Connecticut Association
of Adult Day Services

Peer Review Training

November 10, 2020 / November 17, 2020

MEDICAL / SOCIAL MODEL PEER REVIEW EVALUATION FORM

I. Physical Plant and Safety Issues (Pass or Fail)	Required Documentation	Met	Not Met	Reason For Non-Compliance	OFFICE USE ONLY
A. The design of the facility shall take into account the special needs of frail and mobility impaired participants and shall include the following in order to facilitate the participant's movement throughout the center and involvement in activities and services.					
1. Adequate illumination levels	Observe				
2. Temperature and sound controls	Observe				
Ground Level Center **B1.** Centers shall have at least two clearly identified exits with battery or generator operated emergency exit lights at exit doors. Centers requesting initial certification or any center that significantly remodels an existing center to affect the capacity of the center after 01/01/00 must have at least one entry/exit equipped with a ramp or ground level access without stairs (excluding elevator). A clearly defined evacuation plan shall be posted in every participant activity room. - OR -	Observe signs Floor plans are to be turned in with this document.				

I. Physical Plant and Safety Issues (Continued)	Required Documentation	Met	Not Met	Reason For Non-Compliance	OFFICE USE ONLY
Multi-Level Centers **B2.** Multi-level centers or centers on a floor other than on ground level shall have at least two clearly identified exits from each level of the center space excluding an elevator with battery operated emergency exit lights at exit doors. A clearly defined evacuation plan indicating evacuation routes to the outside shall be posted in every participant activity room. Centers must: Obtain written approval from the local building inspector. Obtain written and signed approval from the local Fire Marshall of the proposed evacuation plan. Obtain written and signed approval from the local Fire Marshall indicating compliance with Connecticut Life Safety Statutes for Adult Day Care. Obtain written statement that the center meets all ADA requirements under Connecticut Statutes.	Observe signs Floor plans are to be turned in with this document. Item 1 and 4 must be signed by Building Inspector. Item 2 and 3 must be signed by Fire Marshall.				
C. Each adult day care center, when it is located in a center housing other services, shall have its own identifiable space and designated bathrooms during time of operation. Centers requesting initial certification after 01/01/00 must have bathrooms located within the adult day center designated space.	Observe Centers initially certified prior to 1/2000 may be "grandfathered" allowing bathrooms not within designated space.				

I. Physical Plant and Safety Issues (Continued)	Required Documentation	Met	Not Met	Reason For Non-Compliance	OFFICE USE ONLY
D. The facility shall allow 40 square feet of activity space per person not including offices, bathrooms, kitchen, closet and vestibules.	Square footage – divided by the number of clients				
E. The facility shall provide private office space.	Observe for private space to be used as needed. Each staff member does NOT need a private office.				
F. There shall be storage space for program and operating supplies and space for outer garments.	Observe				
G. Appropriate and adequate furnishings and equipment shall be provided.	75% of the chairs must have arms One chair for each participant Tables must support participant's weight when rising				
H. The facility shall include at least one standard adult sized toilet for each ten participants equipped for use by mobility limited persons and easily accessible from all program areas.	All participant bathrooms must be equipped with handrails parallel to the floor on at least one side. Toilets must be standard adult sized. Urinals are not counted				

I. Physical Plant and Safety Issues (Continued)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
I. Medical Model: There shall be facilities for bathing participants including tubs with lifts or handicapped showers within the facility. Centers scheduled for initial certification after 01/01/00 must have tubs with lifts or handicapped showers within the adult day care center's designated space. Social Model: Are not required to have facilities for bathing. If they choose to have bathing accommodations, they must follow the required safety measures and equipment including tubs with lifts or handicapped showers within the facility.	Handicapped showers: grab rails, seats, and flexible shower hose. Some centers may be "grandfathered" not req. baths and showers within designated space.				
J. In addition to space for program activities, the facility shall provide space for special therapies, and designated areas to permit privacy and to isolate participants who become ill.	Observe				
K. A parking area shall be available for the safe daily arrival and departure of participants. When necessary, arrangements shall be made with local authorities to provide safety zones for those arriving by motor vehicle and traffic signals for pedestrian crossings.	Observe				
L. The facility shall be free of hazards.	EXAMPLES: Open stairways, torn carpets, missing tiles, chemicals accessible to participants, splintered handrails				

I. Physical Plant and Safety Issues (Continued)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
M. The facility and grounds shall be safe, clean and accessible to all participants. There shall be environmental adaptations to allow access as needed and a policy in place addressing safety and accessibility as applicable.	Observation / Policy				.
N. The center shall make arrangements as necessary for the security of the participants and their possessions in the facility.	Observation				
O. Locked storage space shall be provided for medications. Controlled substances shall be double locked.	Observation It is not necessary for locked medication box to be bolted to the cabinet/wall.				
P. Non slip surfaces or carpets shall be provided on stairs, ramps and interior floors.	Observe interior and exterior ramps/surfaces				
Q. Outside lighting shall be available at facility entrances and on the facility grounds.	Observation				
R. A warning system shall be employed at all exits. Individual clients' use of outside areas will be addressed in individuals care plans.	Observation and care plan				
S. All stairs, ramps and bathrooms shall be equipped with properly anchored handrails.	Observation				

I. Physical Plant and Safety Issues (Continued)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
T. There shall be maintenance and housekeeping personnel to assure that the facility is clean, sanitary and safe at all times. Maintenance and housekeeping shall be carried out on a regular schedule and in conformity with generally accepted standards, without interfering with the program.	Contract or job description or letter of agreement and observation.				
U. There shall be a conspicuously placed notice indicating fire procedures plus signs designating emergency evacuation routes within the facility.	Posted notice indicating fire procedures, signs indicating emergency evacuation routes.				
V. The facility shall meet all applicable federal, state and local requirements including zoning, licensing, sanitation, fire and safety requirements.	Fire Marshall certificate (also in Section C of Policies & Procedure), Certificate of Occupancy (multi-level center, see special requirements).				
W. Centers must submit prior to review a current copy of Liability Insurance listing CAADS as additionally insured certificate holder. Centers undergoing initial certification must submit prior to review a Certificate of Occupancy identifying use of building for adult day services.	Copy of Insurance Certificate provided to CAADS prior to review Provide copies of C.O. (initial review and physical plant revisions in the center only CAADS prior to review				
				PASS FAIL	

MEDICAL / SOCIAL MODEL PEER REVIEW EVALUATION FORM

II. Administrative Structure and Organization Point Value (25)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
A. There shall be a formal governing body with full legal authority and responsibility including financial oversight for the operation of the program. The governing body shall adopt written bylaws and rules. (An owner operated center is not required to have a formal governing body. The Center must demonstrate that there is a person(s) or corporation with full legal authority and responsibility including full financial oversight for the program). (2)	One of the following is required: - Board of governing body meeting minutes - By-laws - Articles of Incorporation - Partnership Papers - Notarized Statement of ownership				
B. Each center shall establish a mission statement and program goals one of which must indicate which model of service the center provides. (2)	Mission Statement and Program Goals.				
C. An organizational chart shall describe the lines of authority and communication channels. (2)	Organizational Chart(s) which illustrate(s) chain of command from governing body, owner, or administration to staff.				
D. Each center's administrative records shall include the following:					
1. Fiscal records. (1)	Annual budget, audit or annual financial statement.				
2. Statistical records. (1)	Statistics or documentation of number of clients and units of service for the last year.				
3. Government related records (funding sources/regulator, etc.). (1)	Grants or contracts i.e. Allied, AAA, DSS, DOT, DDS (minimum of 1 contract or grant).				
4. Incident reports. (1)	Blank incident form(s) and policy statement(s) for both participants and staff.				

II. Administrative Structure and Organization (Continued)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
E. Each center shall have an internal evaluation including the following:					
1. Each adult day care center shall have in writing a plan for evaluation of its operation and services. The plan shall include a timetable for initiating and completing an annual evaluation and statement describing the parties to be involved, the areas that will be addressed and the methods to be used in conducting the evaluation. The evaluation plan shall include a method of involving participants and/or their families/caregivers in evaluating the adult day care center. (5)	Evaluation plan, survey tool (questionnaire). Actual most recent completed survey forms.				
2. The evaluation plan and written report of the program evaluation and findings shall be made available and kept on file. (5)	Report of survey results.				
3. The results of the evaluation shall be used to plan and implement program changes to meet program objectives. (5)	Report of action taken after evaluation, documentation of changes or reason no action was taken must be included.				
				TOTALS	

III. Policies and Procedures Point Value (50)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
A. Each adult day care center shall have a written policy on participants who may or may not be appropriate for enrollment. (5)	Written policy on admission criteria.				
B. The program shall have a written case mix policy that states that the program may limit the number of persons with a specified condition who may be served or managed by center staff at any one time. (5)	Written policy on case mix.				
C. Procedures for fire safety shall be adopted and posted. Documented also: - Monthly fire drills - Monthly inspection and maintenance of fire extinguishers - Annual inspection of the facility - Annual training for all staff by qualified personnel (5)	- Fire drill log - Fire extinguisher inspection tags or documentation of not required by town. - Documentation of in-service training,(also in - Fire inspection report/certificate).				
D. Each center shall have a written policy of non-discrimination based upon state and federal laws. (5)	Written policy of non-discrimination for staff as well as clients.				
E. Each center shall have a written policy on protection of records that defines procedures governing their use and removal and conditions for release of information obtained in the records, and a statement that requires authorization in writing by the participant or family/caregiver for the release of appropriate information not otherwise authorized by law. (5)	Written policy on protection of records as stated. - Release to receive information from a physician or other agency - Release allowing information in Center records to be shared with another agency or party.				

III. Policies and Procedures (Continued)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
F. Each center shall have a written policy providing for the retention and storage of records as required by law, from the date of the last services to the participant, and for the retention and storage of such records in the event the center discontinues operation. (5)	Written policy providing for the retention and storage of records as stated.				
G. All records shall be maintained for no less than seven years. Current records shall be kept on site within the Center. Discharged records may be stored at another secure location, but must be made available on the day of the review. (5)	Written policy for retention of records.				
H. Each center shall have a written procedure for handling emergencies which shall be posted in the facility and center owned vehicles where appropriate. (5)	Written and posted procedure for handling emergencies in center and procedures for handling emergencies on center owned vehicles. (observe posted on vehicles)				
I. Each center shall have a written policy ensuring the privacy of participants. Lists of individuals requiring Physical Therapy, Occupational Therapy, medications or special diets will not be posted in a general open area. (5)	Observe and written policy				
J. Each center shall have a written policy on how participants are informed as to the procedures to follow to request additional HCBS(Home and community based services) or changes in HCBS services. (5)	Policy				
				TOTALS	

IV. Protection of Participants Point Value (25)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
A. Each center shall have a written policy stating that the adult day care center shall take reasonable precautions to protect participants against abuse and coercion. (5)	Written policy for protection of clients as stated.				
B. The adult day care center shall comply with state laws regarding mandatory reporting. The adult day care center shall initiate and cooperate in an investigation and disciplinary proceeding against any staff member, volunteer, or other person suspected of abuse, coercion or neglect inside or outside the center. (10)	Written policy for protection of clients as stated.				
C. Steps shall be taken to ensure that all participants are free from chemical and physical restraint unless under a physician's order. The need for such restraints shall be documented in the plan of care and updated by a nurse at least every six months. (10)	Policy, Care Plan, and Physician's Order if administered at the Adult Day Center.				
				TOTALS	

V. Personnel Requirements and Records Point Value (50)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
A. Adult day care centers shall have a full time administrator/director who shall be responsible for operations, have a college degree or professional license or at least two years experience in a relevant field. This administrator/director whose duties are defined in writing shall be responsible for the daily operation of the center. (5)	Resume, degree or license. - OR - Date of hire and job description. - OR – In-corporation papers.				
B. In the absence of the administrator/director, an on-site staff member shall be designated to supervise program and staff. (5)	Policy on coverage and job description.				
C. Full time or full time equivalent direct care staff shall be considered as those who spend 70 percent of their time in providing direct service to participants. (5)	Staff schedules and time sheets. Randomly select 3 dates from 3 different months in the preceding 12 months.				
D. The direct care staff/participant ratio shall be a minimum of one to seven. Staffing shall meet the needs of the client base. Volunteers shall be involved in the ratio only when they conform to the same standards and requirements as paid staff. (5)	Compare daily attendance with staff schedules. Randomly select three dates over the past year.				
E. There shall be a written job description for each staff and volunteer that specifies at least, qualifications for the job, delineation of tasks, and lines of supervision and authority. (5)	Job descriptions				

V. Personnel Requirements and Records (Continued)	Required Documentation	Met	Not Met	Reason For Non-Compliance	OFFICE USE ONLY
F. Each staff member shall be qualified for the position held as outlined in the job description. (5)	Documents to prove the qualifications of all current staff such as a license, diploma, resume, certificate, contract.				
G. Each employee shall review and receive a copy of the job description at the time of employment. (5)	Sign off sheet or signed job description.				
H. Performance evaluations in accordance with job descriptions shall be conducted at the end of probationary periods and annually thereafter. Staff members shall review the written evaluations, and signed copies shall be kept in personnel files. (5)	Written policy for performance evaluations and a completed signed evaluation or a sign off sheet.				
I. All employees must have a physical exam within six months of employment and each staff shall have a risk assessment completed within two weeks of hire date and annually thereafter. A TST, chest x-ray or Quantiferon-TB Gold test is to be performed if the guidelines associated with the risk assessment indicates the need. (5)	Written policy and sign off sheet by employee. Policy should reflect need for risk assessment within 2 weeks of hire and annually thereafter. Should the guidelines associated with the risk assessment indicate the need; a TST, a chest x-ray or Quantiferon-TB Gold test should be administered and documented within 2 weeks of hire or from 1 year prior to hire.				

V. Personnel Requirements and Records (Continued)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
J. Each employee shall review and receive a copy of the center's personnel policies at the time of employment. The following shall be included in the written policies (5) Recruitment, hiring, probationary and dismissal procedures Employee benefits (i.e. retirement plan, leaves, promotion opportunities, etc.) Pay practices Grievance procedures	Personnel policy or employee handbook and sign off sheet or signed employment letter.				
				TOTALS	

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VI. Staff Training Point Value (50)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
A. Provision shall be made for orientation of new employees and volunteers within six weeks of employment. General orientation to the program and facility shall include but not be limited to: - mission and goals of the adult day center - the center's policies and procedures - roles and responsibilities of other staff - standard precautions - HIPAA - fire and safety methods/codes - person centered planning process - setting person centered goals - choice and community integration - participants' rights. (20)	Orientation plan/materials and employee sign off sheet signed by trainer and new employee. Volunteers follow same requirements as employee if included in staff ratio.				
B. All staff and volunteers shall receive regular in service training that meets their individual training needs. All staff shall participate in at least seven annual training sessions including but not limited to: - OSHA regulations on standard (universal) precautions - infection control - emergency training - fire and safety codes - HIPAA requirements - Person centered care - Choice and community integration (20)	Employee signed check off sheet. Training sessions can be combined. Documentation must list sessions that are combined. Volunteers follow same requirements as employee if included in staff ratio.				
C. Staff shall be aware of the location of: - emergency first aid kits - spill kits - fire extinguishers. (10)	Question staff as to location.				
				TOTALS	

VII. Participant Records Point Value (100)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
A. The adult day care center shall maintain a participant record system that includes but is not limited to the documents described below. Each record shall have **typewritten or legibly written in ink**, the following notes and reports that are dated and signed by the recording person with his/her title. **Records shall be in a secured, locked area during non-program hours. (5)**	Observation, policy that states that no unauthorized person, i.e. cleaning staff, etc. has access to clients records after operating hours.				
B. The adult day care center shall maintain a participant record system that includes (but is not limited to): (15)	Minimum of 5, **no more than 8 charts** for review, but must have **5 complete charts** randomly selected by reviewers. Failure to meet full criteria could result in non-certification.				
1. Application Form An application for admission shall be obtained on or before the individual's first day of participation including but not limited to client information and demographics, caregiver/emergency information, physician information.	Application/Enrollment: Each chart must meet all specific criteria for Section B: 1, 2 (a-f) to gain 3 pts per chart. All required documentation is as stated.				
2. Enrollment Packet to include:					
a. Signed authorizations for release of and request for medical information and photo consent.	As stated.				
b. Signed authorization for participant to receive emergency care and ambulance transportation with indication of the party responsible for associated fees.	As stated.				

VII. Participant Records (Continued)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
c. Schedule of days of attendance	As stated.				
d. Transportation arrangements	As stated.				
e. Payment source, signed fee agreement, signed Bill of Rights, including rights to privacy, dignity, respect, and to be addressed in a manner they prefer, as well as a grievance procedure and discharge criteria.	Signed document or enrollment agreement.				
f. Hospital preference	As stated.				

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VII. Participant Records (Continued)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
3. Physician Assessment	**Five charts – each worth three points must have all components required.** **Physician Assessment: Each chart must meet all specific criteria for Section B 3 (a-e) and 4 to gain 3 pts per chart.** **Acceptable forms of documentation for results of medical examination include:** **- Physician Assessment signed by DO, MD, APRN, or PA** **- W-10** **- 485** **- Fax orders or discharge summary from long term care facility or hospital (Phone order followed by written order in 72 hours (3 days).** **Plus must have on file:** **- Risk Assessment or** **- Results of TST or chest x-ray for previous positive**				
a. The result of a medical examination performed within one year prior to admission should be obtained on or before the first day of enrollment. This record shall be signed and dated and shall include at least the following: - Diagnosis - Dietary restrictions, allergies - Exercise limitations, - List of all medications with an indication of those which need to be administered at the day center. (15) b. A risk assessment for TB is to be completed with 30 days of the admission date. TST, chest x-ray or Quantiferon-TB Gold test will be performed if the guideline associated with the risk assessment indicates the need. Any participant with a previous positive TST shall provide result of a negative chest x-ray taken within one year prior to admission. Any participant with a negative chest x-ray within one year prior to admission shall be exempted from TST requirement. c. Each participant shall have a primary medical contact available in the event of an emergency. d. Medical examination or information shall be updated as necessary but at least annually.					
4. Ancillary Reports as Appropriate	As stated (rehab, etc.)				

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VII. Participant Records (Continued)	**Required Documentation**	**Chart Check**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
5. Plan of Care Medical Model: Based upon the initial assessment, an individual person-centered plan of care shall be developed for each participant. It shall be completed, by at least two different interdisciplinary team members and dated and signed by a registered nurse *within 30 days* of enrollment and include: Social Model: Based upon the initial assessment, an individual person-centered plan of care focused on social and recreational goals shall be developed for each participant. It shall be completed by at least two different interdisciplinary team members, dated and signed *within 30 days* of enrollment. If nursing services and/or personal care are provided to a participant at the center, the plan of care must include health goals and be signed by at least two different interdisciplinary team members including a registered nurse. Plans of care must include: **(50)**	Plan of Care:: Each chart must meet all specific criteria for Section B: 5 (a-f) to gain full credit of 10 pts per chart.	Chart check off				
a. An analysis of the participant's strengths and needs and is specific to the individual, including his or her personal goals and objectives following requirements of person-centered care.	Required signatures as stated, in ink.	1 2 3 4 5				
b. Medical Model: A statement of problems/ needs, goals/objectives, approaches for both health and recreational care. Social Model: A statement of	As stated.	1 2 3 4 5				

VII. Participant Records (Continued)	**Required Documentation**	**Chart Check**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
c. Recommendations for therapy and referrals to other service providers.	As stated or indicated not applicable at this time.	1 2 3 4 5				
d. The participant, families/ caregivers and other service providers shall be encouraged to contribute to the development and implementation of the care plan.	Progress Notes, Care Plan or Flow Sheet.	1 2 3 4 5				
e. <u>Medical Model:</u> Reassessing the individual's needs, goals and objectives and re-evaluation of the appropriateness of care plans and updating shall be done as necessary, but *at least every six months*, and signed by 2 different members of the interdisciplinary team including either an RN or LPN. <u>Social Model</u>: Reassessing the individual's needs, goals and objectives and re-evaluation of the appropriateness of care plans and updating shall be done as necessary, but *at least every six months*, and signed by 2 different members of the interdisciplinary team including either an RN or LPN (if nursing services are provided)	Documentation of conferencing with families/caregivers. Changes in care must be reviewed and signed off by R.N.	1 2 3 4 5				
f. Evaluation of continued participation in day care services or discharge.	As stated.	1 2 3 4				

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VII. Participant Records (Continued)	**Required Documentation**	**Chart Check**		**Met**	**Not Met**
6. Monthly Summary Each participant shall have a written monthly summary and progress notes as needed. (10) Each chart must meet all specific criteria for Section B:6 to gain credit of 2 pts per chart.	Comments, progress notes and summary notes or flow sheet regarding participant's status beyond vital signs and weight.	1 2 3 4 5			
7. Discharge Summary A discharged summary shall be filed on all discharged clients including recommendations for continuing care based upon established written criteria for termination from the program. (5)	10 charts of discharged clients available for review. Five will be randomly selected by reviewers. Each worth one point. Must have discharge summary in each chart to get one point per chart.	1 2 3 4 5	6 7 8 9 10		
				TOTALS	

VIII. Essential Components of Care **Medical Model** Point Value (100)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
A. Nursing (30) Must meet all specific criteria for medical model of care. (Section A: 1,2,3,4,5,6,7) to get 30 points. If not met, center can be evaluated as a social model and certified.					
1. Medical Model: A program nurse must be available on site for not less than fifty percent of each operating day and available for consultation for the full operating day. Social Model: If nursing services are provided in a social model center, they must be provided under the supervision of a Registered Nurse (RN) licensed in the State of CT who must be available for consultation for the full operational day and have the ability to arrive at the center within one half hour (30 minutes) of being	Timesheets				

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VIII. Essential Components of Care **Medical Model** Point Value (100)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
2. Medical Model: The program nurse shall be a Registered Nurse or Licensed Practical Nurse, the program nurse may be a licensed practical nurse if the program is located in a hospital or long term care facility licensed by the Connecticut Department of Health with ready access to a Registered Nurse from such hospital or long term care facility, or the program nurse is supervised by a Registered Nurse who can be contacted at any time during the operating day of the center and has the ability to arrive at the center within one half hour (30 minutes) of the request. The program nurse is responsible for administering medications as needed and assuring that the participant's nursing services are coordinated with other services provided in the adult day center, health and social services currently received at home or provided by existing community health agencies and personal physicians. Social Model: The center may elect to have a program nurse on site to perform nursing services. A program nurse may be a Registered Nurse or a Licensed Practical Nurse, both licensed in the State of Connecticut, and must be in the direct employment or under contractual relationship with the adult day center. If an LPN is the program nurse, a Registered Nurse shall be available for consultation for the full operating day and have the ability to arrive at the center within on half hour	Copy of nursing license(s) and one of the following: document or letter of agreement to substantiate coverage for the full operating day. Timesheets				

VIII. Essential Components of Care (Continued)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
3. Medical Model: Personal care services shall be available as specified in the individual plan of care including but not limited to bathing (tub or shower facility on site), personal care assistance, transferring. Such services shall be provided in a private location to maintain dignity and respect. Social Model: Provisions of personal care services shall be provided by trained staff as specified in the individual plan of care in a private location to assure the maintenance of dignity and respect.	Job description, observation of private room with tub and lifts or shower room, Certified Nurse Aide, and Care plan				
4. Medical Model :Administering and charting of medications will be done by the nurse with a physician's order. Social Model: Centers are not required to administer medications. If medications are administered, they must be dispensed and charted by State of CT licensed RN or LPN with a physician's order.	Physician's orders and medication administration records.				

VIII. Essential Components of Care (Continued)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
5. Medical Model: Therapeutic and Rehabilitation Services shall be coordinated by the center including but not limited to Physical Occupational and Speech Therapy as specified in the individual plan of care. The center shall have sufficient space to provide these services on site but may arrange to have the therapies provided at other locations in order to meet the needs of individual clients. Social Model: Therapeutic and Rehabilitation services are not required to be provided. If provided, must be provided by licensed personnel.	Observation (for provided space) Contract, agreement or job description License				
6. Medical Model: Monthly health screening shall be provided including but not limited to blood pressure, weight and pulse. Social Model: Health screening is not required. If specified in the individual plan of care, they must be provided and documented by trained staff.	Flow sheet, chart				
7. The center must provide photocopies of all nursing licenses to be turned in with this form and contractual agreements with nursing personnel.	Copies				
				TOTALS	

VIII. Essential Components of Care (Continued)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
B. Recreation (30)	Documentation				
1. The Activity Director shall have a TRD degree, certification, or a minimum of two years' experience in a related field. Duties shall include developing activities that meet the individual needs of each participant, supervision of activity/staff or assistants and other duties as assigned. (5)	Degree, certification, date of hire. Job description				
2. Planned individual and group activities suited to the choices, needs and abilities of the participants as determined in the individual plans of care shall be provided. (10)	Posted activity calendar addressing physical, cognitive and sensory needs.				
3. Calendar of activities shall be available and posted. (10)	Complete calendar of daily activities must be posted and available. Activity calendars for 1 year must be available.				
4. Recreational activities shall include those activities that facilitate community inclusion and integration. (5)	Calendar of activities should demonstrate community events either inside or outside of the center				

VIII. Essential Components of Care (Continued)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
C. Nutrition (25)					
1. Menus shall be designed in consultation with registered dietitian and posted. (5)	Letter of agreement, contract with registered dietitian and posted menu. Menus for 1 year must be available for review.				
2. A minimum of one midday meal, meeting one third (1/3) of an adult's daily nutritional requirement shall be provided to each participant. (5)	Menus and observation.				
3. Modified diets shall be available as required. (5)	MD order and special needs chart posted in food serving area or dietary slip, observation.				
4. Safe and sanitary handling, storing, preparation and serving of food shall be assured. (5)	Certified food handling certificates or policy for food handling and observation.				
5. Snacks and fluids shall be offered to meet the participant's needs. (2)	Observation USDA records				
6. Individuals shall have full access to a dining area with comfortable seating and an opportunity to converse with others during mealtimes. Dignity to diners will be provided at all times. (1)	Observation				
7. The center shall provide for an alternate meal to allow an opportunity for choice. (1)	Menu or observation				
8. The center shall provide reasonable accommodations for private dining if requested by any participant. (1)	Observation				

VIII. Essential Components of Care (Continued)	Required Documentation	Met	Not Met	Reason For Non-Compliance	OFFICE USE ONLY
D. Transportation (5)					
1. The program shall provide, formally arrange or contract for transportation to enable persons to attend the center. (5)	Transportation contract or written policy for center providing own transportation. Center providing own transportation must include the following documentation: - Type of vehicles driven - Copy of current drivers' licenses for center employed drivers based on vehicles used: CDL for 16 passenger vehicles or more PSL for 10 passenger or more - Posted emergency procedures, first aid kit and fire extinguisher All centers must show: Enrollment agreement which includes a checkoff or statement that the client has chosen not to use center's transportation services.				

VIII. Essential Components of Care (Continued)	**Required Documentation**	**Met**	**Not Met**	**Reason For Non-Compliance**	**OFFICE USE ONLY**
E. Social Services (10)					
1. Social Services shall be provided by an individual who possesses a minimum of a B.S. in social work, gerontology or a related field or has a minimum of one year social service experience in health care or gerontology. (3)	Resume, degree or license Job description Date of hire.				
2. Social Services shall be provided on site for an average of one hour per month for each participant. This position shall be in the direct employment of or under a direct contractual relationship with the adult day center. (3)	Job description of staff responsible for social services and time sheet or contract and time sheet.				
3. Social Services including counseling and information and referral shall be available to each participant and should involve appropriate family members. (4)	Social service notes, care plans, support groups, documented contact with family members or newsletters.				
				TOTALS	