

Program Changes Preparation List

Add responsibility of Governing Body to adopt additional policies

Revise Program Policies to Include:

- Definition of Population Served
 - Discharge policy outlining the criteria for discharge and notification procedures for discharge, the timeframe and procedures for notifying family or responsible party of discharge, and referral or follow-up procedures
 - Medication policy covering
 - medication use
 - medication administration order changes
 - medical disposal
 - Description of participant's rights
 - Grievance policies and procedures for families
 - Advance directives policy
 - Non-discrimination policies
 - Procedure to maintain confidentiality
 - Policy on reporting suspected elder abuse or neglect
 - Description of the geographical area served by the program
 - Inclement weather policies
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- Transportation Policy (for programs providing or arranging for public transportation: will need to place in vehicles) including routine and emergency procedures and addressing accidents, medical emergencies, weather emergencies and escort issues.

New Participants

- Conduct at least one personal interview prior to enrollment
- Complete initial documentation identifying the following:
 - Social Needs
 - Medical Care Needs
 - Any Designated Spiritual, Religious or Cultural Needs
 - Determination of whether the program can meet the individual's expressed needs
 - Signed by staff person conducting the interview
 - Obtain application for enrollment signed by responsible party
 - Complete medicine list
 - Review Program Policies and provide a copy
 - Obtain documentation of receipt of and agreement to abide by program policies [may be part of application for enrollment]

New AND Existing Participants

- Within 30 days of enrollment of new participants and for **Existing participants**:
 - Obtain medical report
 - Perform **comprehensive assessment/written service plan**:
 - with input from the participant, family members or other caregiver, and other agency professionals with knowledge of the individual's needs
 - based on strengths, needs and abilities identified in initial assessment
 - providing assessment of individual's ability to perform activities of daily living and instrumental activities of daily living
 - including assessment of mental, social, living environment, economic and physical health status of individual
 - identifying needs and strengths of the participant
 - documenting the interests of the participant
 - including the measurable service goals and objectives of care for the participant
 - describing the types of interventions to be provided by the program in order to reach the desired outcomes
 - describing services to be provided by the program to achieve the goals and objectives
 - identifying roles the participant, family, caregiver, volunteers and program staff
 - listing the time limit for the plan, with provision for review and renewal [regular reviews, no less than once every six months]
 - include schedule days of attendance
 - Add personal concerns and knowledge of the caregiver that may have an impact on the participant's care plan to the client's folder
 - Service plan signed and dated by the program director or director's designee
 - Health care components of service plan written and signed by registered nurse
- Service plans updated at regular intervals, at least every 6 months
- Progress notes [written reports in the participant's file of staff discussions, conferences, or consultation with family or other interested parties, for the purpose of evaluation of a participant's progress and any other information regarding the participant's situation] updated at least every 3 months
- Document reason for any unscheduled participant absence
- Review dietary requirements of participants to make sure they can be accommodated by the program [... program shall neither admit nor continue to service a participant whose dietary requirements cannot be accommodated by the program]

Medications

- Participants currently keeping their own medication may not do so after July 1, 2007
- Add *dosage*, quantity and *route* of the medication to record of medications given
- Update participant's medication schedule at least once every 3 months
- Ensure medications are kept in a locked location
- Only adult day health or combination programs shall enroll or serve participants who require intravenous, intramuscular or subcutaneous medications while attending the program.

Program Operations

- Review Activity Plans
 - Program mode should include both large and small groups
 - Activities shall be adaptable and modifiable to allow for greater participation and to maintain participant's individual skill level
 - Activities schedule to provide for the inclusion of cognitive, physical, and psychosocial activities
- Adult Day Care and/or Day Health Homes: Review space for possible expansion of up to 16
- Review use of space in the program to ensure it is only used by the day care during program operation hours or is certified as shared space
- Add training of the prevention of foodborne illness to list of basic and special nutritional needs and proper food handling consultation by registered dietitian or nutritionist
- Food service provider shall abide by the food safety and sanitation practices required by the Commission for Health Services rules
- Place transportation policy in vehicles when providing or arranging for public transportation
- Place first aid kit* and fire extinguisher in vehicles when providing or arranging for public transportation
- Check first aid kits to make sure they include
 - absorbent compress
 - adhesive bandages
 - adhesive tape
 - antiseptic
 - burn treatment
 - medical exam gloves
 - sterile pads
 - triangular bandage
- Written fire safety and evacuation plan approved by fire marshal or its designee
- Hold quarterly drills in handling emergencies such as medical emergencies, natural disasters, fires and facility security -- document these to include date and kind of emergency
- Hold fire drills quarterly [if program has a fire safety sprinkler system] or monthly [for programs without a fire safety sprinkler system]
- Obtain signature of MD, PA or nurse practitioner for any staff unable to complete first aid or CPR attesting to such and indicating time limit of such physical inability
- If CPR or first aid verification cannot be submitted on an official attendance card, submit course roster, signed by the instructor, indicating pass or fail for each student, length of time the training is valid, and accompanied by a copy of the instructor's card
- Compile portable basic emergency information file on each participant that includes:
 - hospital preference, physician of record and telephone number;
 - emergency contact (family or caregiver);
 - insurance information;
 - medications and allergies;
 - current diagnosis and history; and
 - advance directives, if any

Program Operations (Continued)

- Notify DSS of emergency actions within 72 hours of the incident
- Make sure copies of all current and former signed authorizations to receive and give out confidential information are dated within the prior 12 months
- Use Form 732a-ADS (Daily Rate Sheet) or the equivalent [HCCBG form] for submitting budget information in future recertification packages
- Include evidence of statewide criminal history check on all employees hired since last recertification in recertification package
- Program Directors of programs with health component that have over 10 participants may now serve as back up health care coordinator if qualified for up to but not exceeding three consecutive weeks
- Health care coordinators job description needs to be updated to add duties added to include making certain health and personal care services outlined in 10A NCAC 06S .0403 are provided to participants consistent with service plan
- Staff responsible for personal care "related experience" now defined as "experience in caring for impaired adults"
- Update "vendor" agreement with a contract eliminating the monthly maximum

Records

- Program records kept in a locked file
- Assessment forms included in participant record file
- As part of service plan, scheduled days of attendance to be kept for 12 months in participant file
- Signed authorization for photographs extended to include video, audio recordings or slides
- Records to be kept minimum of 3 years
- Copies of activity schedules added to program records to keep
- Add agreements regarding shared space or space licensed by other Divisions to written policy file

Program Personnel

- Conduct statewide criminal history check on newly-hired employees
- Obtain medical report on new employees *conducted within the past six months*
- Medical report now to say "no illness or health condition that would pose a health risk to others and that employee can perform duties as assigned..."
- Write plan for orientation and staff development
- Document orientation, staff development and training
- Write plan for staff substitutions [note, substitutes no longer required to have CPR & First Aid as long as other staff are present with this training]
- Discontinue annual employee medicals
- Add protection of confidential information to personnel policies
- Have plan in place for assignment of authority and responsibility of management of activities and direction of staff when the program director is not on site.
- Personnel files to now include evidence of criminal history check; CPR & First Aid documentation and signed statement to keep all participant information confidential
 - Obtain this signed statement from all employees for their files