COMPLIANCE CHECK LIST ADULT DAY CARE STANDARDS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING SERVICES/HCBS
SFN 1703 (6-2023)

Clear Fields

Facility Name:			Provider's Name:
Address:			
City:	State:	Zip Code:	Provider's Telephone Number:

ADULT DAY CARE CENTERS

I. PROVIDER STANDARDS

1. ☐ Yes ☐ No — 1. STAFF/PARTICIPANT RATIO MET.

II. FACILITY STANDARDS

1. ☐ Yes ☐ No — 1. WAIVER FOR HOSPITALS, NURSING HOMES AND BASIC CARE FACILITIES - LICENSED
2. ☐ Yes ☐ No — 2. HANDICAPPED ACCESSIBLE.
3. ☐ Yes ☐ No — 3. ILLUMINATION LEVELS ADEQUATE.
4. ☐ Yes ☐ No — 4. SOUND TRANSMISSION CONTROLLED.
5. ☐ Yes ☐ No — 5. HEATING, COOLING, AND VENTILATION SYSTEMS PERMIT COMFORTABLE CONDITIONS.
6. ☐ Yes ☐ No — 6. DESIGN FACILITATES PARTICIPANT'S MOVEMENT AND INVOLVEMENT.
7. ☐ Yes ☐ No — 7. SUFFICIENT FURNITURE IS AVAILABLE TO ACCOMMODATE NUMBER OF PARTICIPANTS.
8. ☐ Yes ☐ No — 8. FURNITURE AND EQUIPMENT ARE SELECTED FOR COMFORT AND SAFETY.
9. ☐ Yes ☐ No — 9. A TELEPHONE IS AVAILABLE FOR PARTICIPANT USE.
10. ☐ Yes ☐ No — 10. FACILITY IS ACCESSIBLE AT STREET LEVEL.
11. ☐ Yes ☐ No — 11. ADULT DAY CARE CENTER HAS ITS OWN SEPARATE IDENTIFIABLE SPACE WHEN CO-LOCATED IN A FACILITY HOUSING OTHER SERVICES.

12. THE FACILITY:

a) ☐ Yes ☐ No — a) Provides at least 35 square feet of program space per Adult Day Care participant.
b) ☐ Yes ☐ No — b) Is flexible and adaptable for large and small groups as well as individual activities.
c) ☐ Yes ☐ No — c) Provides toilets for male and female participants (one toilet per gender for each 15 participants).
d) ☐ Yes ☐ No — d) Has rest areas which provide privacy and/or able to isolate participants who become ill.
e) ☐ Yes ☐ No — e) Has a parking area for safe daily arrival and departure of participants.
f) ☐ Yes ☐ No — f) Has space available for outdoor activities.
g) ☐ Yes ☐ No — g) Has space, such as closets or separate locker, for outer garments and private possessions of participants.
h) ☐ Yes ☐ No — h) Complies with all applicable local, state, and federal health and safety regulations.
i) ☐ Yes ☐ No — i) Provides for appropriate and locked storage of medications.
j) ☐ Yes ☐ No — j) Provides for two exits to outside of building.
k) ☐ Yes ☐ No — k) Provides for non-slip surfaces or carpets on stairs, ramps, and interior floors.
l) ☐ Yes ☐ No — l) Provides for adequate outside lighting at facility entrances and grounds.
m) ☐ Yes ☐ No — m) Is free of hazards, such as high steps, steep grades, etc.

12. THE FACILITY:
(Continued)

n) ☐ Yes ☐ No — n) Assures the safe and sanitary handling, storing, preparation, and serving of food.

o) ☐ Yes ☐ No — o) Provides that fire safety procedures are posted.

p) ☐ Yes ☐ No — p) Has had a representative of the local fire department or state fire marshal's office conduct a fire and safety inspection of the center.

q) ☐ Yes ☐ No — q) Provides that emergency first aid kits are visible and accessible.

r) ☐ Yes ☐ No — r) Has written policies on assisting participants in taking and management of medications and emergency medical care plans.

s) ☐ Yes ☐ No — s) Provides for maintenance and housekeeping to be carried out on a regular schedule and in conformity with generally accepted standards.

II. FACILITY STANDARDS

1. ☐ Yes ☐ No — 1. WAIVER FOR ADULT FAMILY FOSTER CARE HOME-LICENSED

2. ☐ Yes ☐ No — 2. THE ADULT DAY CARE HOME:

a) ☐ Yes ☐ No — a) Is clean and well maintained.

b) ☐ Yes ☐ No — b) Has a rest area separate from activity areas.

c) ☐ Yes ☐ No — c) Has the telephone numbers of local police, fire department and ambulance service posted near every telephone located in areas where services are provided.

d) ☐ Yes ☐ No — d) Provides for safe storage of medications.

e) ☐ Yes ☐ No — e) Provides for an adequate central heating system or equivalent to permit comfortable conditions.

f) ☐ Yes ☐ No — f) No dead bolt-style locks are on interior doors.

g) ☐ Yes ☐ No — g) Illumination levels are adequate in participant occupied areas.

h) ☐ Yes ☐ No — h) Provides that all participant occupied rooms have window screens to keep out flies and mosquitoes.

i) ☐ Yes ☐ No — i) Food and cooking utensils are properly stored.

j) ☐ Yes ☐ No — j) Trash and garbage is kept in plastic or metal containers with properly fitted covers and disposed of regularly.

k) ☐ Yes ☐ No — k) Has a community or rural fire department available to serve the area.

l) ☐ Yes ☐ No — l) Has no accumulation of highly combustible material.

m) ☐ Yes ☐ No — m) Has covered or screened fireplaces, steam radiators, and hot surfaces to guard against accidental contact.

n) ☐ Yes ☐ No — n) Participant occupied areas shall have at least two means of exit, each being at least 30 inches wide, at least one of which must be a door providing a means of unobstructed travel to the outside of the building.

o) ☐ Yes ☐ No — o) Provides for the initial inspection and once every three years thereafter of heating units; date of inspection posted.

p) ☐ Yes ☐ No — p) Shall not have a stove or combustion heater so located as to block escape in case of fire from the malfunctioning of the stove or heater.

q) ☐ Yes ☐ No — q) Has as a minimum, a five-pound class "ABC" all-purpose fire extinguisher.

r) ☐ Yes ☐ No — r) Has photo-electric or ionization type smoke detectors.

s) ☐ Yes ☐ No — s) Trains participants upon enrollment how to exit the home in an emergency.

1. THE ADULT DAY CARE HOME: (Continued)

t) ☐ Yes ☐ No — t) Has had a representative of the local fire department or State Fire Marshal's office conduct a fire and safety inspection of the home.

u) ☐ Yes ☐ No — u) Stores all dangerous household products, flammable liquids, and chemicals in a safe manner.

v) ☐ Yes ☐ No — v) Supervises any participants use of potentially hazardous materials and tools.

w) ☐ Yes ☐ No — w) Has no exposed light bulbs used in the immediate area any participant uses.

x) ☐ Yes ☐ No — x) Assures that fuses in light circuits do not exceed recommended amperes.

y) ☐ Yes ☐ No — y) Assures any house pets have had all required shots.

III. PROGRAM STANDARDS

1. THE ADULT DAY CARE CENTER'S/HOME SERVICE PROGRAM INCLUDES:

a) ☐ Yes ☐ No — a) Self care activities.

b) ☐ Yes ☐ No — b) Social, leisure, and educational activities.

c) ☐ Yes ☐ No — c) Nutrition services which

1) ☐ Yes ☐ No — 1) provide a nutritious meal to each participant in attendance during mealtime

2) ☐ Yes ☐ No — 2) have meals prepared and served in a sanitary manner

3) ☐ Yes ☐ No — 3) provide a nutritious mid-morning and mid-afternoon snack

4) ☐ Yes ☐ No — 4) make fluids available as needed by participants

5) ☐ Yes ☐ No — 5) make available a modified diet for participants requiring a restricted diet.

2. ☐ Yes ☐ No — 2. A WRITTEN PROCEDURE FOR HANDLING EMERGENCIES IS POSTED IN THE CENTER/HOME.

Valid through (date not to exceed two years from date of issuance):	
Signature of Potential Adult Day Care Provider:	Date:
Adult Day Care Provider: ☐ Meets Standards ☐ Does Not Meet Standards	
Aging Services Signature:	Date: