or other decisions, and may sign for his/herself legally.
- My family member has a Power of Attorney or legal guardian  
Name of POA/guardian \_\_\_\_\_ Phone number of POA/guardian \_\_\_\_\_
- My family member has an advance directive
  - I will provide the day program with and original copy.
- My family does not have an advance directive.
  - I would like information on how to obtain an advance directive.
  - My family member does not want an advance directive.
- My family member has a DNR order.

The day care program's policies have been explained to me and I have been given a copy of them and agree to abide by them.

If emergency medical care becomes necessary, I give permission for any treatment the physician deems necessary.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT MEDICAL INFORMATION

The individual listed below desires or has enrolled in a Day Program for Adults. Supervision is provided during the day for disabled and elderly adults in a protective setting approved by the State Department of Health and Human Resources, Division of Aging and Adult Services to provide for personal care; to promote social, physical and emotional well-being; and to offer opportunities for companionship, self-education and other leisure time activities.

In order to protect both the applicant and other participants, it is necessary that we have medical information on each person. This information will also assist the Day Activity personnel in working with this person.

Patient's Name: \_\_\_\_\_ Birth \_\_\_\_\_  
 Date: \_\_\_\_\_

Most Recent Date Seen by a Doctor: \_\_\_\_\_ TB Test Results [optional]:  Positive  Negative Date of Test: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse/Respiration: \_\_\_\_\_/\_\_\_\_\_ Weight: \_\_\_\_\_

<b>PHYSICAL HEALTH STATUS:</b>	No	Yes	If Yes, Please Comment
Arthritis, Rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Emphysema, Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	
HIV	<input type="checkbox"/>	<input type="checkbox"/>	
Circulation Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Stomach Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Gastro-Intestinal Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Urinary Tract Problems (include bladder incontinence)	<input type="checkbox"/>	<input type="checkbox"/>	
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	
Effects of Stroke	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Glandular Disorders	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies, Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Disorders	<input type="checkbox"/>	<input type="checkbox"/>	
Communicable Diseases	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Primary Diagnosis: \_\_\_\_\_ Secondary Diagnosis: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Malnourishment   | <input type="checkbox"/> Change in Bowel Habits | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Lumps            | <input type="checkbox"/> Blood in Urine         | <input type="checkbox"/> Dizziness           |
| <input type="checkbox"/> Persistent Cough | <input type="checkbox"/> Hearing                | <input type="checkbox"/> Vision              |
| <input type="checkbox"/> Severe Headaches | <input type="checkbox"/> Sudden Weight Loss     | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Vomiting         | <input type="checkbox"/> Severe Chest Pains     |  |

Medicine Patient is taking for physical health problems

Medicine	Dosage	Frequency

Medicine Patient is taking for physical health problems PATIENT'S LAST NAME: \_\_\_\_\_

Medicine	Dosage	Frequency

*Use additional sheet if necessary*

**MENTAL HEALTH STATUS:**

Organic Brain Damage:  Yes  No    Arteriosclerosis:  Yes  No    Personality Disorders:  Yes  No

Other: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Loss of Appetite         | <input type="checkbox"/> Hallucinations         | <input type="checkbox"/> Orientation Problem |
| <input type="checkbox"/> Insomnia                 | <input type="checkbox"/> Delusions              | <input type="checkbox"/> Hazardous Behaviors |
| <input type="checkbox"/> Feeling of Worthlessness | <input type="checkbox"/> Distortion in Thinking | <input type="checkbox"/> Alcohol Abuser      |
| <input type="checkbox"/> Loss of Interest         | <input type="checkbox"/> Confusion              | <input type="checkbox"/> Drug Abuser         |
| <input type="checkbox"/> Hypochondria             | <input type="checkbox"/> Impaired Judgement     |  |
| <input type="checkbox"/> Suspiciousness           | <input type="checkbox"/> Memory Loss            |  |

Medications patient is taking for mental health problems:

Medication	Dosage	Frequency



**GENERAL INFORMATION:**

- Does this person require constant supervision to make sure harm is not done to self, others or property?  Yes  No
- Will this person wander off if not closely attended?  Yes  No
- Can this person do light exercises from a sitting position, such as leg lifts, arm lifts, etc?  Yes  No
- Do you recommend any special type of activities for this client, such as group social activities, craft activities, physical exercise, training in self-care?  Yes  No
- Is a special diet or other special regimen required for this patient?  No  Yes, if yes please attach or describe:

---

Please comment on any physical, mental or emotional condition apparent from your knowledge of the above named person that might need further explanation or might affect other participants.

---

---

\_\_\_\_I certify that I have today reviewed the health history and examined this person and find him/her physically able to participate in an adult day care activity program.

---

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
M.D., P.A.or Nurse Practitioner

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

## COMPREHENSIVE ASSESSMENT AND SERVICE PLAN COMPONENTS

- Include input from the participant, family members or other caregiver, and other agency professionals with knowledge of the individual's needs.
- Base the service plan on strengths, needs and abilities identified in the initial assessment.
- Review at a minimum of every six month

### **Number of IADL (Instrumental Activities of Daily Living)**

Client (care recipient) **can** carry out the following tasks **without help**:

- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| a. Prepare meals                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Shop for personal items      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Manage own medications       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Manage own money (pay bills) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Use telephone                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Do heavy housework           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Do light cleaning            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| h. Transportation ability       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**TOTAL IADL's [add # of No's]** \_\_\_\_\_

### **Number of ADL (Activities of Daily Living)**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Eat   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Get dressed   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Bathe self  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Use the toilet  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Transfer into/out of bed/chair                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Ambulate (walk or move about the house without anyone's help) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**TOTAL IADL's [add # of No's]** \_\_\_\_\_

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Mental Environment     | <input checked="" type="checkbox"/> Needs and Strengths |
| <input checked="" type="checkbox"/> Social Environment     | <input checked="" type="checkbox"/> Interests           |
| <input checked="" type="checkbox"/> Living Environment     | <input checked="" type="checkbox"/> Economic Status     |
| <input checked="" type="checkbox"/> Physical Health Status |   |

### **Include:**

- Measureable service goals and objectives of care for the participant
- Services to be provided by the program in order to reach the desired outcomes
- The roles of participant, family, caregiver, volunteers and program staff
- The time limit for the plan, with provision for review and renewal

Service Plan signed and dated by the program director or director's designee.  
Health component of the plan written and signed by a Registered Nurse.

**Authorization for Release of Information**

I, \_\_\_\_\_, agree for \_\_\_\_\_  
(Name of Participant) (Party from Whom Information is Requested)

to release information about myself to \_\_\_\_\_.  
(Party Requesting Information)

I understand that \_\_\_\_\_ is requesting this information in  
(Party Requesting Information)

order to assist me and that the information obtained will be kept confidential and shared with no  
other agency or organization without my written consent.

Signed: \_\_\_\_\_  
(Participant or Proxy)

Date: \_\_\_\_\_

**ADULT DAY CARE ACTIVITIES PLAN**

Time Period This Plan Covers: \_\_\_\_\_ to \_\_\_\_\_

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Staff Person Responsible for Conducting Activity
	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch





**Incident Report**

Participant's Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Person reporting: \_\_\_\_\_

Describe Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Injury? If yes, describe: \_\_\_\_\_

Any Treatment? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_

Family/Caregiver notified? \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor notified? \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DSS notified? \_\_\_\_\_ Date: \_\_\_\_\_

Action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant's Statement of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Director: \_\_\_\_\_

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF AGING AND ADULT SERVICES**

The \_\_\_\_\_ program has applied to operate, or is operating an adult day care program.

In order to protect both the day care/health operator and the persons who may be cared for in the program, the agency must have medical information on the program staff member whose name appears below as a part of the certification procedures. He/she has given the agency permission to obtain his/her medical record report and to the release of information by his/her physician.

I, \_\_\_\_\_, agree to the release of pertinent information by my physician, \_\_\_\_\_ Date signed: \_\_\_\_\_

---

---

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Normal Job Duties: \_\_\_\_\_

---

This certifies the above named person does not have any apparent health condition(s) that would pose a risk to others and can perform the duties presented above normally assigned on the job.

---

Physician's, PA's or NP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_



**ADULT DAY CARE & CHILD CARE FIRE INSPECTION REPORT**

COUNTY \_\_\_\_\_ DATE OF INSPECTION \_\_\_\_\_ Provider # \_\_\_\_\_

Please complete all items below. If not applicable, check N/A in the box with a written explanation attached.

Name of Center or Home \_\_\_\_\_ Adult \_\_\_\_ Child \_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Responsible Party \_\_\_\_\_

**GENERAL PRECAUTIONS:****YES NO N/A**

1. Attic/basement/closets/garage/furnace room & heaters clear of trash & combustible materials.			
2. Clearance from ignition sources & combustible materials maintained.			

**EMERGENCY PLANNING:****YES NO N/A**

3. Approved evacuation plan posted.			
4. Evidence of monthly fire drills posted.			
5. Record of employee training in fire prevention/evacuation & annual fire safety training on site.			

**FIRE SERVICE FEATURES:****YES NO N/A**

6. Street Number posted. (Contrasting color to building & height 4" or more.)			
7. Unobstructed fire apparatus road. (Width of 20' & vertical clearance of not less than 13'6").			
8. Hydrants/Fire Department connections/control valves clear of obstructions by 3'.			

**BUILDING SERVICES AND SYSTEMS:****YES NO N/A**

9. Approved heating system, listed. (No fuel burning space heaters or portable electric space heaters)			
10. Emergency lighting/exit lights in good operating order.			
11. Electrical panels clear of storage. (Minimum 30")			
12. Wiring/fixtures in good condition. (Extension cords not suitable for permanent wiring.)			
13. Type I hood system over all domestic cooking appliances that produce grease laden vapors.			

**FIRE RESISTANCE RATED CONSTRUCTION:****YES NO N/A**

14. Required fire resistant rating maintained. (Walls, partitions, floors)			
15. Door-hold open devices/automatic door closures operating properly.			

**INTERIOR DECORATIONS & FURNISHINGS:****YES NO N/A**

16. No storage of clothing/personal effects in corridors & lobbies.			
17. Maximum 10% of decorative materials covering walls. Does not apply to artwork & teaching material in classroom. Nothing suspended from ceiling			
18. 20% maximum coverage for artwork & teaching material located on corridor walls.			
19. Exits free of obstructions.			

**FIRE PROTECTION:****YES NO N/A**

20. Sprinkler system maintained with annual test reports provided.			
21. Smoke detector/fire alarm system maintained with annual test reports provided.			
22. Approved extinguishers mounted properly & in good working order.			
23. Cooking suppression systems & hood exhaust properly maintained.			
24. Protective guards(such as screens) on fuel burning furnaces or fireplaces provided.			

**MEANS OF EGRESS:****YES NO N/A**

25. All exits & their access (i.e. Aisles & Corridors) free of obstructions.			
26. All locking devices on exit doors are of an approved type.			
27. Yards & fencing to allow unobstructed exit to exterior of site.			

**At the time of this inspection, the fire safety conditions in this facility were found to be:**\_\_\_\_\_ **satisfactory** \_\_\_\_\_ **unsatisfactory****Inspector** \_\_\_\_\_ **Phone** \_\_\_\_\_

Prepare form in triplicate—one copy retained by local fire authority, one copy to facility director, and one copy to the County Department of Social Services.

**BUILDING INSPECTION FORM FOR ADULT DAY CARE CENTERS**

**Name of Operation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**BUILDING INSPECTORS CERTIFICATE**

1. The areas in the building that are designated as the certified space are required by the certifying agency to meet the Building Code in effect when application for certification is submitted to the regulating agency. Does the building listed above, to the extent observable, meet the current North Carolina Building Code? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If no, list question numbers which do not comply, explain the violation and whether equivalent protection for the safety of the adults is provided:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

3. Are any of the above violations of a life safety concern? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list question numbers \_\_\_\_\_

4. Number of rooms approved for occupancy by participants? \_\_\_\_\_  
**(Attach sketch of building with rooms identified)**

5. Specify any local zoning restriction: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_/Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_/Phone: \_\_\_\_\_

The Building Inspection Form is required to be completed in its entirety before the Division of Aging and Adult Services can consider the document complete. All questions must be answered; any **NO** answers must have written explanation.

This form was developed through the cooperation of the Division of Aging and Adult Services and the Engineering Division of the Department of Insurance. Please note that the inspection forms do not cover all areas of the Code, but are intended to be used as a guide for the local inspector. If additional Code items which are not addressed on these forms are found to be in violation of the Code, please document them on the back of this form.

**Prepare in triplicate: Original to Division of Aging and Adult Services, 1 copy retained by inspector, 1 copy retained by facility director and 1 copy by the County Department of Social Services.**

**ADULT DAY CARE BUILDING INSPECTION FORM**  
Answer the following questions for **Institutional type** occupancies

**SECTION A**

<b>LIGHT AND VENTILATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Is the total area of all windows in the adult day care rooms equal to or greater than 8% of the floor area or is artificial light provided?			
2. a. Is one-half of the window area openable? (if <b>NO</b> , verify proper mechanical ventilation is provided.) b. Is space mechanically ventilated as required by ASHRAE 62? (N/A if existing building.)			
<b>FIRE</b>	<b>YES</b>	<b>NO</b>	
3. Does this building have a manually operated fire alarm system (electrically installed system with pull box stations)?			
<b>EXITS</b>	<b>YES</b>	<b>NO</b>	
4. Are there at least 2 exits (doors, stairs, smoke proof towers, ramps or horizontal exits) remote from each other on each floor or fire section of the building?			
5. Is the exit capacity adequate?			
6. Are all means of egress adequately illuminated at all times that the building is occupied?			
7. Are the means of egress identified by readily visible exit signs when the exit or way to reach it is not immediately obvious to the occupants?			
8. Is emergency power provided for centers with more than 300 occupants or for centers providing night care as required by the Building Code?			
<b>CORRIDORS AND ACCESS TO EXITS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
9. Are all means of egress unobstructed without passing through a closet, storage area, kitchen, restroom, or other hazardous space?			
10. Are all exit corridors a minimum 1-hour fire resistance? (If yes, go to Question 12) (N/A applies only if there are no corridors)			
11. a. Do all corridors, ramps and passageways have a minimum 6 feet clear width in all areas serving as means of egress for capacity of 100 or more? b. Are all corridors, ramps and passageways not less than 44" clear width in all areas serving as means of egress for capacity of less than 100?			
12. Are all dead-end corridors no more than 20 feet in length? (N/A applies only if no dead-end occurs)			
13. Do all doors have a minimum clear opening width of 32" (min. door width of 36") in the following locations: a. between occupied rooms and required exits? b. exit doors leading to the exterior?			
14. Are all doors in the line of exit travel a swinging door (side hinged)?			
15. Do doors to rooms that accommodate more than 50 people swing in the direction of travel? (N/A if room accommodates less than 50 people)			

Section A (Continued)

	YES	NO	N/A
16. a. Do all required egress and exit doors have single motion, self-locking type lever, push pad, or panic hardware?			
b. If room accomodates 100 or more people, do all required egress and exit doors have push pads or panic hardware?			
<b>STAIRS</b> (NOTE: If no stairs, interior or exterior, check N/A)	<b>YES</b>	<b>NO</b>	<b>N/A</b>
17. a. Are all stairs serving 50 or more occupants at least 44" in width?			
b. Are all stairs serving less than 50 occupants at least 36" in width?			
18. Are all stairs with four or more steps provided with proper handrails and guardrails?			
19. Are all interior stairs enclosed with 1-hour rated walls and 1-hour rated "B" labeled doors that are at least 36" wide?			
20. Are the stair enclosure doors self-closing?			
<b>WALLS AND CEILINGS</b>	<b>YES</b>	<b>NO</b>	
21. a. Are all wall and ceiling coverings throughout building non-combustible? (Use of untreated combustible fiber boards, wood, and other combustible fiber boards, wood or finishes is prohibited.)			
b. Do interior wall and ceiling finish materials meet the flame spread ratings as required by the Minimum Interior Finish Classification Table, NCBC?			
22. Do ceilings in habitable rooms have a minimum of 7'-6" clear height?			
<b>HEATING SYSTEMS/MECHANICAL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
23. Is the building free of unvented fuel burning or portable electric space heaters?			
24. Have air conditioning, ventilation, heating, cooking, and other service equipment been inspected and approved by the appropriate inspectors? Date inspected: _____			
25. a. Is combustion and ventilation air for boiler or heater rooms taken directly from and discharged to the outside of the building? (N/A if electric heat is installed.)			
b. If inside air is used for fuel-burning appliance, does it meet the requirements of Chapter 7 of the North Carolina Mechanical Code? (N/A if inside air is not used.)			
<b>PLUMBING</b>	<b>YES</b>	<b>NO</b>	
26. Does the number of water closets and lavatories comply with the Plumbing Code as determined by the appropriate inspector? <b>Maximum number of persons allowed by plumbing facilities:</b> _____ Date Inspected: _____			
<b>ELECTRICAL</b>	<b>YES</b>	<b>NO</b>	
27. Do the visible and accessible portions of the electrical system comply with applicable sections of the Electronic Code as determined by the appropriate inspector? Date inspected: _____			

Section A (Continued)

<b>MIXED AND MULTI-USE OCCUPANCIES</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
28. Are all adult day care areas separated from adjacent occupancies in accordance with the requirement of mixed occupancies and the Occupancy Separation Requirements Table? (N/A if no mixed occupancies.)			
29. Do all multi-use areas comply with the most restrictive applicable sections of the State Building Code for each intended use? (N/A if no multi-use areas: defined as an areas which will be used for different fuctions at different times and not concurrently.)			
<b>ACCESSIBILITY CODES</b>	<b>YES</b>	<b>NO</b>	
30. Does this building comply with applicable State Building Codes for access/use by persons with disabilities?			

**SECTION B**

	<b>YES</b>	<b>NO</b>
31. Does the building comply with the Allowable Heights and Building Areas Table for Educational Occupancy (If <b>NO</b> , go to Section C.)		
32. a. Are all rooms approved for use by adult day care participants on the level of exit discharge? (If <b>NO</b> , go to Section C.)		
b. Are rooms used by adult day care participants no more than one story above the level of exit discharge?		
33. a. Do rooms used by adult day care participants have a direct exit to the outside?		
b. Do rooms used by adult day care participants qualify as alcoves to adjacent spaces with direct exit to the outside?		
34. Are smoke detectors provided in the corridors in accordance with Automatic Fire Detection and NFPA72 for adult day care use?		

**SECTION C**

	<b>YES</b>	<b>NO</b>
35. Does the building comply with the Allowable Heights and Building Areas Table for Institutional Occupancy		
36. Are smoke detectors provided in the corridors in accordance with Automatic Fire Detection and NFPA72?		
37. Does the building provide protection from hazardous areas as required by Special Institutional Occupancies, Group I Unrestrained Occupancies, Protection from Hazardous Areas?		
38. Does the building have an approved automatic sprinkler system in accordance with Institutional Occupancies Group I-4?		
39. Does the most remote point in every room occupied by adult participants, including the dining room, not exceed the maximum distance outlined in the Exit Access Travel Distance Table in NCBC?		

**BUILDING INSPECTION FORM FOR ADULT DAY CARE HOMES**

Name of Operation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BUILDING INSPECTORS CERTIFICATE**

1. Buildings are required by the certifying agency to meet the Building Code in effect when an application for certification is submitted to the regulating agency. Does the building listed above, to the extent observable, meet the current North Carolina Building Code? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If no, list question numbers which do not comply, explain the violation and whether equivalent protection for the safety of the adults is provided:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

3. Are any of the above violations of a life safety concern? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list question numbers \_\_\_\_\_

4. **For recertification only:** In your opinion based on the violations listed above, do you recommend that the Division of Aging and Adult Services issue a provisional certification to allow time for correction of the violations?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Number of rooms approved for occupancy by adult day care participants: \_\_\_\_\_  
(Attach sketch of building with rooms identified)

6. Specify any local zoning restriction: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_/Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_/Phone: \_\_\_\_\_

The Building Inspection Form is required to be completed in its entirety before the Division of Aging and Adult Services can consider the document complete. All questions must be answered; any **NO** answers must have written explanation.

This form was developed through the cooperation of the Division of Aging and Adult Services and the Engineering Division of the Department of Insurance. Please note that the inspection forms do not cover all areas of the Code, but are intended to be used as a guide for the local inspector. If additional Code items which are not addressed on these forms are found to be in violation of the Code, please document them on the back of this form.

**Prepare in triplicate: Original to Division of Aging & Adult Services, 1 copy retained by inspector, 1 copy retained by facility director & 1 copy by the County Dept. of Social Services.**

**ADULT DAY HOME BUILDING INSPECTION FORM**

	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Does the building meet the intent of the North Carolina Building Code??			
2. If an addition has been built for this use, does it meet the North Carolina Building Code? (N/A if no new addition.)			
3. Do interior wall and ceiling finish materials meet the flame-spread ratings as required by the Minimum Interior Finish Classification Table, NCBC?			
4. a. Does each room used for adult day care purposes have, on that level, access to two remotely located outside doors? (If answer is YES, skip to Question 5, if 4a is NO, answer 4b.)			
b. Is an exterior door located in each room used for adult day care purposes? (If answer is YES, skip to Question 6.)			
5. Are all rooms located so as not to have a dead-end distance in excess of 20 feet?			
6. Is the exit door located no more than 48" above grade? (If answer is NO, is ramp or pathway to grade provided?)			
7. Do all locks on doors require no more than one operation to release the door?			
8. Does the building have a manually operated fire alarm sytem (electrically installed system with pull box stations?) [This is a Division of Aging and Adult Services requirement.]			
9. Are all unoccupied spaces, such as basements, laundry rooms, and fossil fuel fired furnace rooms provided with approved labeled automatic smoke and/or heat detectors?			
10. Is the total area of all windows in the adult day care rooms equal to or greater than 8% of the floor area or is artificial light provided?			
11. Is one-half of the window area openable, or is the space mechanically ventilated with a minimum of 5 air changes of fresh air per hour?			
12. Are all fuel burning space heaters (nonportable and vented), fireplaces and floor furnaces, which are listed and approved, provided with a protective screen attached securely to a substantial support in such a way that adult day care participants will not be burned?			
<b>HEATING SYSTEMS/MECHANICAL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
13. Is the building free of unvented fuel burning or portable space heaters?			
14. Have air conditioning, ventilation, heating, cooking, and other service equipment been inspected and approved by the appropriate inspectors?			
15. Is combustion and ventilation air for boiler or heater rooms taken directly from and discharged to the outside of the building? (N/A if electric heat is installed.)			
<b>PLUMBING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
16. Do the visible and accessible portions of the plumbing system comply with applicable sections of the Plumbing Code as determined by the appropriate inspector?			
<b>ELECTRICAL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
17. Do the visible and accessible portions of the electrical system comply with applicable sections of the Electrical Code as determined by the appropriate inspector?			
<b>ACCESSIBILITY CODES</b>			
18. Does this building comply with applicable State Building Codes for access/use by persons with disabilities?			

**Inspection of Adult  
Day Service Facility**

Score: \_\_\_\_\_ Health Department \_\_\_\_\_  
Date of Insp/Chg \_\_\_\_\_ Current Facility ID \_\_\_\_\_  
Status Code: \_\_\_\_\_ Old Facility ID \_\_\_\_\_

Classification:  Superior  Approved  Provisional  Disapproved

Water Supply: <input type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community	Water sample taken today? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Non-Public Water Supply	<input type="checkbox"/> Name Change
Wastewater System: <input type="checkbox"/> Community <input type="checkbox"/> On-Site System	<input type="checkbox"/> Verification of Closure
Maximum Capacity _____	<input type="checkbox"/> Status Change
	<input checked="" type="checkbox"/> 1 Inspection <input type="checkbox"/> 2 Re-Inspection <input type="checkbox"/> V Visit

Name of Facility: \_\_\_\_\_ Operator: \_\_\_\_\_

Address (City, Zip Code): \_\_\_\_\_

**FOOD: (.3304, .3305, .3306, .3307, .3308, .3310)**

- \*1. From approved sources, free from spoilage and adulteration** ..... 6 \_\_\_\_\_
2. Potentially hazardous food temperatures ..... 5 \_\_\_\_\_
3. Properly prepared, handled, packaged, and identified ..... 4 \_\_\_\_\_
4. Not re-served ..... 4 \_\_\_\_\_
5. Protected at all times according to these rules ..... 4 \_\_\_\_\_
6. Refrigerators with thermometers, product thermometers provided ..... 3 \_\_\_\_\_

**FOOD SERVICE EQUIPMENT AND UTENSILS: (.3304, .3306, .3307, .3309, .3310, .3311, .3312, .3313, .3314, .3316)**

- \*7. Meets specifications for refrigeration, sinks, and dishwashing equipment according to type of service** ..... 6 \_\_\_\_\_
8. Meets requirements for handwash lavatories ..... 5 \_\_\_\_\_
9. Meets specifications for other equipment and utensils, approved material and construction, in good repair ..... 4 \_\_\_\_\_
- \*10. Food contact surfaces, including multi-use utensils, properly washed, rinsed and sanitized** ..... 6 \_\_\_\_\_
- \*11. Single-service articles not reused** ..... 6 \_\_\_\_\_
12. Single-use articles not reused ..... 2 \_\_\_\_\_
13. Non-food contact surfaces clean ..... 4 \_\_\_\_\_
14. Equipment and utensils, including single-service articles, protected from contamination ..... 4 \_\_\_\_\_
15. Approved testing equipment for sanitizers, sanitizing solution provided ..... 3 \_\_\_\_\_

**WATER SUPPLY: DRINKING WATER FACILITIES: (.3315, .3316)**

- \*16. Supply meets 15A NCAC 18A .1700 or 15A NCAC 18C** ..... 6 \_\_\_\_\_
- \*17. Hot water supplied and maintained in accordance with this section** ..... 6 \_\_\_\_\_
18. No cross connections, backflow prevention devices provided ..... 4 \_\_\_\_\_
19. Drinking fountains or drinking utensils of approved type, regulated, clean ..... 4 \_\_\_\_\_

**TOILET AND LAVATORY FACILITIES: (.3310, .3317, .3318, .3319)**

20. Toilets and lavatories provided, properly located ..... 5 \_\_\_\_\_
21. Fixtures properly sized, cleaned, sanitized, cleaning and sanitizing solutions provided ..... 4 \_\_\_\_\_
22. Potty chairs, bedpans, urinals properly located, cleaned and sanitized ..... 4 \_\_\_\_\_
23. Soap, disposable towels or approved hand-drying device; lavatories free of storage ..... 4 \_\_\_\_\_
24. Approved clothing changing facilities ..... 4 \_\_\_\_\_
25. Clothing change and bathing surfaces cleaned and sanitized after each use; cleaning and sanitizing solutions provided and labeled ..... 4 \_\_\_\_\_
26. Approved clothing changing methods by caregivers ..... 5 \_\_\_\_\_
27. Test kits provided; sanitizer labeled ..... 3 \_\_\_\_\_
28. Clothing changing surfaces clean and free of storage ..... 2 \_\_\_\_\_
29. Handwashing signs posted ..... 2 \_\_\_\_\_

Demerits

**STORAGE: (.3317, .3320)**

- \*30. Medications and hazardous products properly stored and locked** ..... 6 \_\_\_\_\_
31. Facilities provided for proper storage, kept clean ..... 3 \_\_\_\_\_

Demerits

**BEDS, LINENS, FURNITURE AND EQUIPMENT: (.3321, .3322)**

32. Beds, chairs, cots, or mats clean and in good repair, stored properly ..... 5 \_\_\_\_\_
33. Mattress covers, individual linen provided ..... 5 \_\_\_\_\_
34. Linen clean, in good repair; properly handled and stored ..... 4 \_\_\_\_\_
35. Other furniture and equipment easily cleanable, good repair clean ..... 4 \_\_\_\_\_

**PERSONNEL: (.3323)**

36. Approved hygienic practices, clean clothes, hair restraints where required ..... 3 \_\_\_\_\_
37. Tobacco not used in food prep areas or areas occupied by non-smokers ..... 5 \_\_\_\_\_
- \*38. Persons with communicable disease or a communicable condition excluded from situations in which transmission can reasonable be expected to occur, in accordance with 15A NCAC 19A.0200** ..... 6 \_\_\_\_\_
- \*39. Wounds or lesions properly bandaged** ..... 6 \_\_\_\_\_

**FLOORS, WALLS & CEILINGS: (.3324, .3325)**

40. Easily cleanable, durable, good repair, clean ..... 4 \_\_\_\_\_

**LIGHTING AND THERMAL ENVIRONMENT: (.3326)**

41. Maintained as required ..... 4 \_\_\_\_\_
42. Equipment clean and in good repair ..... 2 \_\_\_\_\_

**COMMUNICABLE DISEASE CONTROL: (.3327)**

43. Designated area for sick participants ..... 5 \_\_\_\_\_
44. Treatment room provided for day health facilities ..... 5 \_\_\_\_\_

**HANDWASHING: (.3308, .3319, .3328)**

45. Proper handwashing ..... 5 \_\_\_\_\_

**WASTEWATER: (.3329)**

- \*46. Wastewater disposed of by approved methods** ..... 6 \_\_\_\_\_

**SOLID WASTES: (.3330)**

47. Solid waste properly handled ..... 2 \_\_\_\_\_
48. Can cleaning facilities adequate and containers kept clean ..... 2 \_\_\_\_\_

**ANIMAL & VERMIN CONTROL: PREMISES;**

**OUTDOOR ACTIVITY AREA: (.3331, .3332)**

- \*49. Approved pesticides, properly used** ..... 6 \_\_\_\_\_
50. Effective control of rodents, insects, and other vermin ..... 4 \_\_\_\_\_
51. No animals in food prep areas and no unrestrained animals except as noted ..... 4 \_\_\_\_\_
52. Premises clean, drained, and free of hazards, vermin harborage and breeding areas ..... 4 \_\_\_\_\_

**SWIMMING & WADING POOLS: (.3833)**

- \*53. Designed, constructed, operated and maintained in accordance with 15A NCAC 18A .2500** ..... 6 \_\_\_\_\_

Signed \_\_\_\_\_ AGENT \*Indicates critical item (6-point demerit).

Division of Environmental Health

Purpose: General Statute 130A-235 requires the Commission for Health Services to adopt standards governing the sanitation of child day care facilities. G.S. 130A-235 requires the facility to submit evidence to the Division of Facility Services or Division of Aging that it conforms to the standards. This form is to provide such evidence. Preparation: Local environmental health specialists shall complete the form every time an inspection is conducted and prepare an original and two copies to be submitted: 1. Original for Division of Child Development, N.C. Department of Health and Human Services. 2. Facility operator. 3. Local health department. Classification: Superior - 0-15 demerits, no 6-point demerit Approved - 16-30 demerits, no 6-point demerit Provisional - 31-45, or 6-point demerit Disapproved - 46 or more demerits, or failure to improve Provisional classification Disposition: Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Counter 52-01-00)



**North Carolina Division of Aging and Adult Services Adult Day Services  
Projected Revenues Worksheet  
732a-ADS, Daily Rate Sheet**

Adult Day Services Program Name: \_\_\_\_\_  
 County: \_\_\_\_\_  
 12 Month Budget Period: \_\_\_\_\_ through \_\_\_\_\_, YEAR \_\_\_\_\_

*This document is available as an EXCEL file*

**PAGE 1 OF 3**

<b>Projected Revenues</b>	Grand Total	Adult Day Care	Adult Day Health Care
<b>A. Fed/State Funding From the Division of Aging and Adult Services</b>	//////////	//////////	//////////
Home and Community Care Block Grant (HCCBG)			
State Adult Day Care Fund (SADCF)			
Family Caregiver Support			
<b>Total Fed/State Funding Through Division of Aging and Adult Services</b>			
<b>B. Required Minimum Match (Cash or In-Kind) Paid by Center or County</b>	//////////	//////////	//////////
1) HCCBG (10%)			
2) SSBG (12.5%)			
No local match required for Family Caregiver Support Program	//////////	//////////	//////////
<b>Total Required Minimum Match</b>			
<b>C. Total Fed/State Funding and Required Minimum Match</b>			
<b>D. Local Cash, Non-Match</b>	//////////	//////////	//////////
1) fundraising Events			
2) Donations, Memorials, Etc.			
3) Grants/Foundations			
4)			
5)			
6)			
<b>Total Local Cash, Non-Match</b>			
<b>E. Other Revenues Non-Match</b>	//////////	//////////	//////////
1) Private Pay Daily Care			
2) Private Pay Transportation			
3) Medicaid CAP-DA			
4) Medicaid CAP-DD			
5) Medicaid CAP-HIV			
6) NC Sales Tax Refund			
7)			
8)			
<b>Total Other Revenues Non-Match</b>			
<b>F. Client Cost Sharing</b>			
<b>Total Projected Revenues</b>			

## 732a-ADS, Daily Rate Sheet

Adult Day Services Program Name: \_\_\_\_\_  
 County: \_\_\_\_\_  
 12 Month Budget Period: \_\_\_\_\_ through \_\_\_\_\_, YEAR \_\_\_\_\_

*This document is available as an EXCEL file*

### PAGE 2 OF 3

**Do not include any client transportation costs such as drivers, fuel, vehicle maintenance, etc.**

Projected Line Item Expense	Grand Total	Adult Day Care	Adult Day Health Care
Staff Salary			
<b>A. Subtotal, Staff Salary</b>			
Fringe Benefits	//////////	//////////	//////////
1) FICA			
2) Health Ins.			
3) Retirement			
4) Unemployment Insurance			
5) Worker's Compensation			
6) Long Term Disability			
7) Dental Insurance			
8) Life Insurance			
9) Other			
<b>B. Subtotal, Fringe Benefits</b>			
Staff Travel	//////////	//////////	//////////
1) Lodging and Meals			
2) Mileage Reimbursement			
3) Commercial Transportation			
4) Other Travel Cost:			
<b>C. Subtotal, Staff Travel</b>			
Other Operating Expenses	//////////	//////////	//////////
1) Rent			
2) Telephone			
3) Postage/Shipping			
4) Printing/Publications			
5) Copying			
6) Equipment Rental			
7) Equipment Purchase/Depreciation			
8) Equipment Maintenance			
9) Contracted Labor			

## 732a-ADS, Daily Rate Sheet

Adult Day Services Program Name: \_\_\_\_\_  
 County: \_\_\_\_\_  
 12 Month Budget Period: \_\_\_\_\_ through \_\_\_\_\_, YEAR \_\_\_\_\_

*This document is available as an EXCEL file*

### PAGE 3 OF 3

**Do not include any client transportation costs such as drivers, fuel, vehicle maintenance, etc.**

Projected Line Item Expense	Grand Total	Adult Day Care	Adult Day Health Care
<b>C. Subtotal, Staff Travel</b>			
Other Operating Expenses <i>Continued</i>	////////////////	////////////////	////////////////
10) Activity/Program Supplies			
11) Office Supplies			
12) Conference Registration			
13) Auto Liability Insurance			
14) Client Meals			
15) Advertising			
16) Employee Recruitment			
17) Other:			
18) Other:			
19) Other:			
20) Other:			
<b>D. Subtotal, Other Operating Expenses</b>			
<b>E. Grand Total, Expenses</b>			
<b>F. Total Projected Service Days</b>	////////////////		
<b>G. Projected Average Daily Participation</b>	////////////////		
<b>H. Daily Cost Per Client (E divided by F, divided by G)</b>	////////////////		

	Grand Total	Adult Day Care	Adult Day Health Care
<b>A. Total Projected Client Transportation Costs</b>			
<b>B. Total Projected Service Days</b>	////////////////		
<b>C. Average Daily Participation Utilizing Transportation</b>	////////////////		
<b>D. Average Daily Cost of Round Trip Per Client*</b>	////////////////		

\* A divided by B, divided by C

## Appendix D

### **SPECIAL CARE SERVICES**

Federal or State Statutory Requirement: G.S. 131 D-6 (b1): An adult day care program that provides or that advertises, markets, or otherwise promotes itself as providing special care services for persons with Alzheimer's disease or other dementias, a mental health disability, or other special needs disease or condition shall provide the following written disclosures to the Department and to persons seeking adult day care program special care services:

1. A statement of the overall philosophy and mission of the adult day care program and how it reflects the special needs of participants with dementia.
2. The process and criteria for providing or discontinuing special care services.
3. The process used for assessment and establishment of the plan of care and its implementation, including how the plan of care is responsive to changes in the participant's condition.
4. Staffing ratios and how they meet the participant's need for increased special care and supervision.
5. Staff training that is dementia-specific.
6. Physical environment and design features that specifically address the needs of participants with Alzheimer's disease or other dementias.
7. Frequency and type of participant activities provided.
8. Involvement of families in special care and availability of family support programs.
9. Additional costs and fees to the participant for special care.

As part of its certification renewal procedures and inspections, the Department shall examine for accuracy the written disclosure of each adult day care program subject to this section. Substantial changes to written disclosures shall be reported to the Department at the time the change is made.

Nothing in this section shall be construed as prohibiting an adult day care program that does not advertise, market, or otherwise promote itself as providing special care services for persons with Alzheimer's disease or other dementias, from providing adult day care services to persons with Alzheimer's disease or other dementias, a mental health disability, or other special needs disease or condition.

As used in this section, the term 'special care service' means a program, service, or activity designed especially for participants with Alzheimer's disease or other dementias, or a mental health disability, or other special needs disease or condition as determined by the Medical Care Commission.

**SPECIAL CARE FOR PERSONS WITH ALZHEIMER'S DISEASE  
OR OTHER DEMENTIA**

10A 06R .0900 and 06S .0600 (previously 10 NCAC 42E .1500 and 10 NCAC 42Z .1000)

- A. Special Care Disclosures (10A NCAC 06R .0901, previously 10 NCAC 42E .1501): The rules of this Section are established to govern the disclosure requirements for adult day care programs that provide or promote themselves as providing special care services for persons with Alzheimer's or other dementias, mental health disabilities, or other special needs diseases or conditions. Only those programs that meet these requirements may advertise or represent themselves as providing special care services as defined in Rule .0201 of NCAC 06R (previously Rule .0801, of NCAC 42E.)
- B. Policies and Procedures (10A NCAC 06R .0902 and 06S .0601, previously 10 NCAC 42E .1502 and 42Z .1001): The program shall assure that written special care services policies and procedures are established, implemented by staff and available for review on site. In addition to all applicable policies and procedures set forth in 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z), there shall be policies and procedures that address:
1. The philosophy of the special care service which includes a statement of mission and objectives regarding the specific population to be served by the center which shall address, but not be limited to, the following:
    - a. a safe, secure, familiar and consistent environment that promotes the use of skills for daily living;
    - b. a structured program of daily activities that allows for flexibility to respond to the needs, abilities, and preferences of participants;
    - c. individualized service plans that stress the maintenance of participant's abilities and promote the highest possible level of physical and mental functioning; and
    - d. methods of behavior management which preserve dignity through design of the physical environment, physical exercise, social activity, appropriate medication administration, proper nutrition and health maintenance.
  2. The process and criteria for enrollment in and discharge from the service.
  3. A description of the special care services offered by the program.
  4. Participant assessment and service planning, including opportunity for family involvement in the service planning and the implementation of the service plan, including responding to changes in the participant's condition.
  5. Safety measures addressing specific dangers such as wandering, ingestion, falls, smoking, and aggressive behavior.
  6. Lost or missing participants.
  7. Staff to participant ratios in the special care service to meet the needs of participants.
  8. Amount and content areas of staff training both at orientation and annually based on the special care needs of the participants.
  9. Physical environment and design features that address the needs of the participants. These features can encompass an entire center if the center promotes itself as providing special care or any section separated by closed doors from the rest of the center and advertised especially for special care of participants.

- a. Center or section exit doors may be locked only if the locking devices meet the requirements outlined in the N.C. State Building Code for special locking devices;
  - b. Where exit doors are not locked, a system of security monitoring shall be provided.
10. Activities based on personal preferences and needs of the participants that focus on the individual's interests and abilities.
11. Opportunity for involvement of families in participant care, if applicable.
12. The availability of or information on family support groups and other community services.
13. Additional costs and fees for the special services provided.
- C. Enrollment-Special Care Services (10A NCAC 06R .0904 and 06S .0603, previously 10 NCAC 42E .0504 and 42Z .1003): In addition to meeting the enrollment policies and procedures requirements set forth in the in 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z), an adult day care program shall assure the following requirements are met for participants who are enrolled for special care services:
- 1. Disclosure information shall be provided to an individual or the responsible party of an individual seeking enrollment in a center or home providing special care services. The disclosure information shall be written and address policies and procedures listed in rule .0902 (previously .1502) of this Subchapter.
  - 2. The participant's medical examination report shall specify a diagnosis, disability or condition consistent with the special care service offered by the program.
  - 3. Any individual with a developmental disability being considered for adult day services programming enrollment or discharge must proceed through the Developmental Disabilities Single Portal of Entry and Exit process pursuant to G.S. 122C-132.1 and 10A NCAC 29A .0200 (previously 10 NCAC 16A .0400.)
  - 4. A participant transferring from standard day care services to special care services must meet the criteria for that special care service. Family or responsible persons shall agree to the transfer decision.
- D. Individual Service Plans – Special Care Services (10A NCAC 06R .0905 and 06S .0604, previously 10 NCAC 42E .1505 and 42Z .1004): In addition to meeting individual service plan requirements set forth in in 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z), an adult day care program providing special care services shall assure that the individual service plan is based on the participant's needs, interests and level of abilities. It shall specify programming that involves environmental, social and health care strategies to help the participant attain or maintain the maximum level of functioning possible and compensate for lost abilities.
- E. Program Plan – Special Care Services (10A NCAC 06R .0906 and 06S .0605, previously 10 NCAC 42E .1506 and 42Z .1005): In addition to meeting program plan requirements set forth in in 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z), an adult day care program providing special care services shall assure that the program plan provides for a balance of activities that promote an optimum level of functioning in all activity areas, including personal care activities.
- F. Staff Orientation and Training – Special Care Services (10A NCAC 06R .0907 and 06S .0606, previously 10 NCAC 42E .1507 and 42Z .1006): An adult day care program providing

special care services shall assure that special care services staff receive at least the following orientation and training:

1. Prior to assuming responsibility for a special care service, the program director shall document receipt of training specific to the population(s) to be served.
  2. The program director shall have in place a written plan for training staff that identifies content, sources, evaluations and schedules of training. The plan shall be reviewed and updated annually.
  3. The program director shall assure that within a month of employment, each staff person assigned to special care services shall demonstrate knowledge of the needs, interests and levels of abilities of the participants. This shall be documented in the center's files.
  4. Within six months of employment, each staff person assigned to special care service shall complete three training experiences. The training shall include, but not be limited to, population specific techniques for communication, behaviors and activities of daily living.
  5. Each staff person working directly with participants in special care service shall complete a minimum of two population specific educational experiences annually.
  6. All training experiences of each staff person shall be documented in the center's files.
- G. The Facility – Special Care Services (10A NCAC 06R .0903 and 06S .0602, previously 10 NCAC 42E .1503 and 42Z .1002): In addition to meeting general requirements for facility grounds set forth in the 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z), an adult day program providing special care services shall assure that participants receiving this service have access to an outside area. This area shall be secured or supervised when participants have a physical or cognitive impairment and their safety and well-being would otherwise be compromised.
- H. Requirements for Special Care Services Unit (10A NCAC 06R .0908 and 06S .0607, previously 10 NCAC 42E .1508 and 42Z .1007): In addition to meeting all other special care services requirements, an adult day care program with a special care services unit shall assure the following:
1. An area designated as a special care services unit located within a center that also serves other participants, shall have the unit providing special care separated by closed doors and located so that other participants, visitors or staff do not have to pass through the section to reach other areas of the building.
  2. A special care services unit separated by closed doors from the rest of the adult day center shall meet equipment and furnishing requirements as set forth in 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z).
  3. At least one toilet shall be located in the unit.
  4. An area designated as a special care services unit shall provide space on the unit for each participant as set forth in the 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z).
  5. An area designated as a special care services unit within an adult day center shall meet existing adult day care staffing ratio requirements as set forth in the 10 NCAC 06R and 06S (previously 10 NCAC 42E and 42Z).

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NC Division of Aging and Adult Services