

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR AGING AND INDEPENDENT LIVING

DAIL-ADC-904 PRIVATE PAY ADULT DAY-CARE CENTER CERTIFICATION CHECKLIST

Center Name _____ Center # _____

Street Address _____ Telephone _____

City _____ County _____ Zip _____

Center Director _____

Staff Present/Title: _____ Date of Visit _____

DAIL Staff/Title:

Number of Volunteers Today _____

Number of Participants Today _____

Private Pay Adult Day – Care Center Certification Requirements	Met	NM	Explanatory Statements/Remarks
Enrollment Four or more adults not related to the operator by blood, marriage, or adoption (KRS 205.010 (15))			How many are enrolled?
Section 6 Service Provider Responsibilities - DAIL will review documentation and check for evidence of the following:			
6(1)(a) Staff shall treat the client & caregiver in a respectful, dignified manner, involving them in decisions regarding the delivery of services			
6(1)(b) Services shall be provided in a safe and consistent manner			
6(1)(c) Maintain a written job description for each paid staff and volunteer position involved in direct service activity.			
6(1)(d) Develop and maintain written personnel policies for each job classification.			
6(1)(e) Designate a supervisor to assure that staff providing adult day care services are provided supervision			
6(1)(f) A written policy and procedure to notify a client's caregiver or representative should the service needs of the client change due to a change in the client's health, support services, or family.			
6(2)(a) Post the scheduled days and hours of operation in a conspicuous place and provide a written copy to the client and client's representative			
6(2)(c) Provide a balance of planned individual and group activities to meet a client's needs, abilities, and interests as determined by the individual plan of care.			

Section 6 Service Provider Responsibilities - DAIL will review documentation and check for evidence of the following:			
6(2)(d) Provide an inventory of each client's interests and personal history			
6(2)(e) A policy and procedure to provide a client with a choice of activities and an opportunity to refuse to participate in the activity			
6(2)(f) Post a monthly calendar of planned activities and available services in a conspicuous place and retain it of site for a minimum of two (2) years for certification purposes			
6(2)(g)) A written policy and procedure that the ADC will provide assistance, if necessary, with activities of daily living in accordance with KRS 194A.700(1), including walking and personal hygiene			
6(2)(h) Written policy and procedure that the ADC will provide assistance with self-administration of medication in accordance with KRS 194A.700(2)			
6(2)(i) Provide a nutritionally-balanced meal if operating during meal time			
6(2)(j) Offer a nutrient dense snack, water, and other liquids offered at regularly scheduled times during the day (check daily snack menu)			
6(2)(k)1. Post a monthly calendar of menus posted in a conspicuous place if meals are provided			
6(2)(k)2. Maintain menus for monitoring purposes for a minimum of two (2) years			

Section 6 Service Provider Responsibilities - DAIL will review documentation and check for evidence of the following:			
6(2)(l) A written policy and procedure to provide first aid and make appropriate arrangements for medical care with the client's physician or hospital for an accident or medical emergency			
6(2)(m) A written policy and procedure to notify the family or other appropriate person of any significant changes in the client's mental or physical condition			
6(2)(n) Have written complaint procedures that shall: <ol style="list-style-type: none"> 1. Include the address and phone number of the Department for Aging and Independent Living 2. Be posted in a conspicuous place 3. Be provided to each participant 			
6(2)(o) Have written procedures for reporting abuse, neglect, and exploitation consistent with KRS 209.030 (2) and (3)			

Section 7 Facility Requirements	Met	NM	Explanatory Statements/Remarks
<p>7(2) Does the provider locate, design, and furnish the adult day-care center to be readily accessible to and usable by individuals with disabilities?</p>			
<p>7(3) Provide sufficient space and arrangements of furnishings to allow for:</p> <ul style="list-style-type: none"> (a) adequate client movement (b) program activities (c) food service (d) socialization 			
<p>7(4) Provide sufficient private office space to permit individual counseling and confidential maintenance of records</p>			
<p>7(5) Provide appropriate lighting, heating, cooling and ventilation for client comfort and program activities</p>			
<p>7(6) Provide covered leak-proof garbage disposal units for the kitchen</p>			
<p>7(7) Equip each adult day-care center with bathroom facilities meeting the following requirements:</p> <ul style="list-style-type: none"> (a) A minimum of one (1) toilet and one (1) sink for each ten (10) clients (b) Readily accessible and usable by individuals with disabilities (c) In men's bathrooms urinals may be substituted for up to one-half (1/2) the number of toilets required (d) Bathroom facilities that shall: <ul style="list-style-type: none"> 1. Be cleaned and sanitized daily or more often, if needed, which shall be documented by a cleaning log <p>Contain:</p> <ul style="list-style-type: none"> a. Hot and cold running water 			

b. Mirror					
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Section 8 Facility Requirements	Met	NM	Explanatory Statements/Remarks
7(7)(d)(2)(cont'd) c. Soap d. Towels or electric hand-dryers e. Leak-proof garbage disposal units that are emptied and cleaned daily			
7 (8) Comply with applicable local housing and health codes			
7(9) Comply with zoning requirements			
7(10) Obtain initial and annual inspection by state or local fire safety officials and comply with requirements			
7(11) Maintain at least one (1) fully operational fire extinguisher with annually updated inspection tags			
7(12) Maintain a fully equipped first aid kit, with unexpired contents, as recommended by the American Red Cross			
7(13) Provide identifiable space during hours of operation for a client in need of a more private environment or rest area			
7(14) Provide separate identifiable space during operational hours, if co-located in a facility housing other services			

Section 8 Program Staff Staff Requirements:	Met	NM	Explanatory Statements/Remarks
8(1)(a) Trained and experienced staff who shall be present each day of operation			Review Staff/Volunteer training form to help determine if requirement is met
8(1)(b) There shall be at least two (2) staff members at the adult day-care center at times when there is more than one (1) client in attendance, one (1) of whom shall be a paid staff member			Checklist staffing requirements shall be met as evidenced by work schedules and client attendance records
8(1)(c) Staffing ratios that shall be:			
8(1)(c)1. One (1) staff member if one (1) client is in attendance			
8(1)(c)2. Two (2) staff members if two (2) clients are in attendance			
8(1)(c)3. Three (3) staff members if eleven (11) to fifteen (15) clients are in attendance			
8(1)(c)4. One (1) staff member for each five (5) additional clients over fifteen (15)			
8(1)(d) Volunteers: Volunteer personnel may be included in the staff ratio, if volunteer personnel meet the staff qualifications and training requirements of this administrative regulation. Are volunteers included in the staff ratio? Yes <input type="checkbox"/> No <input type="checkbox"/> Do they meet qualifications & training? Yes <input type="checkbox"/> No <input type="checkbox"/>			Document volunteer training in Staff/Volunteer Training form

Staff ratios that shall be:	Met	NM	Explanatory Statements/Remarks
<p>8(1)(e) At least one (1) staff member who has completed Cardiopulmonary Resuscitation (CPR) certification by the American Heart Association or American Red Cross present when clients are in attendance</p>			
<p>8(1)(f) Criminal Records Check (KRS 216.787) Completed through the Justice Cabinet or Administrative Office of the Courts prior to employment, if providing direct service to clients Must be completed prior to the employee's date of hire (specify date completed) or the volunteer's start date hire (specify date completed)</p>			
<p>8(2) Staff Qualifications for programs shall be as follows:</p>			<p>Evidenced by copies of transcripts, professional licenses and resumes</p>
<p>8(2)(a)1.a. A program director of an adult day care center shall be: A trained professional possessing:</p>			
<p>(i) A minimum of a bachelors degree in SW, nursing, or related field relevant to geriatrics and one (1) year professional experience working with the elderly; or</p>			
<p>(ii) a masters Degree in SW or a related field relevant to geriatrics and six (6) months professional experience working directly with the elderly</p>			
<p>8(2)(a)1.b. A registered or practical nurse licensed in Kentucky with three (3) years professional experience working directly with the elderly while an employee of a: home health agency; long-term care facility; public health agency or social service agency.</p>			
<p>8(2)(a)1.c. An individual twenty-one (21) years of age or older having: a high school diploma or GED certificate; and a minimum of two (2) years of college with at least three (3) years of professional experience in working directly with the elderly.</p>			

<p>8(2)(a)2. Professional experience that includes working directly with the elderly while an employee of a public or private health or social service agency may substitute for professional education to equal a minimum of five (5) years.</p>			
<p>8(2)(c) Staff responsible for assessing a participant shall:</p> <ol style="list-style-type: none"> 1. Have a bachelor's degree or master's degree in social work, gerontology, psychology, gerontology, psychology, sociology, or a field relevant to geriatrics, no experience required; 			
<ol style="list-style-type: none"> 2. Have a bachelor's or master's degree in nursing with a current Kentucky nursing license, no experience required; 			
<ol style="list-style-type: none"> 3. Have a bachelor's degree in a field not relevant to geriatrics with two (2) years of paid or volunteer experience in working with the elderly; 			
<ol style="list-style-type: none"> 4. Be a Kentucky registered nurse with a current Kentucky license and two(2) years experience working with the elderly; or 			
<ol style="list-style-type: none"> 5. Be a licensed practical nurse with a current Kentucky license and three (3) years of paid or volunteer experience working with the elderly. 			
<p>8(3) Upon employment, a tuberculosis screening shall be conducted according to current Disease Control and Prevention standards and repeated annually thereafter.</p>			
<p>8(4) Staff or volunteer personnel who contract an infectious disease listed in 902 KAR 2:020 shall not appear at work until:</p> <ol style="list-style-type: none"> (a) The infectious disease can no longer be transmitted; 			

Section 8 Program Staff	Met	NM	Director	#1	#2	#3
Staff Name						
Date of Hire						
Date of Birth (Staff must be age 18 or older Checklist)						
Criminal Records Check obtained prior to hire date for employee or prior to start date for volunteer						
Check if a VOLUNTEER						
8(3) TB Screening - Evidence of TB screening for staff/volunteers conducted according to current Centers for Disease Control and Prevention standards upon employment and annually						
Specify date screened:						
8(4) Infectious Diseases: Staff/volunteers with infectious disease shall not appear at work until the disease can no longer be transmitted. A physician's statement is required for return to work.						
1. Has an employee had an infectious disease listed in 920 KAR 2:020?						
2. Did the center follow the policy						

and procedure? Yes <input type="checkbox"/> No <input type="checkbox"/>																							3. Was a physician's statement issued prior to employee returning to work?
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Section 8 Program Staff	Met	NM	Director	#1	#2	#3	#4	#5
Staff Name								
8(5) Training of staff and volunteer personnel shall be provided by a professional familiar with the subject matter as follows:				Detail the number of hours for each subject				
8(5)(a) (Prior to assuming duties paid and volunteer personnel shall receive) Evidence of a minimum of 6 hours of orientation to the program and adult day-center explained verbally and in writing to include:								
1. Program objectives								
2. Program policies/procedures								
3. Health, sanitation, emergency and safety codes and procedures								
4. Client confidentiality								
5. Personnel policies and procedures								
8(5)(b) Within one (1) month of employment all staff shall be trained and certified in Cardiopulmonary Resuscitation (CPR).								
8(5)(c) Within three (3) months of employment, staff shall be provided a minimum of 34 hours basic training that includes:								
1. The aging process								
2. Interpersonal communications								

3. Personal care services									
4. First aid									

Section 8 Program Staff	Met	NM	Director	#1	#2	#3	#4	#5
Staff Name								
8(5)(c) (cont'd)								
5. Identifying and reporting health problems								
6. Stress management								
7. Recognizing and reporting suspected adult abuse, neglect, or exploitation (KRS 209.030 (2) and (3))								
8. Universal blood and body fluid precautions								
9. Dementia including: (a) Causes and manifestations of dementia (b) Managing a client with dementia								
10. Crisis intervention with a combative client								
11. Effects of dementia on the caregiver								
8(5)(d) Minimum of 8 hours of annual training to review and update knowledge and skills. (Document the number of hours received to date):								

Section 9 Client Records				
9(1)(a) Records are typed or legibly written in ink? Each entry is dated, signed by the recorder and include the recorder's title?	Met	NM	Explanatory Statements/Remarks	
9(2) Records maintained on site; Secure, confidential location?	#1	#2	#3	#4
9(3) Is written policy provided to staff to ensure confidentiality? Does the Record Contain: (check if yes) List client's name (for reference only)	#1	#2	#3	#4
Client registration information included: Name, address, age	#1	#2	#3	#4
Primary caregiver	#1	#2	#3	#4
9(1)(b) Each client record shall be maintained at the program site and contain:	#1	#2	#3	#4
9(1)(b)1. A complete assessment	#1	#2	#3	#4
9(1)(b)2. Client notification by letter of the following:	#1	#2	#3	#4
♦ Acceptance				
♦ Fees				
♦ Center's days and hours of operation				
9(1)(b)3. (a)-(g) A monthly summary of the client's:	#1	#2	#3	#4
a. Objectives and goals				
b. Progress				
c. Other changes or observations noted by program staff				
9(1)(b)4. Emergency contact information including responsible party and personal physician	#1	#2	#3	#4
9(1)(b)5. Signed authorization for client to receive emergency medical care, if necessary	#1	#2	#3	#4
9(1)(b)6. Ongoing reassessment and plan of care	#1	#2	#3	#4
9(1)(b)7. Correspondence	#1	#2	#3	#4
9(1)(b)8. Termination summary	#1	#2	#3	#4

FIRST AID KIT CONTENTS CHECKLIST		
Check if available		Expiration Date
Adhesive Bandages (assorted sizes)	<input type="checkbox"/>	
Adhesive Tape	<input type="checkbox"/>	
Alcohol Pads	<input type="checkbox"/>	
Antibacterial Ointment	<input type="checkbox"/>	
Antimicrobial Wipes	<input type="checkbox"/>	
Breathing Barrier	<input type="checkbox"/>	
Cold Pack	<input type="checkbox"/>	
Disposable Mouth/Nose Cover	<input type="checkbox"/>	
Disposable Gloves	<input type="checkbox"/>	
Elastic Bandage	<input type="checkbox"/>	
Eye Wash	<input type="checkbox"/>	
Non-stick Wound Dressing	<input type="checkbox"/>	
Pick-up Powder	<input type="checkbox"/>	
Plastic Bags	<input type="checkbox"/>	
Roller Gauze	<input type="checkbox"/>	
Safety Goggles	<input type="checkbox"/>	
Scissors	<input type="checkbox"/>	
Sterile Eye Pad	<input type="checkbox"/>	
Sterile Gauze Pads	<input type="checkbox"/>	
Topical Sting Relief	<input type="checkbox"/>	
Triangular Bandage	<input type="checkbox"/>	
Tweezers	<input type="checkbox"/>	
Waterproof Case	<input type="checkbox"/>	