ADULT DAY CARE AND DAY HEALTH NOTICE OF VIOLATION OF STANDARDS

**I. Date Violation Issued:**

**II. Program:** **County:**

**III. Reference\*** *(Enter Rule Number Program is Violating. For example:* “Nutrition 10A NCAC 06R.0502 and 06S.0401”):

**IV. Reason for Decision\*** *(Enter why program was out of compliance with the NC Adult Day Care/Day Health Standards for Certification):*

1. **Program Director/Designee’s Comments\*** *(Program Director/Designee may include his/her comments:* ***(Please note that this is not the corrective action plan):***
2. **Corrective Action Plan\*** *(Determined by the Violation Issuer(s) with Program Director/Designee):*

Was the corrective action plan determined and/ or reviewed with the Program Director /Designee?

 **[ ]** YES **[ ]** NO

**Corrective Action Completion Date** *(72 hours, 30 days, 60 days, 90 days based on severity of violation- refer to the NC Adult Day Care/Day Health Standards for Certification or contact DAAS staff for consultation)***:**

**VII. Signatures:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_Date**

**Coordinator or Specialist Program Director/Designee**

**VIII. Follow Up Visit to Program to Ensure Corrective Action was Completed by Due Date**

**Date of follow up visit:       Did Program Complete the Corrective Action by the Due Date listed above? [ ]  YES [ ]  NO**

**IX. If Program Did Not Complete Corrective Action by the Due Date Listed Above, Contact Adult Day Care Consultant at DAAS.**

**Date DAAS staff was Contacted:**

**PLEASE READ PAGE 2 OF THIS FORM**

The North Carolina General Statutes (Chapter 131D-6) requires that all adult day care and day health programs, as defined by the statute, operate under standards adopted by the Social Services Commission. Your program has been determined by authorized staff of the county department of social services or local health department to be out of compliance with one or more of these standards, as identified and described in items III and IV on the first page of this form. A completion date has been set for each violation as shown in item VII on the first page of this form. In item VI you should develop a written corrective action plan specifying what steps will be taken to bring the program into compliance. If corrective action to comply with the standards is not complete by the date indicated, negative action may be taken. A fine may be imposed, the certification status may be changed to provisional, or certification may be denied or terminated.

You have the right to ask the Adult Day Coordinator or Adult Day Health Specialist for assistance in understanding the reason for the determination of non-compliance and in developing a corrective action plan to bring the program into compliance. If you disagree with the determination of non-compliance, you have the responsibility to make an effort to resolve the difference with the county department of social services or local health department. Any comments that you have may be noted in item V. Your program is expected to work cooperatively with staff from the county department of social services or local health department in all matters pertaining to compliance with the Adult Day Care and Day Health Services Standards for Certification.

The signatures of the authorized staff of the county department of social services or local health department and the program director/designee are required in item VIII.