

**Commonwealth of Pennsylvania  
Department of Aging**

**Interim Policy and Procedure Checklist**

This checklist contains the minimum requirements relating to an applicant's written policies and procedures. This checklist does not cover all reviewable regulations. The Department will only issue an interim license if the applicant is suitable, the premises are safe and the applicant is likely to comply substantially with applicable statutes, ordinances and regulations.

Have the following policies and procedures readily available to the Department for review during the initial inspection:

1.  **ADMINISTRATION AND ORGANIZATION:** Does the center have written policies that address the topics listed below? (11.13)
  - a. Accounting
  - b. Personnel Policies and Practices – i.e. Job Descriptions/Qualifications, EEO, Termination, etc.
  - c. Client Policies on Admissions (11.4), Discharges (11.110 – 11.113) and Transfers (11.195)
  - d. Client Records (11.191 – 11.198), Unusual Incidents (11.16), and Death (11.17)
  - e. Safety Policies Including Fire Safety (11.82, 11.86, 11.91), Emergency (11.134), and Infection Control
2.  **SERVICE GOALS:** Does the center have a written policy that describes the goals of planned programs of older adult daily living services provided to clients at the center? (11.6)
3.  **CLIENT RIGHTS:** Does the center have a written policy on Client Rights? (11.9)
4.  **ABUSE:** Does the center have a written Abuse Policy? The Act 13 Mandatory Abuse Report Form and instructions must be included. For detailed information, refer to the Title 6, Chapter 15 Protective Services for Older Adults regulations. (11.15)
5.  **CIVIL RIGHTS:** Does the center have a written Civil Rights/Nondiscrimination Policy? (11.19)
6.  **GRIEVANCE:** Does the center have a written Grievance Policy? (11.20)
7.  **TRAINING:** Does the center have a written training curriculum describing general orientation and annual training required for staff? (11.33) It is recommended that the center develop an orientation checklist to ensure staff persons receive the required training within 3 months of employment.
8.  **NURSING:** Does the center have a written policy describing how it meets regulation 11.35?
9.  **STAFFING:** Does the center have an organization chart or written policy that clearly designates the staff person(s) responsible for supervising the center in the program director's absence? (11.39)
10.  **FIRE ALARM:** Does the center have a written procedure for fire safety monitoring in the event the fire alarm is inoperative? (11.86)
11.  **CONFIDENTIALITY:** Does the center have a written policy governing confidentiality, access to, duplication and dissemination of client records? (11.196)