



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Procedures for Monitoring and Addressing Violations

Terrie Deal
Adult Day Care Consultant

March 25, 2026

Authority for Certification and Monitoring

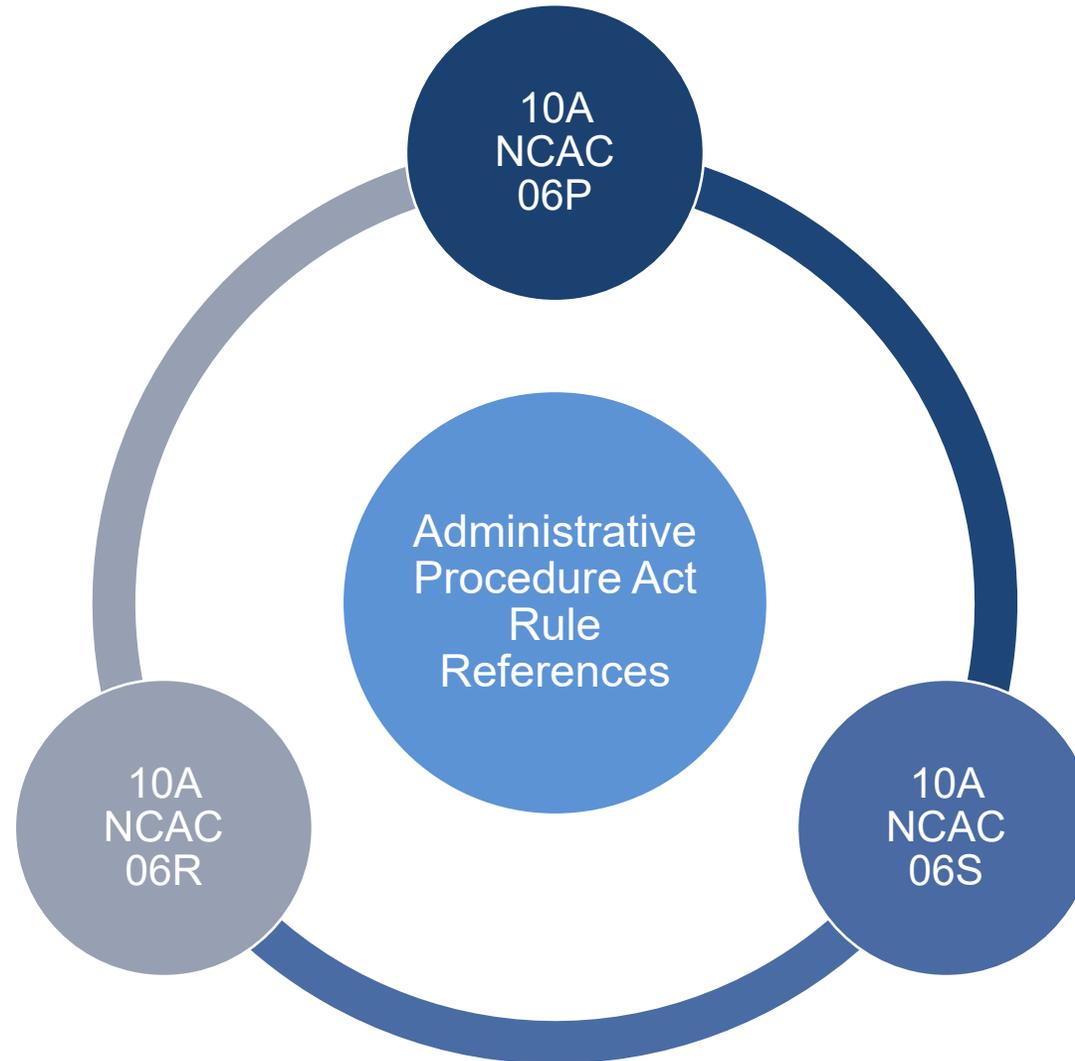
- **G.S. 131D-6**

- This statute governs the provision of Adult Day Care in NC

- **Administrative Procedure Act Rules (APA Rules)- 10A NCAC Rules**

- One of the APA rule making bodies for ADC/ADH is the Social Services Commission

North Carolina APA Rule References



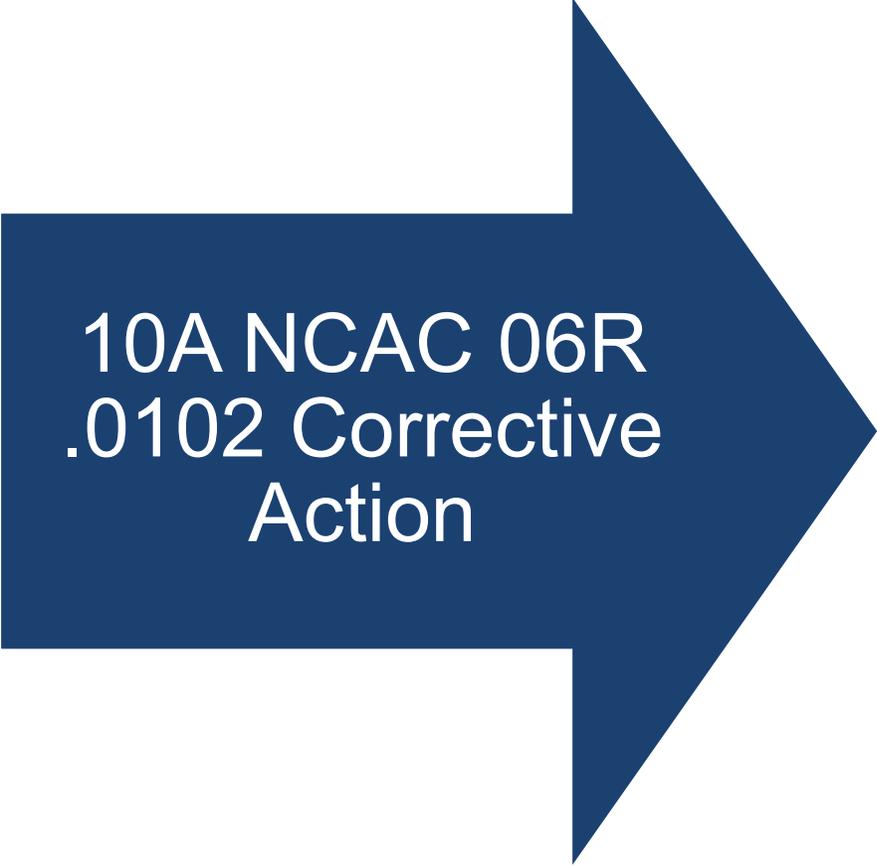
[NCAC](#) > [Title 10A - Health and Human Services](#) > [Chapter 06 - AGING - PROGRAMS OPERATIONS](#)

APA Rule Monitoring Authority

- **10A NCAC 06R.0102**
Corrective Action

- **10A NCAC 06S.0509**
- **Corrective Action**

APA Rule Monitoring Authority



10A NCAC 06R
.0102 Corrective
Action



10A NCAC 06S
.0509
Corrective Action

What is ADC/ADH Monitoring?

Evaluating a program's compliance with the North Carolina Adult Day Care and Adult Day Health Standards for Certification (Standards).

NORTH CAROLINA



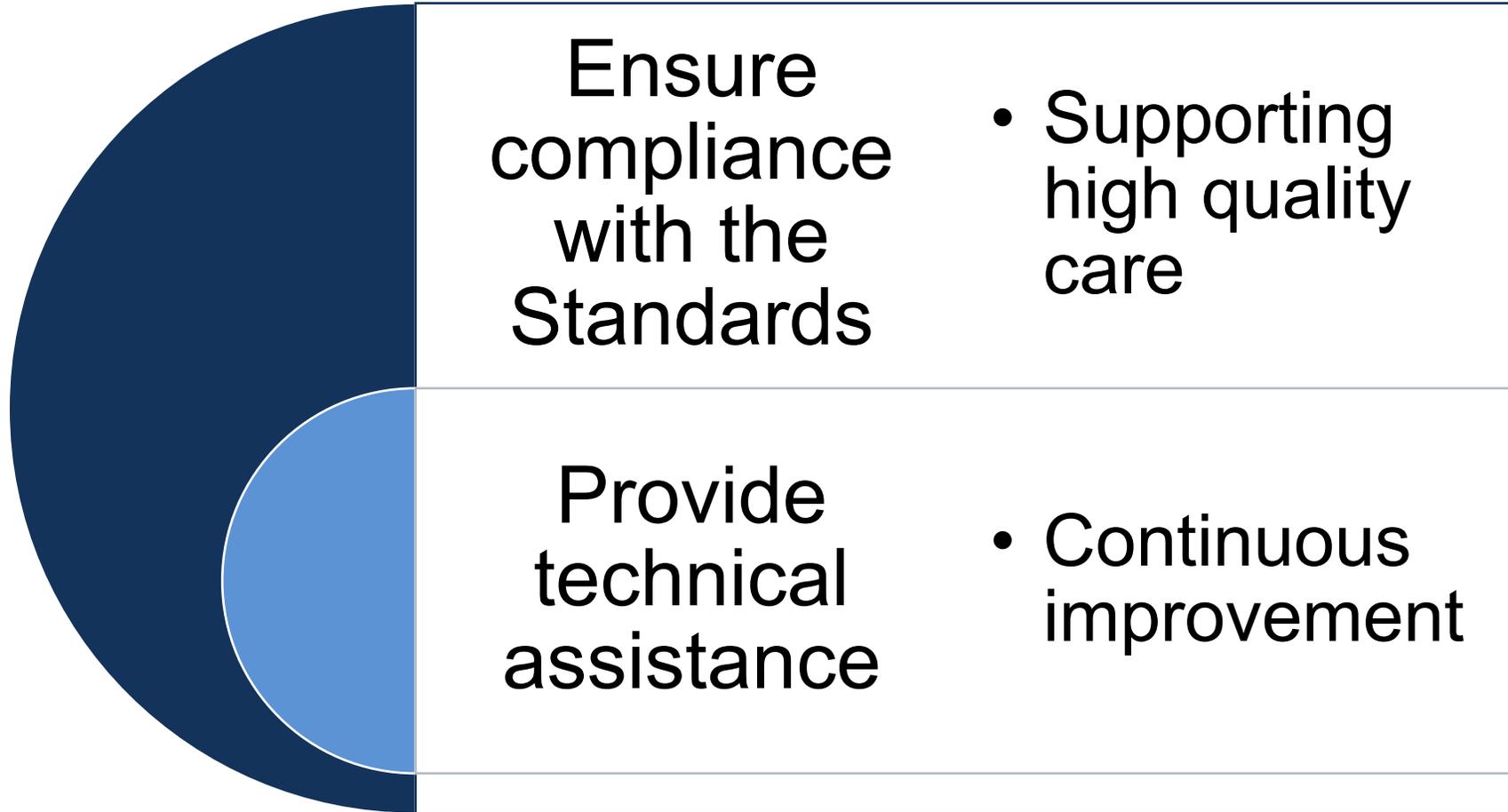
ADULT DAY CARE AND DAY HEALTH

SERVICES STANDARDS FOR CERTIFICATION

North Carolina
Department of Health and Human Services
Division of Aging and Adult Services
2101 Mail Service Center • Raleigh • NC • 27699-2101
July 1, 2007

7/07

Why Monitor?



Friendly Monitoring Reminder

- Programs are only required to meet minimum standards and can only be monitored on *meeting* the minimum standards

- Many programs exceed the minimum standards

Monitoring Visits

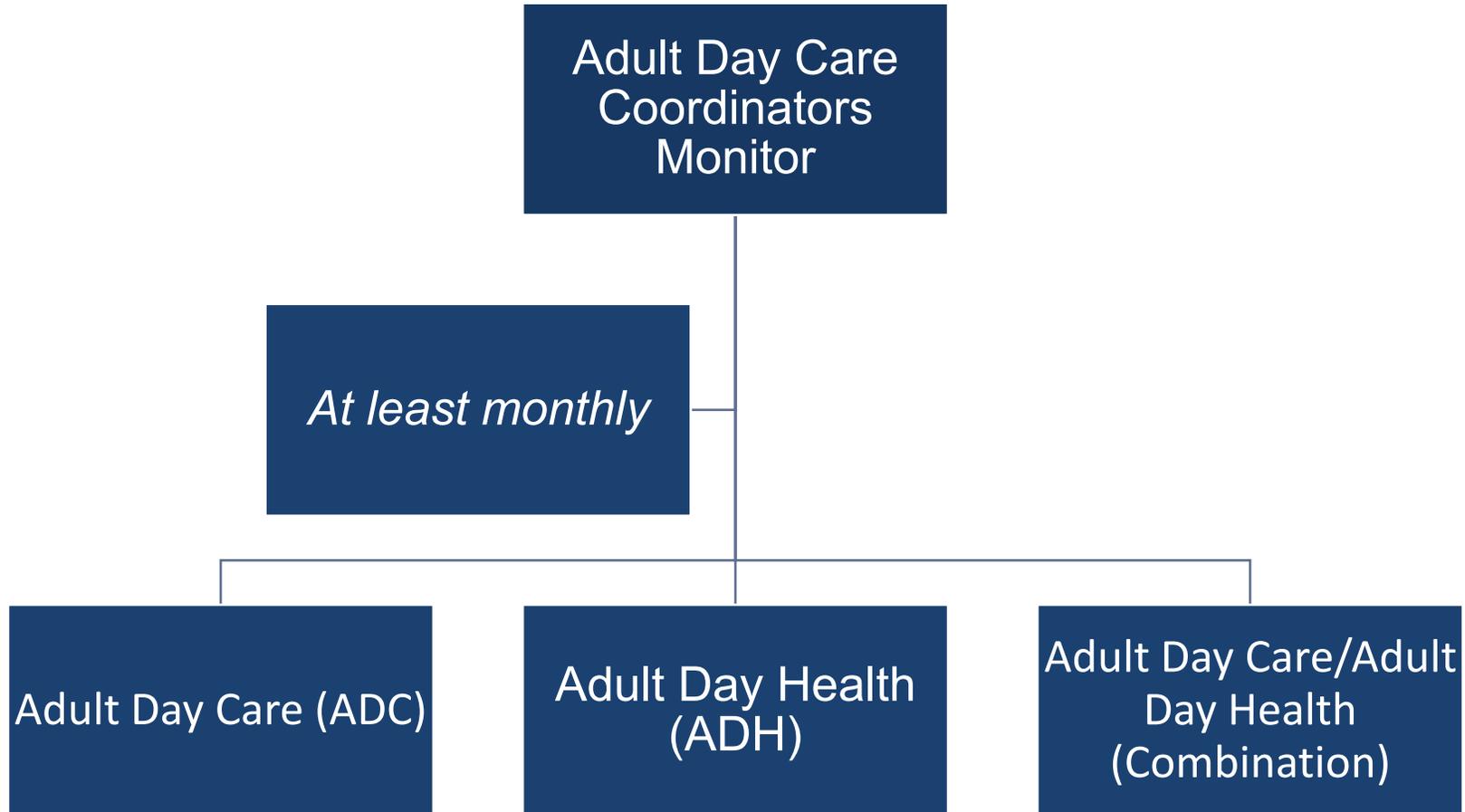
- ***VI. D. 1. of the Standards.**

Conducted by Adult Day Care Coordinator from the County Department of Social Services and/or the Adult Day Health Specialist from the Local Department of Health

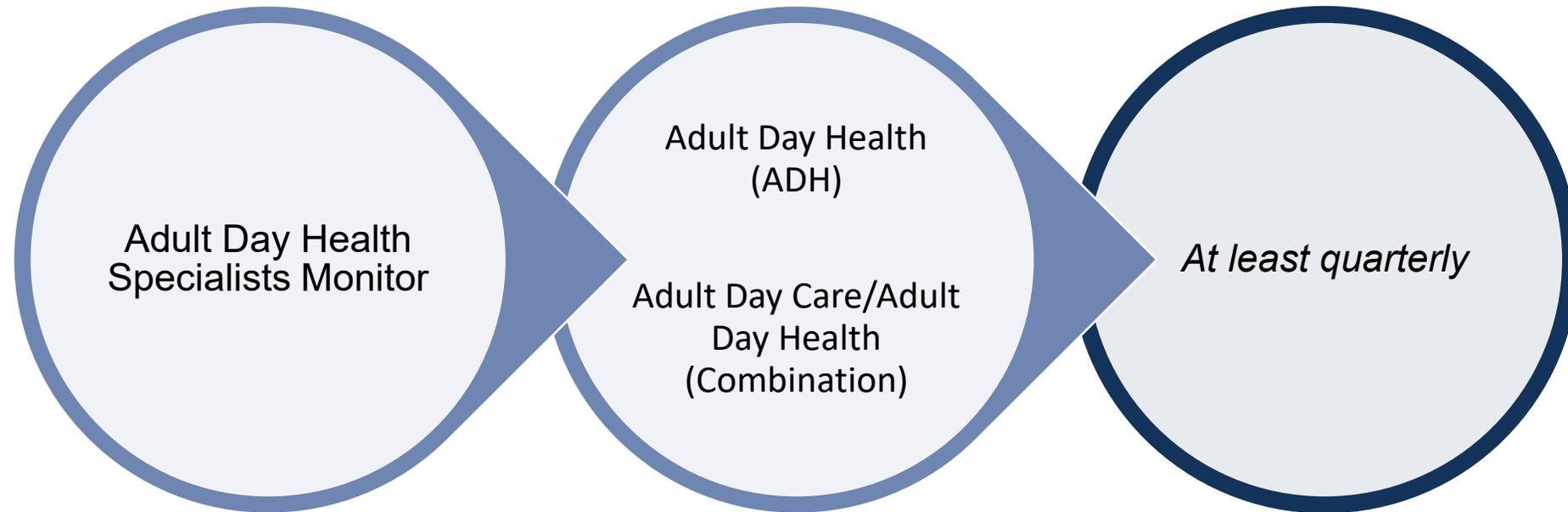
In person onsite at the Adult Day Care Program

Announced and unannounced visits

County DSS Monitoring



Local Departments of Health Monitoring



Program Areas to Monitor

Monitor different program areas during each monitoring visit

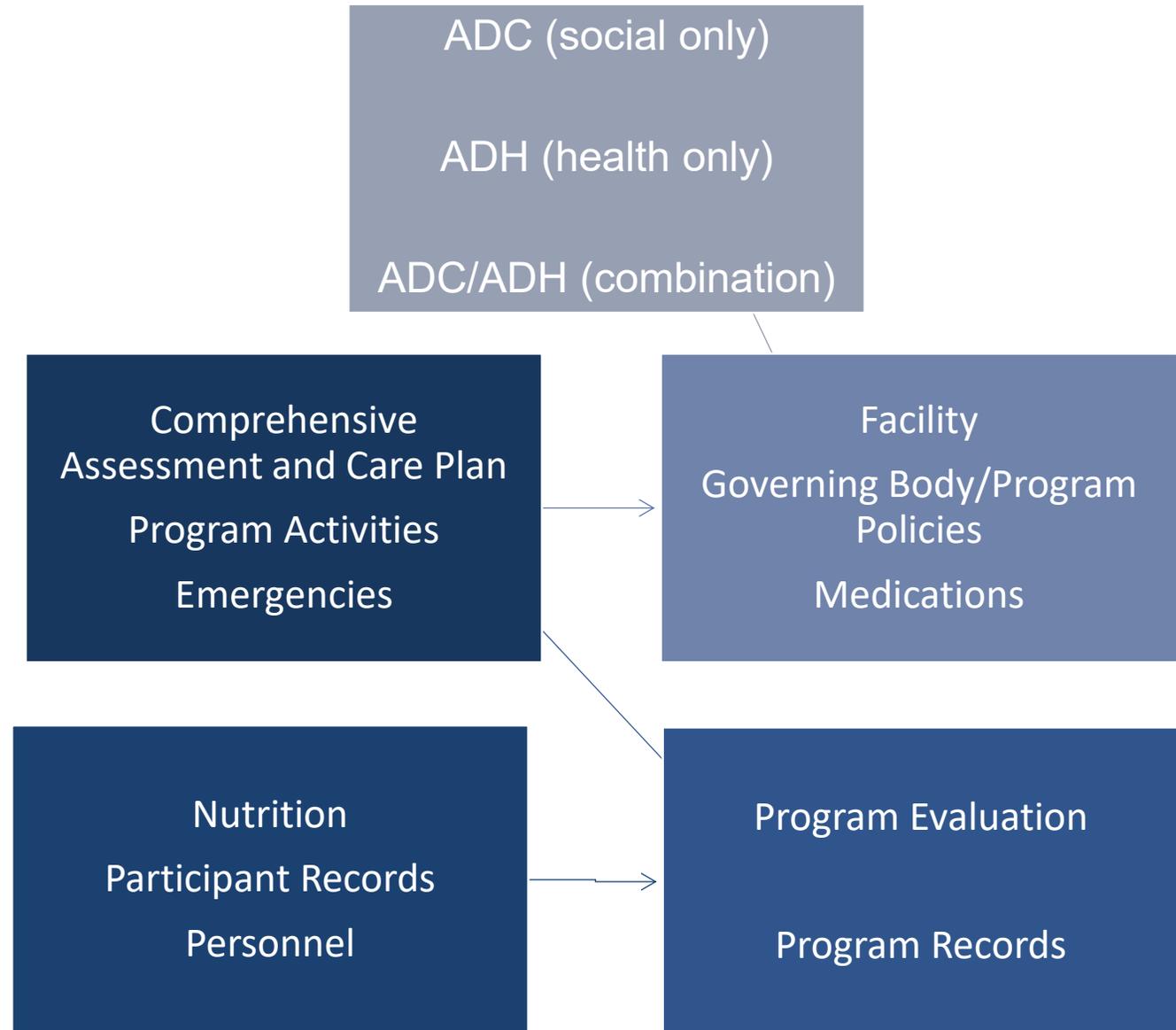
Keep track of what program areas have been monitored so that monitoring reports are not duplicated within the year

Monitoring Reports
DAAS-6214 on the
Division of Aging
website

https://www.ncdhhs.gov/documents?combine=&field_division_office_target_id=118&field_document_collection_target_id=270&field_document_entity_terms_target_id=279

14 Program Areas to be Monitored

***11 areas noted on this slide**



Only Monitor as Needed

Health Services

Special Care

Transportation

ADC/ADH (combination), ADH (health only)

Programs with Special Care Designation(s)

Programs providing and/or arranging transportation

Only Required for Certain Programs

Complete Transportation
or Special Care Services
or Health Services
Monitoring Reports
ONLY for Programs that:

Provide/arrange
participant transportation
to and from program
location

Have Special Care
Designation(s)

Health Services (ADH or
ADC/ADH Combination)

Adult Day Health Specialists Monitor Four Areas

Medications

- Emergencies

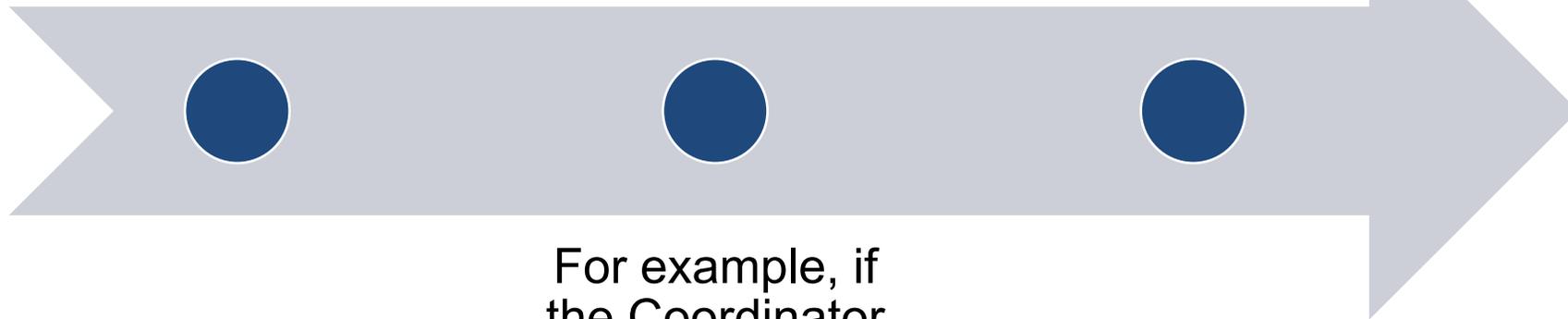
Health Services

- Participant Records

Additional Program Monitoring

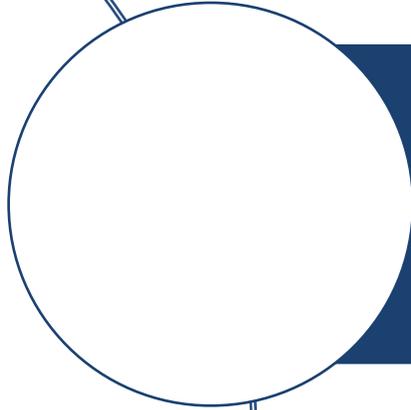
A Coordinator and/or Specialist can monitor a program more often than required

or if there is a history of non-compliance in a specific program area, additional monitoring would be appropriate

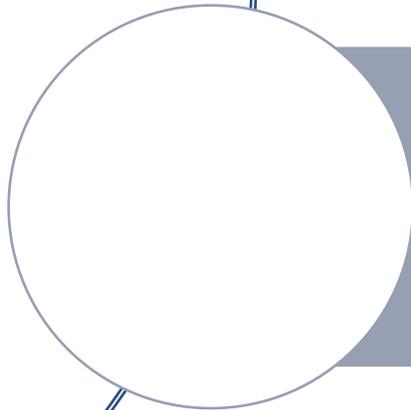


For example, if the Coordinator and/or Specialist were concerned about a program's compliance

Combination Program Monitoring



We encourage at least 2 of the monitoring visits to be completed jointly by the Coordinator and the Specialist



In addition to the Annual Recertification Visit

Monitoring Visit Documentation



Complete the most recent version of the DAAS-6214 form for the Program Area being Monitored



Email a copy of the completed DAAS-6214 monthly to Terrie and Glenda for county Coordinators and quarterly for county Health Specialist

[https://www.ncdhhs.gov/documents?combine=&field division office target id=118&field document collection target id=270&field document entity terms target id=279](https://www.ncdhhs.gov/documents?combine=&field%20division%20office%20target%20id=118&field%20document%20collection%20target%20id=270&field%20document%20entity%20terms%20target%20id=279)

MONITORING REPORT
ADULT DAY CARE AND ADULT DAY HEALTH

DATE OF VISIT: April 1, 2016

I. PROGRAM: ABC Day Care COUNTY: Happy

II. TYPE OF PROGRAM: ADC ADH ADC/ADHIII. TYPE OF VISIT: Announced Unannounced TIME OF VISIT: 1:30 PMIV. ENROLLMENT: # Full-time 18 # Part-Time 3 Month Reviewed March
ATTENDANCE: # Participants at time of visit 15 # of Staff at time of visit 4

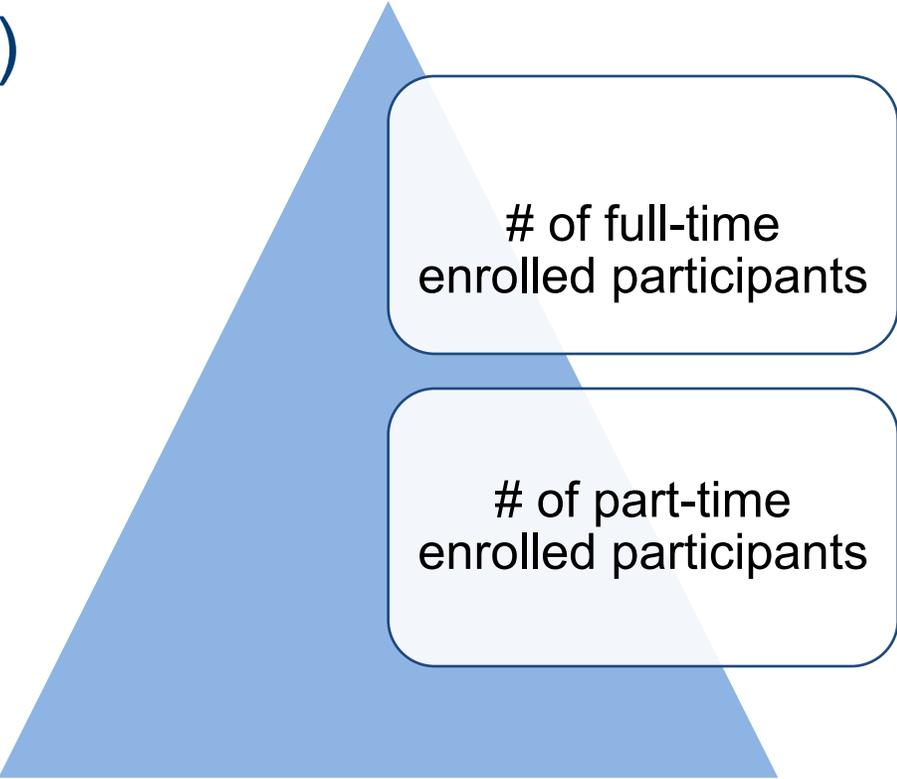
V. CONCERNS FROM PREVIOUS VISIT: N/A

Have these concerns been resolved? YES NO (If no, complete DSS Form 6215)

VI. AREA REVIEWED:

Enrollment Information

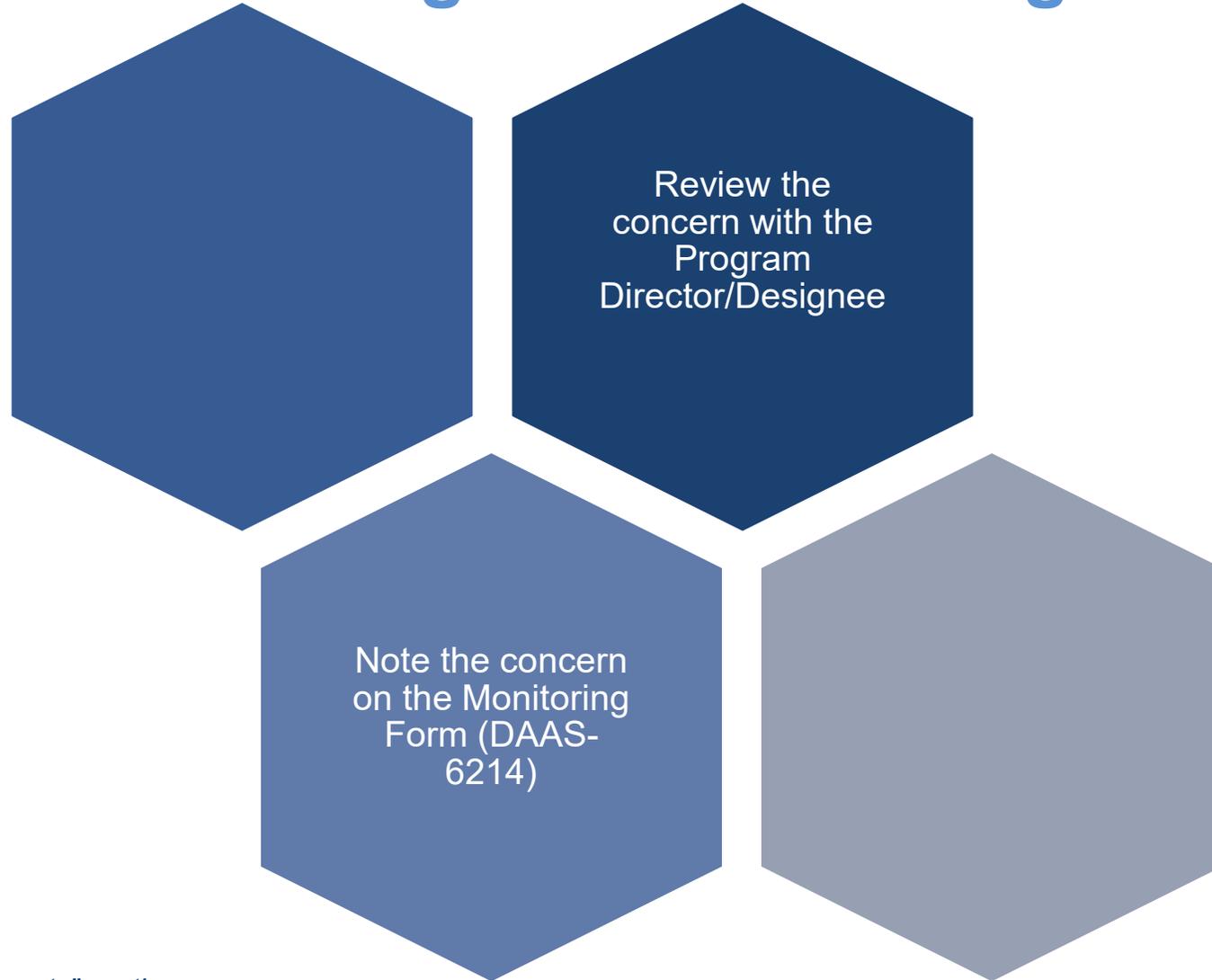
- The previous month's enrollment information should be entered (***Month Reviewed***)



of full-time
enrolled participants

of part-time
enrolled participants

Had a Concern During Your Monitoring Visit



In the “VII. Concerns/Comments” section

Director/Designee Role in a Concern

- The Coordinator and/or Specialist must give the Program Director/Designee the opportunity to record his/her comments on the DAAS-6214 about the concern noted.

Name, days of week, and approximate length of time of each activity.

Length of time the plan is to be followed.

Activities plan is posted weekly or monthly in a prominent place in the facility.

VII. COMMENTS/CONCERNS Of the 6 participant records reviewed, 2 did not contain Comprehensive Assessments that were conducted within 30 days of enrollment.

Attach an additional sheet if needed

VIII. PROGRAM DIRECTOR'S COMMENTS We will develop a tickler system to ensure the required Comprehensive Assessments are completed within 30 days of new participant's enrollment.

IX. Continued by DSS-6215 (# of forms)

X. Signatures:

Coordinator

Date

Program Director

Date

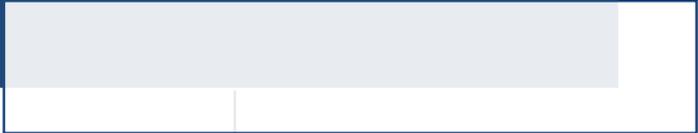
Concern Follow Up

It depends on the concern—whether you choose to wait until next month or issue a violation now

- If the issue is not an immediate safety concern, the Coordinator and/or Specialist should review the previously identified concern during the next monitoring visit and confirm that it has been resolved

Concern Follow-Up Documentation

If the concern has been resolved at the next monitoring visit, document this on the DAAS-6214



In Section "V. Concerns from Previous Visit"



**MONITORING REPORT
ADULT DAY CARE AND ADULT DAY HEALTH**

DATE OF VISIT: May 1, 2016

I. PROGRAM: ABC Day Care COUNTY: Happy

II. TYPE OF PROGRAM: ADC ADH ADC/ADH

III. TYPE OF VISIT: Announced Unannounced TIME OF VISIT: 1:30 PM

IV. ENROLLMENT: # Full-time 17 # Part-Time 2 Month Reviewed April
ATTENDANCE: # Participants at time of visit 12 # of Staff at time of visit 3

V. CONCERNS FROM PREVIOUS VISIT: Of the 6 participant records reviewed, 2 did not contain Comprehensive Assessments that were conducted within 30 days of enrollment.

Have these concerns been resolved? YES NO (If no, complete DSS Form 6215)

VI. AREA REVIEWED:

Authority on Issuing Violations

10A NCAC
06R.0102
Corrective Action

10A NCAC
06S .0509
Corrective Action

What are Violations?

A program's non-compliance with the North Carolina Adult Day Care and Adult Day Health Standards for Certification (Standards).

Why Issue a Violation?

Allows programs to receive technical assistance and address the non-compliance issue within an appropriate amount of time

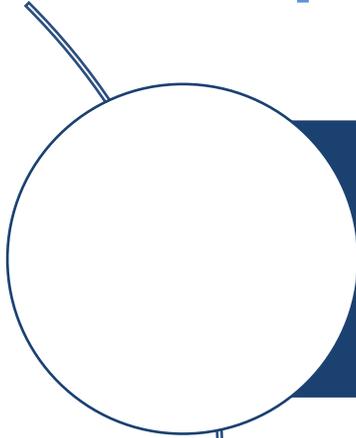
Routine Monitoring Reveals Concern(s)

Review the concern with the Program Director/Designee

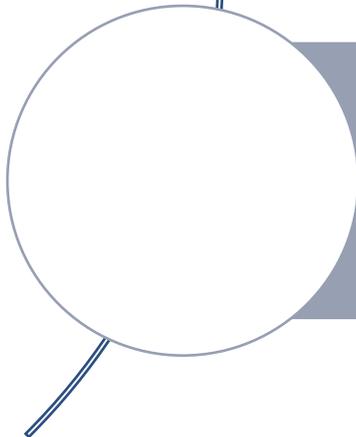
Note the concern on the Monitoring Form (DAAS-6214)

In the "VII. Concerns/Comments" section

When to Complete a Notice of Violation



Complete a Notice of Violation (DSS-6215) when there is a non-compliance concern noted on the DAAS-6214 that is not addressed at the time of the next monitoring visit



Violations of the Standards that involve the safety, health or welfare of participants

MONITORING REPORT
ADULT DAY CARE AND ADULT DAY HEALTH

DATE OF VISIT: April 1, 2016

- I. PROGRAM: ABC Day Care COUNTY: Happy
- II. TYPE OF PROGRAM: ADC ADH ADC/ADH
- III. TYPE OF VISIT: Announced Unannounced TIME OF VISIT: 1:30 PM
- IV. ENROLLMENT: # Full-time 17 # Part-Time 2 Month Reviewed March
ATTENDANCE: # Participants at time of visit 15 # of Staff at time of visit 4
- V. CONCERNS FROM PREVIOUS VISIT: New Employee file did not contain required medical statement.

Have these concerns been resolved? YES NO (If no, complete DSS Form 6215)

ADULT DAY CARE AND DAY HEALTH NOTICE OF VIOLATION OF STANDARDS

I. Program: [] County: []

II. Reference:

[]

III. Reason for Decision:

[]

IV. Program Director's Comments:

[]

V. Corrective Action Plan:

[]

VI. Corrective Action Completion Date: []

VI. Signatures:

Coordinator or Specialist []
Date

Program Director []
Date

VII. Continued by: ([]) DSS - 6215 [] (# of additional Forms) ([]) Letter

DSS - 6215
(5/08)

Distribution: Agency File - Original
Program Director - Copy
Adult Day Care Consultant - Copy

PLEASE READ THE INFORMATION ON THE BACK 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 II and III on the front of this form. A completion date has been set for each violation as shown in item VI on the front of this form. In item V 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 IV. 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 are required in item VII. The use of additional DSS 6215 (s) or a letter must be noted in item VII on the front of this form.

More than one Violation of Standards

- Record each violation on a separate DSS-6215 form

- Corrective Action Plans may have different due dates depending on the type of violation cited

Notice of Corrective Action Plan

The Program Director/Designee shall be notified in writing via completed DSS-6215(s) of the nature of the violation by the inspector that identified the violation and requested to take corrective action by the county department of social services.

Inform Program Director/Designee of specific standard(s) violated

Review the standard(s) in the Standards Manual with the Program Director/ Designee

Explain to Program Director/Designee how violation of standard(s) is occurring

DSS-6215 Documentation

The specific standard and reason why the program is out of compliance



The date that the program must be in compliance and meeting the standard(s) violated



Coordinator and/or Specialist's signature and date

Program Director/ Designee's signature and date



List the APA Rule reference for the standard(s) violated as listed in the Standards



It is not necessary to copy the Standard(s) verbatim on the DSS-6215

ADULT DAY CARE AND DAY HEALTH NOTICE OF VIOLATION OF STANDARDS

I. Program: ABC Day Care County: Happy

II. Reference:
10A NCAC 06R.0305(a) and 06S.0201

III. Reason for Decision:
New employee file did not contain the required medical statement.

Director/Designee Comments

Program
Director/Designee can
make comments in
response to the violation
issued



These comments should
be recorded in Section IV
of the DSS-6215

ADULT DAY CARE AND DAY HEALTH NOTICE OF VIOLATION OF STANDARDS

I. Program: ABC Day Care County: Happy

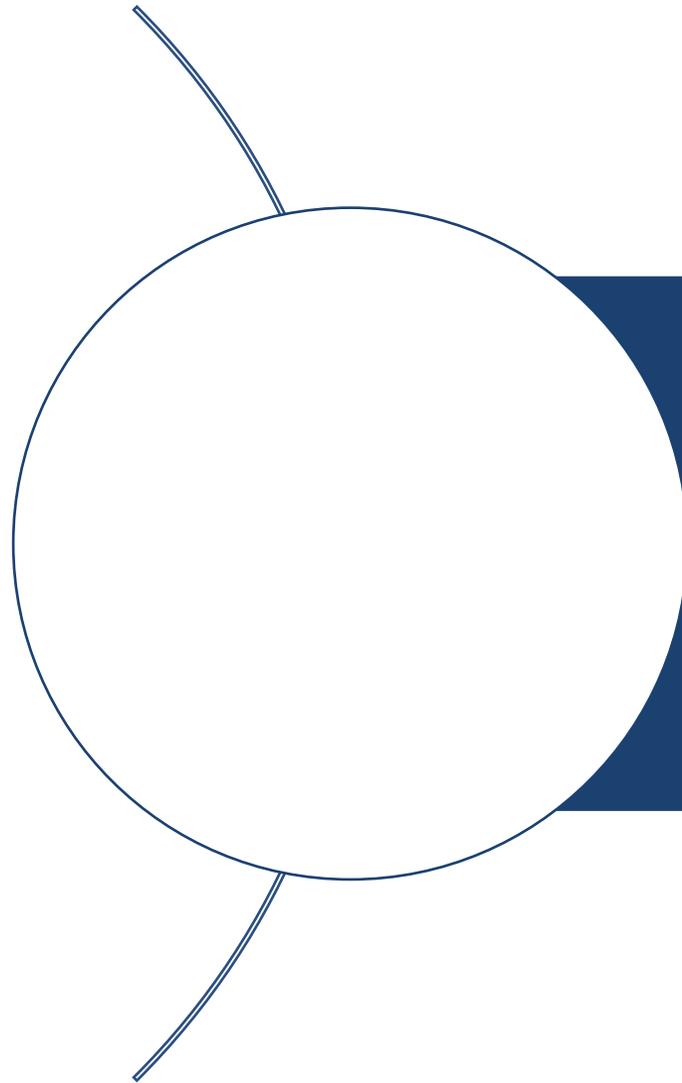
II. Reference:
10A NCAC 06R.0305(a) and 06S.0201

III. Reason for Decision:
New employee file did not contain the required medical statement.

IV. Program Director's Comments:

Jane Doe will be sent to the walk-in clinic next door tomorrow morning and the employee medical form that meets the Standards requirements will be obtained at that time. If Ms. Doe cannot be seen tomorrow morning at the walk-in clinic, Ms. Doe will schedule the next available appointment and will obtain the signed employee medical form that meets the requirements. |

Corrective Action



A plan to correct the violation of standard(s) by a program as identified by the Coordinator, Specialist, state Consultant, or other authorized inspector such as environmental health specialists or building and fire safety inspectors

Discussion of the Corrective Action



- The possible consequences if the corrective action plan (changes) is not completed by agreed upon date
- What change(s) need to be made to program to ensure compliance
- The date(s) that the corrective action plan need to be completed by the program

Developing a Corrective Action Plan

The Coordinator and/or Specialist and Program Director/Designee should work together to create a Corrective Action Plan

- The Corrective Action Plan should specify what steps will be taken to correct the violation of standards

Documented on the DSS-6215

- Make sure the completion date of the Corrective Action Plan is included on the DSS-6215

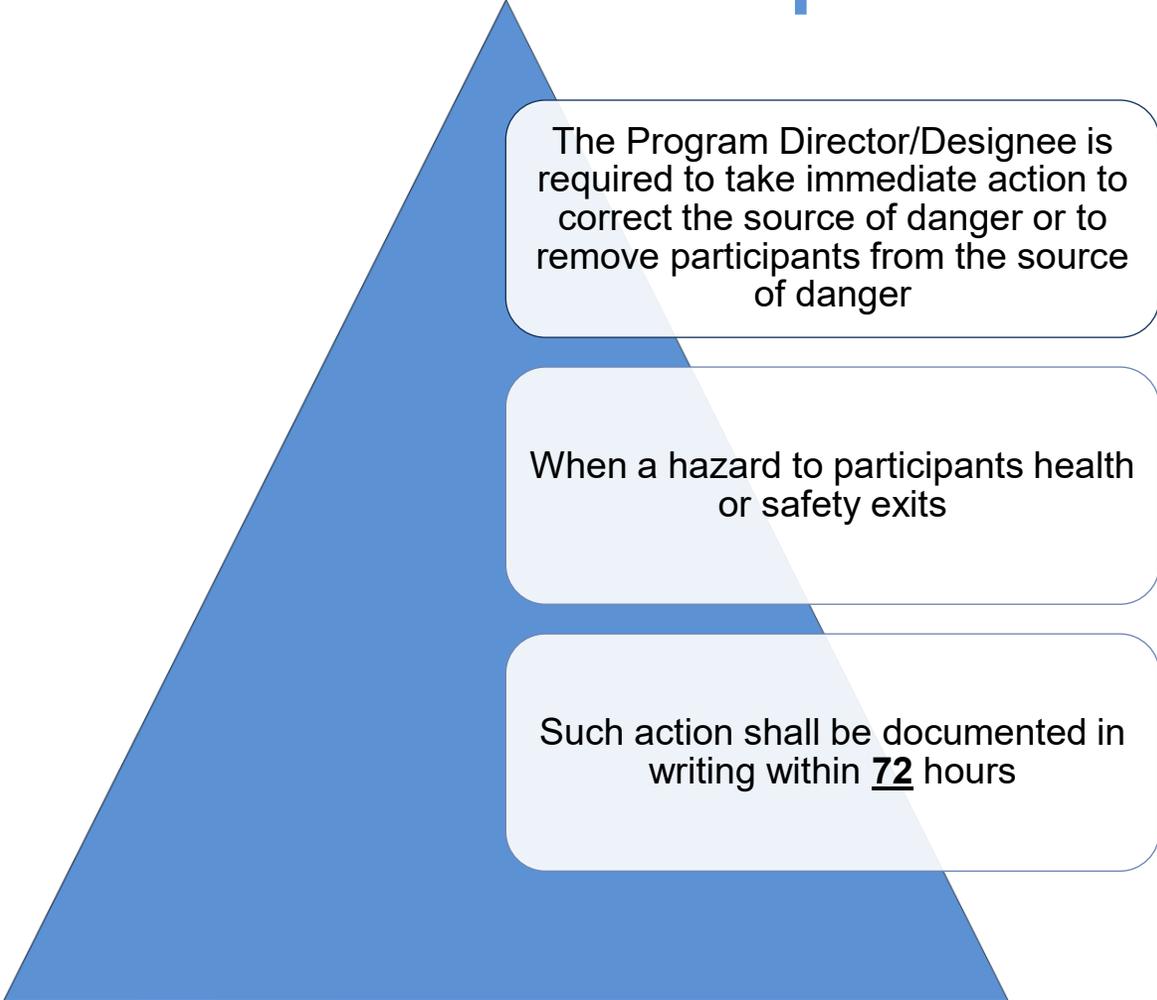
Corrective Action Completion Date



The date is determined by the Coordinator or Specialist in consultation with the Program Director

The date for completion of the corrective action plan shall be based on the severity of the violation and the effect of the violation on the program's participants

Timeline for Immediate Action Required



The Program Director/Designee is required to take immediate action to correct the source of danger or to remove participants from the source of danger

When a hazard to participants health or safety exists

Such action shall be documented in writing within **72** hours

Additional timelines



When there is the potential to endanger participants' health, safety or welfare, a Corrective Action Plan must be completed no later than 30 days after the written notification is dated and issued

Participants Not Directly Endangered

Such as a violation of administrative or record keeping standards.

Corrective Action Plan must be completed within 90 days after the DSS-6215 was issued

Such as a violation of administrative or record keeping standards.

Corrective Action Plan must be completed within 90 days after the DSS-6215 was issued

Corrective Action : The Follow Up

Program Director/Designee is responsible for completion of the Corrective Action Plan

Completed by Correction Action Deadline

Coordinator or Specialist ensures that the program completes the steps outlined in the Corrective Action Plan by the date specified on the DSS-6215

Completed by the date specified on the DSS-6215

An onsite visit to the program by the Coordinator or Specialist or both

ADULT DAY CARE AND DAY HEALTH NOTICE OF VIOLATION OF STANDARDS

I. Program: ABC Day Care County: Happy

II. Reference:
10A NCAC 06R.0305(a) and 06S.0201

III. Reason for Decision:
New employee file did not contain the required medical statement.

IV. Program Director's Comments:

Jane Doe will be sent to the walk-in clinic next door tomorrow morning and the employee medical form that meets the Standards requirements will be obtained at that time. If Ms. Doe cannot be seen tomorrow morning at the walk-in clinic, Ms. Doe will schedule the next available appointment and will obtain the signed employee medical form that meets the requirements.

V. Corrective Action Plan:

Jane Doe will have her medical examination report completed on the required form to meet the requirements for this document in the Standards.

VI. Corrective Action Completion Date: 5/1/2016

VI. Corrective Action Completion Date: 5/1/2016

VI. Signatures:

<i>Happy Coordinator or Specialist</i>	4/1/2016	<i>Happy Program Director</i>	4/1/2016
Coordinator or Specialist	Date	Program Director	Date

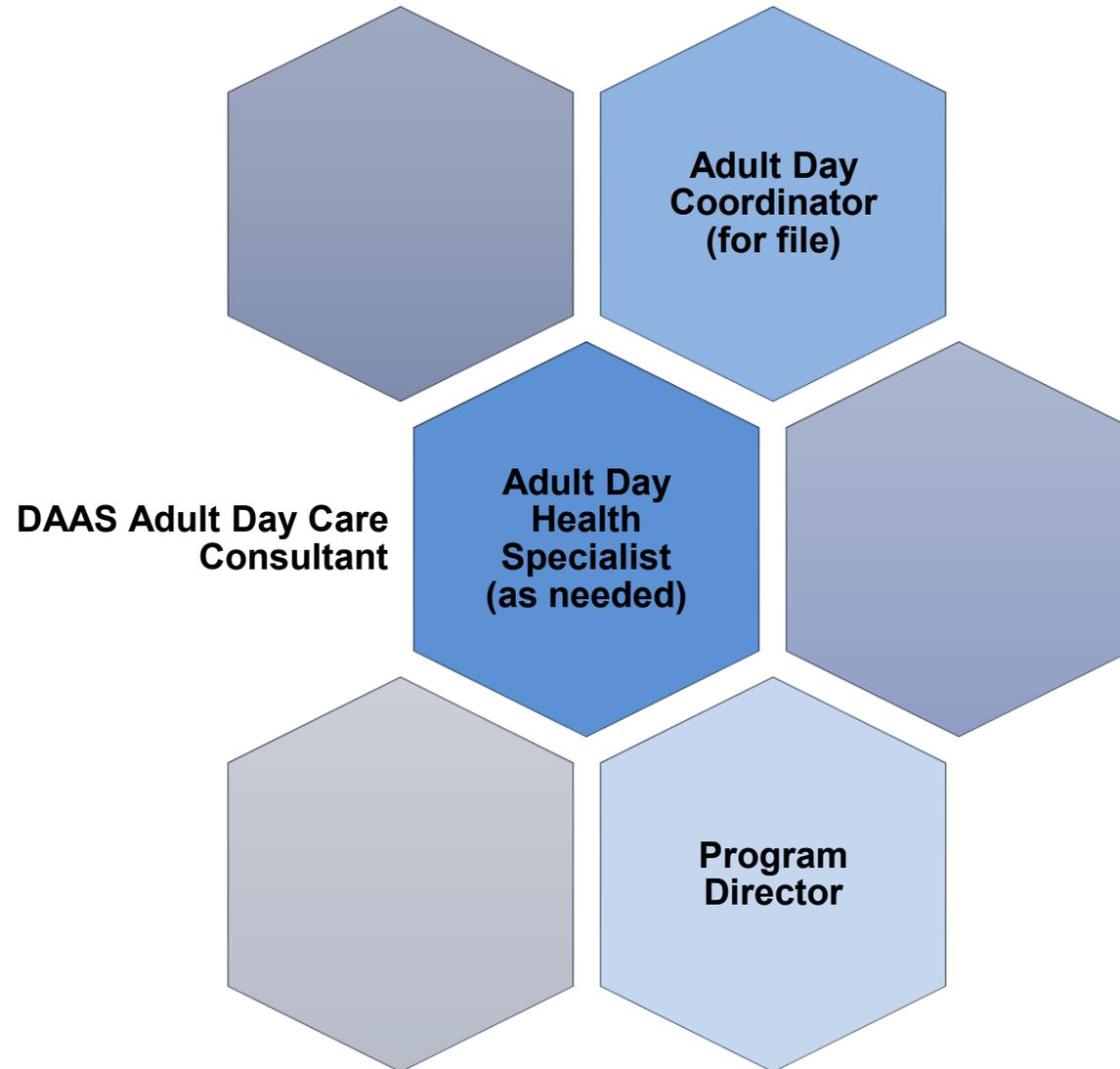
VII. Continued by: (0) DSS - 6215 (# of additional Forms) () Letter

DSS – 6215
(5/08)

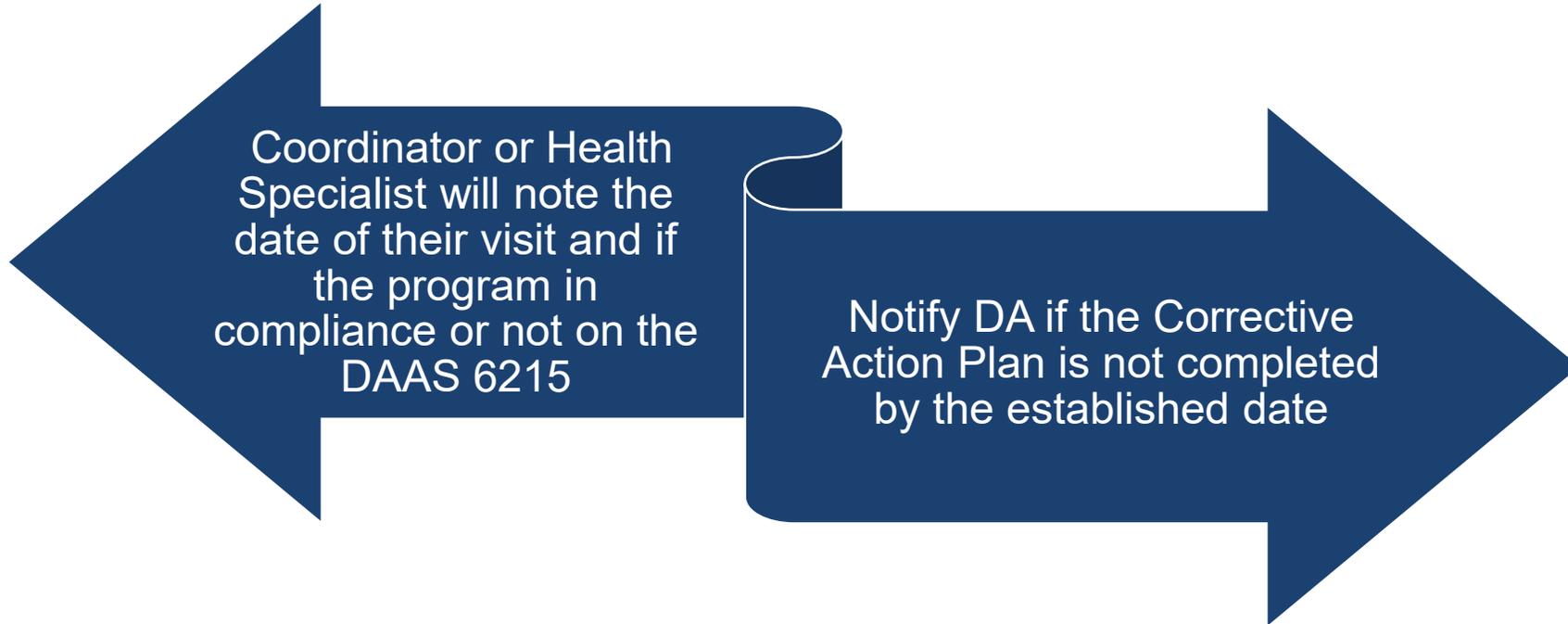
Distribution: Agency File – Original
Program Director – Copy
Adult Day Care Consultant – Copy

PLEASE READ THE INFORMATION ON THE BACK OF THIS FORM!

The completed DSS-6215



Corrective Action Plan Follow Up



Follow up After Issuing a Violation(s)

A Coordinator and/or Specialist can monitor a program more often than required

For example, if the Coordinator and/or Specialist were concerned about a program's compliance or if there is a history of non-compliance in a specific Program Area, additional monitoring would be appropriate

Actions related to a program's certification

Revocation of Certificate

- Provisional Certification
- Summary Suspension
- Penalty

Negative Actions

DA will determine if negative action will be taken against the program

Can only be issued by Division of Aging

**I sincerely
thank each
of you for
your hard
work and
dedication**

Questions?



Contact Information

Terrie Deal

Cell: (919) 917-4060

Email: terrie.deal@dhhs.nc.gov

Glenda Artis

Office: (919) 855-3412

Email: glenda.artis@dhhs.nc.gov

