1		SECTION .0500 - CERTIFICATION INFORMATION
2	40.1.370.1.00.00	
3	10A NCAC 068	
4		als, groups or organizations operating or wishing to operate an adult day health program as defined
5	•	must apply for a certificate to the county department of social services in the county where the program
6	is to be operated	
7	(b) A designated social worker will supply necessary forms and standards for certification and will make a study of	
8	the program.	
9	(c) The following forms and materials make up an initial certification package and must be submitted through the	
10	county departme	ent of social services to the state Division of Aging and Adult Services:
11	(1)	The program policy statement;
12	(2)	Organizational diagram;
13	(3)	Job descriptions;
14	(4)	Documentation showing planned expenditures and resources available to carry out the program of
15		service for a 12 month period;
16	(5)	A floor plan of the facility showing measurements, restrooms and planned use of space;
17	(6)	Form <u>DSSDOA</u> -1498 (Fire Inspection Report) or the equivalent completed and signed by the local
18		fire inspector, indicating approval of the facility, no more than 30 days prior to submission with the
19		certification package;
20	(7)	Form <u>DSSDOA</u> -1499 (Building Inspection Report for Day Care Services for Adults) or the
21		equivalent completed and signed by the local building inspector, or fire inspector or fire marshall if
22		a building inspector is not available, indicating approval of the facility, no more than 30 days prior
23		to submission with the certification package;
24	(8)	Form DSSDENR-2386 4054 (Sanitation Evaluation Report) or the equivalent completed and signed
25		by a local sanitarian, indicating approval of the facility, no more than 30 days prior to the submission
26		with the certification package;
27	(9)	Written notice and the effective date, if a variance of local zoning ordinances has been made in order
28		for property to be utilized for an adult day health program;
29	(10)	A copy of the articles of incorporation, bylaws and names and addresses of board members, for adult
30		day health programs sponsored by a non-profit corporation;
31	(11)	The name and mailing address of the owner if a proprietary program;
32	(12)	A medical statement of each proposed staff member certifying to freedom from communicable
33	` '	disease or condition and to good health signed by a licensed physician, physician assistant or nurse
34		practitioner no more than 30 days prior to submission with the certification package. When such
35		certification cannot be made, employment may commence, continue, terminate, or be reassigned

36

based on an assessment on whether the employee's work tasks would pose a significant risk to the

1 health of the employee, co-workers or the public, or whether the employee is unable to perform the 2 normally assigned job duties; and 3 (13)DSSDAAS-6205 (Adult Day Health Certification Report). This form must be submitted by the 4 county department of social services with a copy to the program. 5 (d) The following forms and materials make up a certification package for the renewal of a certification and must be 6 submitted through the county department of social services, no more than 60 days prior to the end of the current period 7 of certification, to the state Division of Aging and Adult Services: 8 (1) Form **DSSDOA**-1498 (Fire Inspection Report) or the equivalent completed and signed by the local 9 fire inspector, indicating approval of the facility, no more than 12 months prior to submission with 10 the certification package; 11 (2) Form DSSDOA-1499 (Building Inspection Report for Day Care Services for Adults) or the 12 equivalent when structural building modifications have been made during the previous 12 months, 13 completed and signed by the local building inspector, or fire inspector or fire marshall if a building 14 inspector is not available, indicating approval of the facility, within 30 days following completion 15 of the structural building modifications; 16 (3)Form DSSDOA-2386 (Sanitation Evaluation Report) or the equivalent completed and signed by a 17 local sanitarian, indicating approval of the facility, no more than 12 months prior to submission with 18 the certification package; 19 (4) A medical statement for each staff member certifying to freedom from communicable disease or 20 condition and to good health signed by a licensed physician, physician assistant or nurse practitioner 21 no more than 12 months prior to submission with the certification package. When such certification 22 cannot be made, employment may commence, continue, terminate, or be reassigned based on an 23 assessment on whether the employee's work tasks would pose a significant risk to the health of the 24 employee, co-workers or the public, or whether the employee is unable to perform the normally 25 assigned job duties; 26 (5) An updated copy of the policy statement, organizational diagram, job descriptions, names and 27 addresses of board members if applicable, and a floor plan showing measurements, restrooms, and 28 planned use of space, if any changes have been made since the previous certification package was 29 submitted; 30 (6) Documentation showing planned expenditures and resources available to carry out the program of 31 service for a 12 month period; and 32 DSSDAAS-6205 (Adult Day Health Certification Report). This form must be submitted with the (7) 33 certification package by the county Department of Social Services department of social services to 34 the Division of Aging and Adult Services at least 30 days in advance of the expiration date of the 35 certificate, with a copy to the program. 36 (e) If during the study of the program it does not appear that all standards can be met, the county department will so

inform the applicant, indicating in writing the reasons, and give the applicant an opportunity to withdraw the

37

- 1 application. Upon the applicant's request, the application will be completed and submitted to the Division of Aging
- 2 <u>and Adult Services</u> for consideration.
- 3 (f) Following review of the certification package, a pre-certification visit may be made by staff of state Division of
- 4 Aging and Adult Services.
- 5 (g) The Division of Aging and Adult Services will promptly notify in writing to the applicant and the county
- 6 department of social services of the action taken after a review of the certification package and visit, if made.

7

- 8 History Note: Authority G.S. 130A-148; 131D-6; 143B-153;
- 9 Eff. May 1, 1992;
- 10 Amended Eff. July 1, 2000; March 1, 1993.1993;
- 11 <u>Readopted Eff. July 1, 2019.</u>

1213