# NEW YORK STATE OFFICE FOR THE AGING (NYSOFA)

## Social Adult Day Services
## Self- Monitoring Tool Guide

### Introduction

This Self-Monitoring Tool Guide is designed to provide step by step instructions on conducting program monitoring of social adult day services programs (SADS). Procedures for conducting program monitoring are contained in **Attachment B.** The Social Adult Day Services Self-Monitoring Tool is **Attachment E** and required Worksheets can be found in **Attachments C and D.** Social adult day services, also known as social adult day care programs, are structured, comprehensive programs which provide functionally impaired individuals with socialization; supervision and monitoring; personal care; and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, caregiver assistance, and case coordination and assistance.

The Social Adult Day Services Self-Monitoring Tool (referred to as the *self-monitoring tool*) and accompanying Worksheets are designed to determine whether social adult day services (SADS) are in compliance with the standards set forth in New York State Office for the Aging Social Adult Day Care regulation NYCRR Title 9 Subtitle Y Chapter II Section 6654.20[1] (referred to as the *regulation,* **Attachment A**). In addition to the services required to be provided, the regulation includes descriptions of optional services. These are clearly marked as **OPTIONAL** in the self-monitoring tool. If a program provides one or more of the optional services, such service is to be evaluated as to whether it complies with the applicable standard.

The self-monitoring tool needs to be completed annually for each SADS program[2] (**Attachment E**). The self-monitoring tool will indicate if a program has demonstrated compliance with the requirements and if it has maintained appropriate documentation onsite to support they are in compliance. The Social Adult

[1] Attachment A: NYCRR Title 9 Subtitle Y Chapter II Section 6654.20
[2] Attachment B: SADS Monitoring Procedures

Day Services Personal Care Worksheet (**Attachment C**) and the Social Adult Day Services Training and Health Status Worksheet (**Attachment D**) are also completed as a component of the self-monitoring tool. **Attachments F-L** which are referred to in these instructions, provide additional guidance to assist in completion of the self-monitoring tool. For each step in completing the tool, a chart is provided detailing the regulatory requirements and the documentation the reviewer can use to determine whether or not the requirement is being met.

**Step 1: Complete Social Adult Day Services Personal Care Worksheet[3] (Attachment C)**
The Social Adult Day Services Personal Care Worksheet assists in identifying the level of personal care services provided by the program. The information is used to determine appropriateness of service delivery policies and procedures, participant service plans and staff training.

Complete the chart in the Social Adult Day Services Personal Care Worksheet. Place a check mark to indicate the highest level of personal care provided to the participants. This worksheet is completed just prior to completing the Social Adult Day Services Self-Monitoring Tool (Attachment E).

| Purpose | Documentation and key elements |
|---|---|
| Determining Levels of Personal Care provided by the program | • Services delivery policy and procedures<br>• Participant files, staff job descriptions and training records |

[3] Attachment C: Social Adult Day Services Personal Care Worksheet

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**Attachment C: Social Adult Day Services Personal Care Worksheet**
This worksheet must be used in conjunction with the Social Adult Day Services Training and Health Status Worksheet and the Social Adult Day Services Self-Monitoring Tool.

NYSOFA regulation requires social adult day services to provide some hands-on personal care in toileting (including care of incontinence), mobility, transfers and eating.

**OPTIONAL**
A program may opt to: 1) provide total assistance with toileting (including care of incontinence), mobility, transfers and eating; and 2) provide some or total assistance with grooming, bathing, changing simple dressings, using supplies, adaptive/assistive equipment and self-administration of medications.

Complete the following chart. Place a check mark to indicate the highest level of personal care assistance provided to the participants.

| Activities of Daily Living | No Assistance | Supervision and Verbal Cueing, set-up only | Minimal Physical Assistance | Moderate Physical Assistance | Total Physical Assistance |
|---|---|---|---|---|---|
| Toileting | | | | | |
| Continence care | | | | | |
| Mobility-ambulating | | | | | |
| Mobility- wheelchair | | | | | |
| Transfers | | | | | |
| Eating-feeding | | | | | |
| Grooming-hair or shaving | | | | | |

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| Activities of Daily Living | No Assistance | Supervision and Verbal Cueing, set-up only | Minimal Physical Assistance | Moderate Physical Assistance | Total Physical Assistance |
|---|---|---|---|---|---|
| Bathing/showers | | | | | |
| Nail care | | | | | |
| Changing simple dressings | | | | | |
| Using supplies, adaptive/assistive equipment | | | | | |
| Self- administration of medication | | | | | |

**You have completed 1 of 26 steps**

## Step 2: Complete Social Adult Day Services Training and Health Status Worksheet [4](Attachment D)

The **Social Adult Day Services Training and Health Status Worksheet** will assist in determining the health status and training of paid and unpaid staff.

Complete the chart in the **Social Adult Day Services Training and Health Status Worksheet**. Enter the names of paid and non-paid staff across the top row of the chart. Requirements are in left hand column. Enter the completion date and source of documentation for each paid and non-paid staff member. Enter "incomplete" if the documentation is not complete. Enter "none" if documentation is not available.

| Health requirements | Documentation and key elements |
|---|---|
| • Health assessment (free from health impairment that is of potential risk to others or that may interfere with the performance of his or her duties)<br>  ○ upon employment prior to contact with participants and annually<br>• PPD (Mantoux)<br>  ○ upon employment and every two years | • Health assessment records in personnel files may include physical examination records, health assessment documents or job descriptions that have been signed and approved via a health assessment that the individual is free from health impairment that is of potential risk to others or that may interfere with the performance of his or her duties<br>• PPD (Mantoux) records, or for positive results a negative chest x-ray report |
| Training requirements | Documentation and key elements |
| • Upon employment: orientation to provider, program and community; working with | • Staff training records, personnel files, program staff training manual, documents that include attendance, time/length of training, training content, qualifications |

[4] Attachment D: Social Adult Day Services Training and Health Status Worksheet

| | |
|---|---|
| older adults; participants rights, and safety/accident prevention<br>• Prior to contact with participants: orientation to personal care, body mechanics and behavior management<br>• Annually: use of fire extinguishers and emergency procedures, CPR/AED<br>• Within three months of employment totaling at least 20 hours: personal care skills taught by a RN, socialization and activities, supervision and monitoring, family relations and mental health | of instructor and competency (quizzes or tests, skill list check off sheets)<br><br>• The instructor for personal care skills must be a registered nurse. The training of skills should be consistent with the level of personal care skills provided by the program as identified in Step 1, the Social Adult Day Services Personal Care Worksheet |

## Attachment D: SADS PROGRAM TRAINING AND HEALTH STATUS WORKSHEET

This worksheet must be completed just prior to completing the Social Adult Day Services Self-Monitoring Tool.

| | | | | | |
|---|---|---|---|---|---|
| Name of Paid/ Unpaid Staff: | | | | | |
| Title | | | | | |
| Date of Employment | | | | | |
| **The following items are required for all paid and unpaid staff upon hire.** | | | | | |
| Initial Health Assessment | | | | | |
| Initial PPD skin test | | | | | |
| Orientation to provider, community and program | | | | | |
| Working with Older Adults | | | | | |
| Participant Rights | | | | | |
| Safety/Accident Prevention | | | | | |
| **The following items are required for all paid and unpaid staff annually.** | | | | | |
| Annual: at least six hours of training to minimally include all items in this section | | | | | |
| Annual: use of fire extinguishers | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Name of Paid/ Unpaid Staff: | | | | | |
| Annual: written emergency procedures, evacuation, situations and telephone numbers | | | | | |
| CPR/AED annually | | | | | |
| **The following items are required for all paid and unpaid staff annually.** | | | | | |
| Annual Health Assessment. A PPD skin test every two years | | | | | |
| **The following items are required for all paid and unpaid staff <u>prior</u> to contact with participants.** | | | | | |
| Orientation to personal care skills | | | | | |
| Body Mechanics | | | | | |
| Behavior Management | | | | | |
| **The following items are required for all paid and unpaid staff that may have interaction with the participants. Staff with equivalent training that can be documented are not required to repeat training. Acceptable equivalent training may include completion of personal care aide training program, home health aide training program, or nurse aide training program approved by NYS Department of Health; or adult day care worker training program by Office for People With Developmental Disabilities. Documentation of equivalent training must be maintained in personnel or training records.** | | | | | |
| Socialization skills and activities | | | | | |
| Supervision and monitoring | | | | | |

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| Name of Paid/ Unpaid Staff: | | | | | |
|---|---|---|---|---|---|
| Personal Care Skills, taught by an RN, for required hands on assistance with toileting /care of incontinence | | | | | |
| Personal Care Skills, taught by an RN, for required hands on assistance with transfers and mobility | | | | | |
| Personal Care Skills, taught by an RN, for required hands on assistance with feeding | | | | | |
| Personal Care Skills, taught by an RN, for optional assistance with grooming and bathing | | | | | |
| Personal Care Skills, taught by an RN, for optional assistance with changing simple dressings | | | | | |
| Personal Care Skills, taught by an RN, for optional assistance with using adaptive/assistive equipment | | | | | |

| Name of Paid/ Unpaid Staff: | | | | | |
|---|---|---|---|---|---|
| Personal Care Skills, taught by an RN, for optional assistance with self-administration of medications | | | | | |
| Family and family relationships | | | | | |
| Mental health and mental illness | | | | | |
| Total of twenty hours within three months of hire | | | | | |
| **Other training related to staff responsibilities, program operations and professional development.** | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Other: | | | | | |

**You have completed 2 of 26 steps**

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### Social Adult Day Services Self-Monitoring Tool [5](Attachment E)

**Steps 3-Step 26: Provides instruction on completing the Social Adult Day Services Self-Monitoring Tool (Attachment E)**

**Note: For Steps 4 through Step 13, a Participant File Review Worksheet[6] (Attachment F) may be helpful in completion of the corresponding sections of the self-monitoring tool. A review of six (6) active participant files and two (2) files of participants who have been discharged is required to measure compliance with program requirements as set forth in regulation. One set of active participant worksheets and one set of discharged participant worksheets are contained in the following pages. A complete set of Participant File Review Worksheets (8) are provided for the reviewer's convenience in Attachment F.**

**Step 3. Document Basic Information and Program Description**

Enter the date of the self-monitoring and the name of the program on the top of page one of the monitoring tool. Enter the information required for the Program Description:

| Information | Documentation and key elements |
|---|---|
| • Sponsor and year established | • Program description in policy and procedures Manual<br>• Annual reports<br>• Marketing documents<br>• Website |
| • Location | |
| • Operating schedule | |
| • Population served | |
| • Capacity, enrollment and average participants per day | |
| • Payment and funding sources | • Fee schedules |
| • Date and results of last self-monitoring | • If applicable |

**You have completed 3 of 26 steps**

[5] Attachment E: Social Adult Day Services Monitoring Tool
[6] Attachment F: Participant File Review Sheet

**Attachment F: Participant File Review Worksheet: Review documents in participant files for completeness, signatures and dates and record in each category below.**

**Active Participant File (6 files) Review: Admission/Discharge, Assessment, and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)**

| **Participant # initials or identifying number and three questions** | **Admission/ Discharge** | **Assessment and Service Plan** | **Core Service Personal Care** | **Core Service Socialization** | **Core Service Supervision/ Monitoring** | **Core Service Nutrition** |
|---|---|---|---|---|---|---|
| P#:<br>Initials or Identifying #:<br><br>Meets eligibility Criteria-<br>Yes or No<br><br>Evidence that participant and/or caregiver had input into service plan -<br>Yes or No<br><br>Evidence that participants' rights were explained and provided to participants and/or caregiver -<br>Yes or No | | | | | | |

**Active Participant File (6 files) Review:**
**Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance, Maintenance and Enhancement of Daily Living Skills)**

| **Participant #** **initials or identifying number** | **Optional Services** **Transportation** | **Optional Services** **Caregivers Assistance** | **Optional Services** **Case Coordination** | **Optional Services** **Maintenance and Enhancement of Daily Living Skills** |
|---|---|---|---|---|
| P#:<br>Initials or Identifying #: | | | | |

## Discharged Participant File (2 files) Review: Requirements, Documentation

| Discharged Participant # initials or identifying number | Requirements: participants no longer eligible are discharged and assistance with discharge was provided, if appropriate | Documentation | Comments |
|---|---|---|---|
| P#:<br>Initials or Identifying #: | | | |

**Step 4. I. Required Program Standards: Services**
**Section A - Admissions and Discharge:** Review at least six (6) active participant files and two (2) discharged files and use the Active Participant File Review Worksheet and Discharged Participant File Review Worksheet (Attachment F) to record findings to assist in the completion of the monitoring tool. If requirement is met in all the files reviewed enter ***Yes*** in the first column, or if the requirement is not met by all files enter ***No*** in the first column. In the second column identify documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may indicate: ***all documents are in participant files and all requirements met, documents incomplete, only two of six files met requirements; to*** indicate if meeting requirements or corrective actions required. Supplemental documentation may be located in the program's policies and procedures on participant eligibility and admissions and discharge.

| Requirement | Documentation and key elements |
|---|---|
| • Participant Eligibility<br>○ Functionally impaired (defined as needing the assistance of another person in at least one of the following activities of daily living: toileting, mobility, transferring, or eating; or needing supervision due to cognitive and/or psycho-social impairment)<br>○ Will benefit from participation in the program<br>○ Needs can be met and managed by the program | • Participant files<br>○ Assessments<br>○ Service plans<br>○ Intake forms<br>○ Case notes, including records of conversations with family<br>○ Documentation of response to program services<br>○ Eligibility policies and procedures<br>• Incident reports |
| • Assessment[7] (Attachment G)<br>○ Includes an assessment of an individual's functional capacities and impairment<br>○ Completed prior to admission | • Participant files<br>○ Assessments and reassessments<br>• Admission policies and procedures |

[7] Attachment G: Sample COMPASS Assessment Tool

| | |
|---|---|
| • Discharge<br>  ○ Individuals who can no longer be served safely or adequately are discharged | • Participant files<br>  ○ Assessments<br>  ○ Service plans<br>  ○ Case notes<br>  ○ Documentation of response to program services<br>  ○ Incident reports<br>• Discharge policies and procedures |
| • Discharge Arrangements<br>  ○ Assists, if appropriate, discharged participants in making other arrangements | • Participant files<br>  ○ Case notes<br>  ○ Documentation of response to program services<br>  ○ Incident reports<br>• Discharge policies and procedures |

**You have completed 4 of 26 steps**

**Step 5: I. Required Program Standards: Services**
**Section B - Service Plan[8] (Attachment H):** Service plans may also be referred to as care plans. Review at least six (6) active participant files for service or care plans. If requirement is met in all (6) six files enter ***Yes*** in the first column, or if the requirement is not met in all six files enter ***No*** in the first column. In the second column identify documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***all documents available and meet requirements, documents incomplete, only two of six files met requirements;*** to indicate if meeting requirements or corrective actions required. Supplemental documentation may be located in the program's service plans policies and procedures.

| Requirement | Documentation and key elements |
|---|---|
| • Each participant only receives services in accordance with an individualized written service plans | • Participant files<br>  ○ Service plans<br>  ▪ Individualized to each participant (i.e. not all participants' service plans should look the same)<br>• Service plan policies and procedures |
| • Service plans<br>  ○ Developed by program staff<br>  ○ Developed in conjunction and/or consultation with the participant and if applicable, the participant's authorized representative and/or the informal caregiver | • Participant files<br>  ○ Service plans should be dated and signed by program staff<br>  ○ Service plans have participant and/or caregiver input (i.e. service plan signed by participant and/or caregiver, case note indicating case conference was held in person or on the phone with the participant and/or caregiver, copy of a letter inviting |

[8] Attachment H: Sample Care Plan

| | |
|---|---|
| | participant and or caregiver to a case conference, or transmitting a copy of the service plan to the participant and/or caregiver<br>• Service plan policies and procedures |
| • Completed within 30 days from admission | • Participant files<br>  ○ Service plans or care plans should be completed and dated within 30 days from admission (calendar days not days of attendance)<br>• Service plan policies and procedures |
| • Review of Service Plans<br>  ○ As necessary<br>  ○ At least annually | • Participant files<br>  ○ Service plans or care plans are reviewed and updated when there are changes in the participant (i.e. change in psycho-social or functional status, changes in response to program, or absences from program due to illness, hospitalization, vacations)<br>  ○ Service plans or care plans are reviewed and updated at least annually<br>• Service plan policies and procedures |
| • Service plans based on the assessment and needs of the participant | • Participant files<br>  ○ Assessments and reassessments<br>  ○ Service plans<br>• Case notes Service plan policies and procedures<br>• Observations (i.e. if a participant requires assistance with toileting or feeding it should be on the service plan) |
| • To the maximum extent possible, the service plan shall seek to attain and maintain the highest practicable physical, mental, and psychosocial well- | • Participant files<br>  ○ Assessments and reassessments<br>  ○ Service plans<br>  ○ Case notes |

| | |
|---|---|
| being of the participant, including an optimal capacity for independence and self-care | • Service plan policies and procedures<br>• Observations (i.e. participant is encouraged to actively participate in exercises, cognitive activities, communicating with peers and self-care ) |
| • To the maximum extent possible, the service plan shall encourage the participant to use his/her existing capacities, develop new capacities and interests and compensate for existing or developing impairments in capacity | • Participant files<br>  ○ Assessments and reassessments<br>  ○ Service plans<br>  ○ Case notes (if available)<br>• Service plan policies and procedures<br>• Observations (i.e. participant is encouraged to participate in activities that utilize their skills, social history, and opportunities to experience success ) |
| • Individual outcomes are specified in service plans | • Participant files<br>  ○ Service plans include expected outcomes in response to staff implementing the service plan<br>  ○ Service plan policies and procedures |

**You have completed 5 of 26 steps**

**Step 6: I. Required Program Standards: Services**
**Required Core Services**
**Section C1 - Socialization:** Individual and group activities programming: Review at least four monthly activities calendars[9] (i.e.: one from each season, **Attachment I**). If requirement is met in all the calendars reviewed enter ***Yes*** in the first column, or if the requirement is not met by all four enter ***No*** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***calendars complete and reflect a choice of activities, incomplete calendars or no calendars available, only two of four months met requirements;*** to indicate if meeting requirements or corrective actions required. Supplemental documentation may be located in the program's policies and procedures for services delivery.

| Requirement | Documentation and key elements |
|---|---|
| • Planned structured activities that<br>○ To the extent possible utilizes participants skills<br>○ Responds to the participant's interests<br>○ Responds to the participant's capabilities<br>○ Responds to the participant's needs<br>○ Minimizes impairments in capacity to engage in those activities | • Activities calendars<br>○ Programming is appropriate for functionally impaired individuals and activities are modified for the population served by the program (i.e. physically frail participants, participants with dementia, participants with young onset dementia)<br>○ Participants' interests are recognized by offering choices of activities<br>• Observation<br>○ Programming minimizes individual participants' impairments in capacity to engage in activities (i.e. individuals with |

[9] Attachment I: Sample activities calendars

| | |
|---|---|
| | sensory deficits strategically placed in group settings)<br>• Service delivery policy and procedures |
| • Programming includes<br>○ Social activities<br>○ Intellectual/cognitive activities<br>○ Cultural activities<br>○ Educational activities<br>○ Physical group activities | • Activities calendars<br>○ Social: opportunities to socialize, communicate with peers, celebrate<br>○ Intellectual: opportunities to utilize mathematical and language skills, reminisce, participate in creative art therapies (i.e. music, painting, poetry, drama, dance)<br>○ Cultural: opportunities to participate in a variety of programming that celebrates nature, the arts, ethnicity and spirituality<br>○ Educational: opportunities to learn about nutrition, health care, current events<br>○ Physical: opportunities to maintain or regain maximum functioning with physical exercise that promotes range of motion, balance, and endurance (i.e. movement to music, dancing, armchair exercises, tai chi, yoga)<br>• Service delivery policy and procedures |
| **Observation: Observe at least three activities at the program. If requirement is met during all the activities observed enter *Yes* in the first column, or if the requirement is not met by all three enter *No* in the first column. In the second column identify observation(s) and documentation that substantiates that the requirement is met. Provide comments in the final column on the right. Comments may include *participants seemed to be engaged, smiling and actively participating in activity; participants using mental or physical abilities during activity, staff actively encouraging and engaging participants, two out of six participants not engaged in any activity,* to indicate if meeting requirements or corrective actions required. Supplemental documentation may be located in the program's policies and procedures for services delivery and in the participants' files/service plans.** | |

| | |
|---|---|
| • Program<br>  ○ Encourages participant interaction<br>  ○ Seeks to establish, maintain or improve a sense of usefulness<br>  ○ Stimulates a desire to use one's physical and mental abilities to the fullest<br>  ○ Promotes a sense of self-respect | • Observations<br>  ○ Observe participants response to programming: interactions between participants, sense of usefulness and self-respect (i.e. smiles, sense of accomplishment and success) and active participation using physical and mental abilities<br>• Service delivery policy and procedures<br>• Participant files<br>  ○ Service plans |

**You have completed 6 of 26 steps**

**Step 7: I. Required Program Standards: Services**
**Required Core Services**
**Section C2 - Supervision and Monitoring:** Includes protecting the welfare of participants and providing ongoing encouragement and assistance for the participant to actively participate in programming. Observe the staff interactions with participants. If requirement is met enter ***Yes*** in the first column, or if the requirement is not met enter ***No*** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include **staff are observant of participants' whereabouts;** ***participants are left unattended – plan of correction needed, no assistance provided during activities, staff anticipate participants' needs;*** to indicate if meeting requirements or corrective actions required. Supplemental documentation may be located in the program's policies and procedures for services delivery and participants' files/service plans.

| Requirement | Documentation and key elements |
|---|---|
| • Staff is observant and aware<br>  ○ Participants' whereabouts<br>  ○ Activities<br>  ○ Current needs | • Observation<br>  ○ Staff maintain field of vision with all participants, wandering behaviors are controlled with a security system or with staff supervision<br>  ○ Staff physically set-up for activities to allow for participants that need assistance<br>  ○ Staff anticipate, observe and meet the needs of participants, particularly those who have communication impairments (i.e. individuals unable to express their needs)<br>• Service delivery policies and procedures |

| | |
|---|---|
| | • Participants' files/service plans |
| • Staff<br>○ Protects the safety and welfare of participants<br>○ Provides ongoing encouragement and assistance as necessary | • Observation<br>○ Staff anticipate, observe and meet the needs of participants, particularly those who require assistance with transfers and mobility, and/or are cognitively impaired (i.e. individuals who are unable to identify and express their needs)<br>○ Staff provides encouragement and assistance to participants as needed so they can actively participate in program activities to the maximum extent of their mental and physical abilities<br>• Service delivery policies and procedures<br>• Participants' files/service plans |

**You have completed 7 of 26 steps**

**Step 8: I. Required Program Standards: Services**
**Required Core Services and Optional Services**
**Sections C3.1 (Required) and C3. 2 (Optional) - Personal Care Services:** NYSOFA interprets assistance with personal care to include hands on assistance. Review the completed SADS Personal Care Worksheet. Observe staff interactions with participants. If requirement is met enter ***Yes*** in the first column, or if the requirement is not met enter ***No*** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***assistance with toileting provided, no assistance with toileting - must be independent in ambulation, no supplies for incontinence, staff follow toileting schedules,*** to indicate if meeting requirements or corrective actions required. Supplemental documentation may be located in the program's policies and procedures for services delivery and participants' files/service plans. If the program does not provide the **OPTIONAL** service enter *N/A* in the first column.

| Requirement | Documentation and key elements |
|---|---|
| • Program provides some assistance with<br>○ Toileting, including incontinence care<br>○ Mobility<br>○ Transfers<br>○ Eating | • Services delivery policy and procedures<br>• Participant files<br>• Staff job descriptions<br>• Training records |
| **OPTIONAL** Requirement | Documentation and key elements |
| • Program provides total assistance with<br>○ Toileting, including incontinence care<br>○ Mobility<br>○ Transfers<br>○ Eating | • Services delivery policy and procedures<br>• Participant files/service plans<br>• Staff job descriptions<br>• Training records<br>• Observation of participant staff interactions |

| **OPTIONAL** Requirement | Documentation and key elements |
|---|---|
| • Program provides some or total assistance with<br>○ Dressing<br>○ Bathing/showers<br>○ Self-administration of medication<br>○ Routine skin care<br>○ Changing simple dressings<br>○ Use of supplies, adaptive and assistive equipment | • Services delivery policy and procedures<br>• Participant files<br>• Staff job descriptions<br>• Training records<br>• Observation of participant staff interactions |

**You have completed 8 of 26 steps**

**Step 9: I. Required Program Standards: Services**
**Required Core Services**
**Section C4 - Nutrition:** Provision of qualified meals[10] (**Attachment J**), snacks and fluids. Review the menus, snack and fluid schedules, and other nutrition documents. Observe the noon meal being served to participants. If requirement is met enter ***Yes*** in the first column, or if the requirement is not met enter ***No*** in the first column. In the second column identify the documentation(s) and observations that substantiate that the requirement is met.

Provide comments in the final column on the right. Comments may include ***fluids offered/not offered, nutritious snacks provided or no snacks provided, meal enjoyed by participants, participants complaining about meals****;* to indicate if meeting requirements or corrective actions required*.* **.** Supplemental documentation may be located in the program's policies and procedures for services delivery and participants' files/service plans.

| Requirement | Documentation and key elements |
|---|---|
| • Program provides nutritious meals at normal meal times as well as snacks and liquids at appropriate times during the day | • Services delivery policy and procedures<br>• Menus<br>• Posted daily schedule<br>• Observation of meals, snacks and fluids |
| • Qualified meals provided by the program comply with NYSOFA standards for the nutrition program for the elderly or the Child and Adult Food Care Program<br>• Meals prepared by participants for a planned activity, to the extent possible, are consistent with the NYSOFA nutrition standards for the elderly | • Services delivery policy and procedures<br>• Menus/Contracts<br>• Activities calendars<br>• Agreement by New York State Department of Health as to program participation in the Child and Adult Food Care Program |

**You have completed 9 of 26 steps**

[10] Attachment J: SADS Nutrition Requirements

**Step 10: I. OPTIONAL Services Standards**
**Section D1 - Maintenance and Enhancement of Daily Living Skills:** Providing assistance to participants to maintain their self-care skills. Review the program's policies and procedures for services delivery and participants' files/service plans. If requirement is met enter ***Yes*** in the first column, or if the requirement is not met enter *No* in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***has a habilitation specialist on staff, has an occupational therapist consultant, lack of documentation of services in participant files;*** to indicate if meeting requirements or corrective actions required. If the program does not provide the **OPTIONAL** service enter *N/A* in the first column.

| **OPTIONAL** Requirement | Documentation and key elements |
|---|---|
| • Providing activities and training which assists participants to learn or relearn self-care skills<br>  ○ Instrumental activities of daily living (use of transportation, laundry, shopping, cooking, using a telephone and handling personal business and finance)<br>  ○ Self-care skills (grooming, washing, dental hygiene)<br>  ○ Use of supplies<br>  ○ Adaptive/assistive equipment<br>  ○ Other appropriate skills | • Services delivery policy and procedures<br>• Participant files/service plans<br>• Staff job descriptions<br>• Training records<br>• Contracts with consultants<br>• Activities calendars |

**You have completed 10 of 26 steps**

**Step 11: I. OPTIONAL Services Standards**

**Section D2 - Transportation:** Providing or arranging for participants to get from their home to the program and back with vehicles, drivers and escorts (if available). Review the program's policies and procedures for services delivery and participants' files/service plans. If requirement is met enter ***Yes*** in the first column, or if the requirement is not met enter ***No*** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***directly provides/has own vehicles***, ***contracts out for transportation***, ***provides coordination of transportation, policies and procedures for transportation services is missing;*** to indicate if meeting requirements or corrective actions required. If the program does not provide the **OPTIONAL** service enter *N/A* in the first column.

| **OPTIONAL** Requirement | Documentation and key elements |
|---|---|
| • Transportation between the home and program<br>• Assisted transportation between the home and program | • Services delivery policy and procedures<br>• Participant files/service plans<br>• Contracts with providers |

**You have completed 11 of 26 steps**

**Step 12: I. OPTIONAL Services Standards**
**Section D3. - Caregiver Assistance:** If offered, caregiver assistance shall meet the requirements. Review the program's policies and procedures for services delivery, participants' files/service plans and case notes. If requirement is met enter ***Yes*** in the first column, or if the requirement is not met enter ***No*** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***uses case notes to document supports to caregivers, uses a caregiver assessment tool, case notes incomplete or*** **missing;** to indicate if meeting requirements or corrective actions required. If the program does not provide the **OPTIONAL** service enter *N/A* in the first column.

| **OPTIONAL** Requirement | Documentation and key elements |
|---|---|
| • Facilitates caregiver support, understanding conditions of participant, the service plan and how to maximize participant skills at home | • Services delivery policy and procedures<br>• Participant files/service plans/case notes<br>• Referrals to service providers (i.e. Alzheimer's Association) |
| • Assistance for informal caregiver including support groups, respite and other related assistance | • Services delivery policy and procedures<br>• Participant files/service plans/case notes<br>• Referrals to service providers (i.e. Alzheimer's Association)<br>• Support group flyers |

**You have completed 12 of 26 steps**

**Step 13: I. OPTIONAL Services Standards**
**Section D3. - Case Coordination and Assistance:** If offered, case coordination and assistance shall meet the requirements. Review the program's policies and procedures for services delivery, participants' files/service plans and case notes. If requirement is met enter ***Yes*** in the first column, or if the requirement is not met enter ***No*** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***uses case notes/does not use case notes to document supports to participants and/or caregivers, uses a caregiver assessment tool;*** to indicate if meeting requirements or corrective actions required. If the program does not provide the **OPTIONAL** service enter *N/A* in the first column.

| **OPTIONAL** Requirement<br>If offered, required components | Documentation and key elements |
|---|---|
| • Program establishes and maintains effective linkages | • Services delivery policy and procedures<br>• Participant files/service plans/case notes<br>• Communication among service providers (i.e. home care) |
| • Program coordinates services, makes and accepts referrals to and from other service providers | • Services delivery policy and procedures<br>• Participant files/service plans/case notes<br>• Referrals to service providers (i.e. Alzheimer's Association, home care, transportation)<br>• Intake forms |
| **OPTIONAL** component | Documentation and key elements |
| • Advises and assists participants and caregivers in relation to benefits, entitlements and other information | • Services delivery policy and procedures<br>• Assessments<br>• Participant files/service plans/case notes<br>• Applications for benefits |

**You have completed 13 of 26 steps**

**Step 14: II. Required Program Standards: Administrative**
**Section A. Policies and Procedures:** Policies and procedures shall meet all the requirements. Review all the program's written policies and procedures and review corresponding documentation to determine if the policies and procedures are being followed. If requirements are met enter ***Yes*** in the first column, or if the requirements are not met enter ***No*** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***no written policy, policy and procedures not being followed as intended, incomplete policy, policies reviewed annually;*** to indicate if meeting requirements or corrective actions required.

| Requirement | Documentation and key elements |
|---|---|
| • Written policies and procedures on file for review | • Policy and procedure manual (if available) |
| • Participant eligibility | • Participant eligibility policy and procedures, including<br>  ○ Functionally impaired (defined as needing the assistance of another person in at least one of the following activities of daily living: toileting, mobility, transferring, or eating; or needing supervision due to cognitive and/or psycho-social impairment)<br>  ○ Will benefit from participation in the program<br>  ○ Needs can be met and managed by the program<br>• Participant files/assessment |
| • Admission and discharge | • Admission and discharge policy and procedures<br>  ○ Includes an assessment of an individual's functional capacities and impairment completed prior to admission |

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| | ○ Discharge: individuals who can no longer be served safely or adequately are discharged<br>○ Discharge Arrangements: assists, if appropriate, discharged participants in making other arrangements<br>• Participant files/case notes |
| • Service plan | • Service plan policy and procedures<br>○ Each participant only receives services in accordance with an individualized written service plan<br>○ Developed by program staff<br>○ Developed in conjunction and/or consultation with the participant and if applicable, the participant's authorized representative and/or the informal caregiver<br>○ Completed within 30 days from admission<br>○ Review of Service Plans as necessary and at least annually<br>○ Service plans based on the assessment and needs of the participant<br>○ To the maximum extent possible, the service plan shall seek to attain and maintain the highest practicable physical, mental, and psychosocial well-being of the participant, including an optimal capacity for independence and self-care<br>○ To the maximum extent possible, the service plan shall encourage the participant to use his/her existing capacities, develop new capacities and interests and compensate for existing or developing impairments in capacity |

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| | ○ Individual outcomes are specified in service plans<br>• Participant files/service plan |
| • Staffing plan, paid and non-paid staff | • Staffing plan policy and procedures<br>○ Adequate number of staff to perform all the functions in the regulation and to ensure the health, safety and welfare of the participants<br>○ During the program day there at least two program staff, one of whom is a paid staff with the participants at all times<br>• Staff and non-paid staff work schedules, time sheets |
| • Participant's rights | • Participant's rights policy and procedures<br>• Participant files, acknowledgement by participant and/or caregiver that they received a copy of the participant rights<br>• Participants rights posted in program area |
| • Services delivery | • Services delivery policy and procedures includes core services and if offered, optional services |
| • Program self-evaluation | • Program self-evaluation policy and procedures<br>• Annual self-evaluation that includes administrative, fiscal and program operations, including feedback from participants and caregivers |
| • Records | • Records policy and procedures<br>○ Administrative and financial records<br>○ Participant personal records: identifying information, emergency information and medical information that includes physician name, diagnosis and medications<br>○ Services records: assessment, service plan and documentation of delivery of services |

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| | ○ All information is treated confidentially: information is not released or disclosed except as authorized by Federal or State laws and regulations, or pursuant to court order<br>• Location and confidentiality of records |
| • Emergency preparedness | • Emergency preparedness policy and procedures includes conducting two fire drills annually and maintaining emergency participant files<br>○ Identifiable information<br>○ Physician's name<br>○ Physician's telephone number<br>○ Family members name<br>○ Family members telephone number<br>• Training records |

**You have completed 14 of 26 steps**

**Step 15: II. Required Program Standards: Administrative**
**Section B - The Program Self-Evaluation:** The Program Self-Evaluation shall meet all the requirements. Review the program's self-evaluation. If requirements are met enter ***Yes*** in the first column, or if the requirements are not met enter ***No*** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***no self-evaluation completed, conducts satisfaction surveys, self-evaluation not completed every year, comprehensive self-evaluation conducted annually/biannually****;* to indicate if meeting requirements or corrective actions required.

| Requirement | Documentation and key elements |
|---|---|
| • Written self-evaluation on file for review | • Self-evaluation |
| • Completed annually | • Self-evaluation |
| • Components<br>○ Administrative<br>○ Fiscal<br>○ Program operations<br>○ Feedback from participants and caregivers | • Self-evaluation<br>○ Administrative may include a review of policies and procedures, job descriptions, health and training records<br>○ Fiscal may include a review of fee schedules, statement on most recent fiscal audit<br>○ Program operations may include a review of participant files for assessment and services plan, review of incident reports, seasonal activities, seasonal menus<br>○ Feedback from participants and caregivers may include a summary of likes and dislikes and recommended changes based on results of a satisfaction survey<br>○ Corrective action taken or made, if applicable |

**You have completed 15 of 26 steps**

**Step 16: II. Required Program Standards: Administrative**
**Section C. Records:** Administrative documents are documents that are required to be maintained by the program. Identify the content and location of records maintained by the program. If requirements are met enter ***Yes*** in the first column, or if the requirements are not met enter ***No*** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***no system for recordkeeping, no documentation of delivery of services, all participant information stored in locked cabinet;*** to indicate if meeting requirements or corrective actions required.

| Requirement | Documentation and key elements |
|---|---|
| • Administrative and financial records | • Identify types of administrative and financial records and where they are kept |
| • Participant personal records<br>○ Identifying information<br>○ Emergency information<br>○ Medical information that includes physician name, diagnosis and medications | • Identify there are personal records of participants that include identifying, emergency and medical information which includes physician name, diagnosis and medications, and where records are kept |
| • Services records<br>○ Assessment<br>○ Service plan<br>○ Documentation of delivery of services | • Identify there are the required service records and where they are kept |
| • All information is treated confidentially<br>○ Information is not released or disclosed except as authorized by Federal or State laws and regulations, or pursuant to court order. | • Records policy and procedure<br>• Participant/caregiver admission agreements (if available)<br>• Training records |

**You have completed 16 of 26 steps**

**Step 17: II. Required Program Standards: Administrative**
**Section D1. - Staffing- General Requirements[11]** (**Attachment K**)**:** Identify the number of participants, paid and non-paid staff in the program area. Review the policy and procedure for the staffing plan. Review attendance sheets, sign-in/sign out sheets and time sheets. Review the completed SADS Program Training and Health Status Worksheet. If requirements are met enter ***Yes*** in the first column, or if the requirements are not met enter ***No*** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include **sufficient *staff at meal times, not enough staff to supervise participants, health assessment on file for three of six staff – need to ensure other three staff have health assessments completed, adequate staff to provide assistance and encouragement throughout activities*** to indicate if meeting requirements or corrective actions required.

| Requirement | Documentation and key elements |
|---|---|
| • Adequate number of staff to perform all the functions in the regulation and to ensure the health, safety and welfare of the participants | • Record participant to staff ratio |
| • During the program day there at least two program staff, one of whom is a paid staff with the participants at all times | • Review staff sign-in/sign-out sheets and/or time cards<br>• Review staffing plan policy and procedures |
| • Each paid or unpaid staff person has an annual health status assessment maintained on file | • Personnel files<br>• Training and Health Status Worksheet, Attachment D |
| • New paid and unpaid staff have a health status assessment prior to contact with participants to ensure that they are free from any health | • Personnel files<br>• Training and Health Status Worksheet, Attachment D |

[11] Attachment K: Adequate Staffing in Social Adult Day Services

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| impairment that is a potential risk to others or may interfere with performance of duties | |
| • New paid and unpaid staff are screened for tuberculosis with a PPD (Mantoux) skin test or for positive results a negative chest x-ray documented by a physician. Staff are screened every two years. | • Personnel files<br>• Social Adult Day Services Training and Health Status Worksheet, Attachment D |

**You have completed 17 of 26 steps**

**Step 18: II. Required Program Standards: Administrative**
**Section D.2.a. Staffing Personnel- Director:** The Director must meet all requirements. The personnel file of the Director must include documentation to substantiate the requirements are met. If requirements are met enter ***Yes*** in the first column, or if the requirements are not met enter ***No*** in the first column. In the second column identify the documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***has six years of experience working with older adults*** **with** ***dementia, has a bachelor's degree in Creative Art Therapy, no experience working in human services;*** to indicate if meeting requirements or corrective actions required.

| Requirement | Documentation and key elements |
|---|---|
| • Paid Director with appropriate educational qualifications and work experience to ensure that activities and services are provided appropriately | • Personnel file<br>• Resume<br>• Job description |
| • Director is granted authority and responsibility necessary to manage and implement the program | • Job description |
| • Director manages the program so that it complies to all applicable local, State and Federal laws and regulations | • Job description |
| • Director submits reports as necessary | • Job description |
| • Director is responsible for establishing and following written policies and procedures | • Job description |

**You have completed 18 of 26 steps**

**Step 19: II. Required Program Standards: Administrative**
**Section D.2.b. - Staffing Personnel- Service Staff:** Service staff must meet the requirement. Review the job description for paid and unpaid service staff. If requirement is met enter ***Yes*** in the first column, or if the requirement is not met enter ***No*** in the first column. In the second column identify the documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***service staff review participant service plans monthly***, ***service staff unaware of service plans;*** to indicate if meeting requirements or corrective actions required.

| Requirement | Documentation and key elements |
|---|---|
| • Service staff is responsible for carrying out the individualized service plans for participants | • Job descriptions<br>• Minutes of staff meetings or case conferences<br>• Observe service staff interacting with participants to determine if participants are receiving services as indicated in the individualized service plan<br>• Interview service staff on how they are made aware of the individualized service plans |

**You have completed 19 of 26 steps**

**Step 20: II. Required Program Standards: Administrative**
**Section E. - Unpaid Staff:** Administrative training may include volunteers, student interns, and work study placements. Unpaid staff must meet the requirements. Review the job descriptions, training records, personnel files for unpaid staff. If requirements are met enter ***Yes*** in the first column, or if the requirements are not met enter ***No*** in the first column. In the second column identify the documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***unpaid staff supplement paid staff, unpaid staff lead specific activities***, ***incomplete training records;*** to indicate if meeting requirements or corrective actions required.

| Requirement | Documentation and key elements |
|---|---|
| • Unpaid staff are trained in accordance with the tasks they are assigned and may occasionally perform | • Job descriptions<br>• Training records<br>• Social Adult Day Services Training and Health Status Worksheet, Attachment D |
| • Unpaid staff who may or will have contact with the participants meet the same requirements as do service staff under regulation including the health assessment | • Personnel files<br>• Training records<br>• Social Adult Day Services Training and Health Status Worksheet, Attachment D |

**You have completed 20 of 26 steps**

**Step 21: II. Required Program Standards: Administrative**
**Section F. - Training:** must include paid staff and unpaid staff (i.e. staff volunteers, student interns, and work study placements). Review the SADS Program Training and Health Status Worksheet that you completed in Step 2. If all paid and unpaid staff have met all requirements ***Yes*** in the first column, or if all paid and unpaid staff have not met the requirements enter ***No*** in the first column. In the second column identify the documentation(s) that substantiate that the requirement is met.

Provide comments in the final column on the right. Comments may include ***unpaid staff do not receive training, no documentation of trainings, four of seven staff have completed all required training;*** to indicate if meeting requirements or corrective actions required.

| Requirement | Documentation and key elements |
|---|---|
| • Orientation to the program provider, the community and the program | • Training records<br>• Training and Health Status Worksheet, Attachment D |
| • Training on<br>  ○ Working with older adults<br>  ○ Participants' rights<br>  ○ Safety<br>  ○ Accident prevention | • Training records<br>  ○ Curriculum and handouts<br>  ○ Attendance sheets<br>  ○ Qualifications of instructor<br>  ○ Competency<br>  ▪ Quizzes, skill check off lists, certificates<br>• Social Adult Day Services Training and Health Status Worksheet, Attachment D |
| • Six hours of in-service training annually | • Training records<br>  ○ Curriculum and handouts<br>  ○ Attendance sheets<br>  ○ Qualifications of instructor<br>  ○ Competency |

| | |
|---|---|
| | ▪ Quizzes, skill check off lists, certificates<br>• Social Adult Day Services Training and Health Status Worksheet, Attachment D |
| • Annual training<br>○ Use of fire extinguishers<br>○ Written procedures on<br>▪ Evacuation<br>▪ Emergency situations | • Training records<br>○ Curriculum and handouts<br>○ Attendance sheets<br>○ Qualifications of instructor<br>○ Competency<br>○ Quizzes, skill check off lists, certificates<br>• Social Adult Day Services Training and Health Status Worksheet, Attachment D |
| • Program provides training to staff paid and unpaid appropriate to tasks assigned | • Training records<br>○ Curriculum and handouts<br>○ Attendance sheets<br>○ Qualifications of instructor<br>○ Competency (i.e. bus drivers)<br>○ Quizzes, skill check off lists, certificates<br>• Social Adult Day Services Training and Health Status Worksheet, Attachment D<br>• Social Adult Day Services Personal Care Worksheet, Attachment C |
| • Program maintains appropriate documentation of all training provided to staff and documentation of equivalent training | • Training records<br>○ Curriculum and handouts<br>○ Attendance sheets<br>○ Qualifications of instructor<br>○ Competency (i.e. bus drivers)<br>○ Quizzes, skill check off lists, certificates<br>• Social Adult Day Services Training and Health Status Worksheet, Attachment D |

**You have completed 21 of 26 steps**

**Step 22: II. Required Program Standards: Administrative**
**Section G. - OPTIONAL- Consultants:** Consultants are arranged for by the program to provide a variety of services including staff training, professional supervision, caregiver services, specialized therapeutic activities programming, and activities to promote participant wellness and independent functioning. Review contracts and Memorandum of Understanding agreements for consultants. If the program has consultant and the qualification of the consultants is documented enter ***Yes*** in the first column, or if they use consultants and do not have agreements or qualifications on file enter ***No*** in the first column. In the second column identify the documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***Consultants for art and music therapy, RN consultant for training, no documentation of consultants;*** to indicate if meeting requirements or corrective actions required. Enter N/A in the first column if the program does not have consultants.

| Requirement | Documentation and key elements |
|---|---|
| • Arrange for qualified consultants to assist in education, staff training and other appropriate tasks | • Consultant agreement<br>▪ Contracts<br>▪ Memorandum of Understandings<br>▪ Certificates, licenses, diplomas |

**You have completed 22 of 26 steps**

**Step 23: II. Required Program Standards: Administrative**
**Section H. - Physical Environment and Safety[12]: Attachment L** provides you with information on access requirements that are required for programs that receive State and Federal funding, even if the program received the funding indirectly from a State or Federal contracted agency. For the purpose of this self-monitoring tool, only the requirements in New York State Office for the Aging Social Adult Day Care regulation NYCRR Title 9 Subtitle Y Chapter II Section 6654.20 are assessed. If requirements are met enter ***Yes*** in the first column, or if the requirements are not met enter ***No*** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.
Provide comments in the final column on the right. Comments may include ***program has preventative maintenance schedule, program has designated dining and activity areas, handrail needs immediate repair*** to indicate if meeting requirements or corrective actions required.

| Requirement | Documentation and key elements |
|---|---|
| • Facility is large enough to accommodate program activities | • Observation and Description of facility activity areas. |
| • Building and equipment is maintained and operated to prevent fire and hazards to participant safety | • Preventative maintenance schedules or safety inspection records<br>• Dementia capable<br>  ○ Security systems<br>• Ramps, hand rails, grab bars, signage, lighting<br>• Heating and cooling systems<br>• Food service handlers training certificates<br>• Fire inspections<br>• Evidence of corrective actions, if applicable |
| • Written notification of program existence and hours of operation to local fire department | • Letter to local fire department |

**You have completed 23 of 26 steps**

[12] Attachment L: Equal access requirements

**Step 24: II. Required Program Standards: Administrative**
**Section I. - Emergency Preparedness:** Administrative Emergency Preparedness should address potential health and safety emergency situations of participants, building emergencies and weather related emergencies. Review emergency preparedness documents such as evacuation maps, posting of current emergency numbers and policies and procedures. If requirements are met enter ***Yes*** in the first column, or if the requirements are not met enter ***No*** in the first column. In the second column identify the documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***no records of fire drills, reviews incident reports regularly*** to indicate if meeting requirements or corrective actions required.

| Requirement | Documentation and key elements |
|---|---|
| • Maintains current written procedures for handling emergencies | • Emergency procedures for participant emergency<br>  ○ Falls<br>  ○ Choking<br>  ○ Fainting<br>  ○ Elopement, wandering resulting in getting lost<br>  ○ Bus accidents<br>  ○ Communicable disease<br>• Emergency procedures for building emergency<br>  ○ Fire<br>  ○ Flood<br>  ○ Chemicals<br>  ○ Heat and cold air<br>  ○ Bomb threats, guns, lock down situations<br>• Emergency procedures for weather related emergencies<br>  ○ Snow storms |

| | |
|---|---|
| | ○ Hurricanes<br>• Emergency closure procedures |
| • Emergency participant files<br>○ Identifiable information<br>○ Physician's name<br>○ Physician's telephone number<br>○ Family members name<br>○ Family members telephone number | • Emergency participant files, should be portable and easy to obtain and take during community outings and evacuations |
| • Conducts two fire drills per year | • Fire drill records<br>○ Date and time of drill<br>○ Participants in attendance<br>○ Paid and unpaid staff on duty and present at the time of the fire drill<br>○ Results, length of time to evacuate to safe area<br>○ Follow-up if needed (i.e. staff training, participant behavioral considerations |

**You have completed 24 of 26 steps**

**Step 25: II. Required Program Standards: Administrative**
**Section J. - Insurance:** Review insurance documents for personal and appropriate professional liability insurance for business operations. If requirements are met enter ***Yes*** in the first column, or if the requirements are not met enter ***No*** in the first column. In the second column identify the documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***has comprehensive insurance, insurance expired;*** to indicate if meeting requirements or corrective actions required.

| Requirement | Documentation and key elements |
|---|---|
| • Sufficient insurance coverage | • Certificates of insurance that include personal and professional liability<br>• Vehicle insurance<br>• Umbrella coverage |

**You have completed 25 of 26 steps**

**Step 26: II. Required Program Standards: Administrative**
**Section K. - Participants' Rights**: Administrative participant's rights include but are not limited to the six rights in the regulation. If requirements are met enter ***Yes*** in the first column, or if the requirements are not met enter ***No*** in the first column. In the second column identify the documentation observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include ***participants' rights are provided to participants and documented in file, participants' rights are posted in program area, no documentation of receiving participants rights by participant and/or caregiver*** for meeting requirements or to indication need for corrective action.

| Requirement | Documentation and key elements |
|---|---|
| • Provides a copy of participants' rights and an explanation of rights to participants and caregivers at the time of admission | • Participant files/case notes/signed copy in file<br>• Participants' rights policies and procedure |
| • Protects and promotes the following rights<br>  ○ Participants are treated with dignity and respect<br>  ○ Participants are not subjected to verbal, sexual, mental, physical or financial abuse, corporal punishment or involuntary work or service<br>  ○ Participants are not subjected to chemical or physical restraints<br>  ○ Participants are not subjected to coercion, discrimination or reprisal<br>  ○ Participants are free to make personal choice in regards to accepting or refusing services and/or activities | • Participants' rights policies and procedure<br>• Orientation and training records<br>• Observation of interactions with staff<br>• Social Adult Day Services Training and Health Status Worksheet, Attachment D<br>• Participant files/complaints<br>• Personnel files/disciplinary action for staff |

| | |
|---|---|
| ○ Participants' personal information is kept confidential | |
| • Posts participants' rights and contact information on Area Agency on Aging and NYSOFA in the program area visible to participants, families and program staff | • Participants' rights are posted in program area, at eye level and with contact information for AAA and NYSOFA. |

**You have completed 26 of 26 steps**