



Licensing Inspection Guide

A Tool for Adult Day
Services Center
Operators and
Stakeholders

6 Pa. Code Chapter 11
July 1, 2015 Edition

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Introduction

What is this guide, and why do I need it?

The Older Adult Daily Living Center regulations, 6 Pa. Code Chapter 11 became effective on October 12, 1993. These regulations govern the operation of older adult daily living centers, commonly known as adult day services centers in the Commonwealth of Pennsylvania. This guide is meant to help center operators and inspectors better understand and interpret the regulations.

This Licensing Inspection Guide (LIG) has been developed to provide clearer explanations of the regulatory requirements of 6 Pa. Code Chapter 11 to help adult day services operators provide safe environments and effective services to clients through regulatory compliance and to improve consistency by licensing representatives. It provides a detailed explanation of each regulatory requirement, including expectations for compliance and guidelines for measuring compliance.

This guide is a companion piece to 6 Pa. Code Chapter 11; it should be used along with the regulations, not instead of them. The explanatory material in this guide is not meant to be "new regulations" or to extend the meaning of the regulations beyond their original intent.

How to Use the Licensing Inspection Guide

Each regulation that can be qualified for compliance during an inspection is included in the LIG and is accompanied by clarifying information. The illustration below shows how regulations are presented, and how inspectors and centers can effectively use the LIG.

This area presents the regulation exactly as it appears in Chapter 11.	11.16e	11.16(e) – A copy of an unusual incident report relating to an individual client shall be kept in the client's record.
The “Discussion” section provides information about applying the regulation, including referencing other regulations and applicable narratives.	Discussion:	A copy of all reports must be retained in the client record. Retention of the incidents in residents' records is in accordance with § 11.193(2).
The “Inspection Procedure” section describes how compliance will be measured.	Inspection Procedure:	During the inspection, the licensing representative shall review client files to confirm unusual incident reports are filed in the client record.
The “Primary Benefit” section explains how the regulation protects residents’ health, safety, and well-being.	Primary Benefit:	Permits centers to review reports to identify and address patterns of incidents and conditions that may otherwise be a source of harm to clients.

“Recommended”

Throughout the LIG, you will repeatedly see the words “recommended” or “strongly recommended.” These words indicate that what you are reading is a suggestion based on best practices, not a regulatory requirement. Failure to follow a recommendation will not result in a regulatory citation.

PART 1:

Regulations, Discussion, and Primary Benefit

INDEX OF REGULATIONS BY TOPIC

To learn more about a particular topic, please review the applicable regulations. Regulations and regulatory clarifications are listed in this guide in numerical order as they appear in 6 Pa. Code Ch. 11.

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GENERAL PROVISIONS

Applicability	
11.2	11.2 (f) – This subchapter does not measure or assure compliance with other applicable Federal, State and local laws: regulations; codes; and ordinances. It is the responsibility of the center operator to comply with all other applicable laws, regulations, codes and ordinances.

Discussion: Adult day programs, like any business in Pennsylvania, must follow all applicable laws, regulations, codes and ordinances. The most common example of other applicable laws for adult day programs is the Older Adult Protective Services Act (OAPSA) which covers criminal history background checks and abuse reporting. OAPSA supersedes the applicable adult day regulations. Other examples may include local or county health laws on food service, maximum capacity for centers, and the International Building Code.

Inspection Procedures: The licensing representative will review those areas governed by other laws, regulations, etc., as applicable. The more stringent, or most current requirement, will apply and be enforced.

Primary Benefit: To ensure the health and safety of consumers, and that all applicable laws, codes, ordinances and regulations are followed.

Admissions Criteria

11.4	11.4 (a) - A client admitted to a center shall meet the following criteria. The client shall: <ul style="list-style-type: none"> (1) Have a functional impairment and be in need of services, as determined by an intake screening process. (2) Be capable of being transported to and from the service site. (3) Be in need of a structured program of activities or services.
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Discussion: Adult day centers serve clients who need the service and can be safely served at the center. An individual without a functional impairment seeking a community-based program would be better served by attending a senior or community center.

Inspection Procedures: The licensing representative will determine through a review of client records, interviews, and visual observation that the clients in attendance are appropriate for adult day services.

Primary Benefit: To ensure centers only admit clients who both need the service and can be safely served by the center.

11.4	11.4 (b) - A client may be admitted only after an intake screening has been completed as set forth in § 11.101 (relating to intake screening).
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Discussion: Adult day centers have to complete an intake screening prior to admission as per § 11.101 to determine if a client is both appropriate for adult day services and can be safely served in that center.

Inspection Procedures: The licensing representative will review new clients' records to ensure the intake screening supports the determination to admit those clients.

Primary Benefit: To ensure that the center only admits clients who both need the service and can be safely served by the center.

11.4	11.4 (c) - Persons who are not to be admitted to or retained in a center include persons who: <ul style="list-style-type: none"> (1) Are bedfast.
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	<ul style="list-style-type: none"> (2) Have a communicable disease unless, to the extent that confidentiality laws permit, a physician certifies, in writing, that the person will not pose a serious threat to the health, safety or well-being of the client or staff and provides specific instructions and precautions to be taken for the protection of the clients or staff at the center. The physician's written instructions and precautions shall be followed. This is intended to protect the health of the client and is not intended to discriminate against any individual. (3) Have emotional or behavioral disorders, which are destructive to self or others or disruptive in a group setting, unless the center has the capacity, including qualified staff persons to manage these problems adequately and appropriately. (4) Are habitually addicted to alcohol or drugs and, due to the addiction, are disruptive in a group setting, unless the center has the capacity, including qualified staff persons, to manage these problems adequately and appropriately. (5) Do not need the activities and services provided in the older adult daily living center, and who need referral to other more appropriate programs such as a senior center or nutrition site.
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Discussion: Adult day centers are not to admit or continue to serve clients who meet any of the above criteria. In addition to these minimum requirement standards, or criteria of the Department, centers may include other criteria in their admission policy of other conditions for which they cannot serve. For example, a center could state in their written admission policy that they cannot serve a client that requires a two-person assist for transfers.

However, a center may not discriminate when determining its admission policies.

Inspection Procedures: The licensing representative will determine through a review of client records, interviews, and visual observation that the clients in attendance are appropriate for adult day services.

Primary Benefit: To ensure that clients attending the program both need the service and can be safely served by the center.

	<p>11.4 (d) - The center shall have a written policy on the characteristics of persons eligible for admission. The policy shall:</p> <ul style="list-style-type: none"> (1) Describe the type of persons who may be served. (2) Limit admissions to persons who can be served in a manner consistent with the goals of the center.
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Discussion: Each adult day center must develop its own admissions policy. This policy must at a minimum address the criteria found in regulation § 11.4(a) but may also include unique criteria applicable to that center. For example, a center could have an admission policy saying it will not admit a client who requires a two-person assist for transfers.

Inspection Procedures: A center's admission policy is usually reviewed as part of its initial application for a license. The licensing representative will review the policy if any changes are made to it.

Primary Benefit: A well-written admissions policy will provide clear and concise information to consumers seeking enrollment at an adult day center.

Waivers

	<p>11.5 (a) – It is the policy of the Department that licensees shall comply with this subchapter to assure quality of care. The Department may, for good reason, grant waivers to specific requirements contained in this subchapter for specified periods of time. Waivers will be granted only when the health, safety and welfare of the clients or the quality of services provided to clients is not adversely affected. The Department reserves the right to revoke a waiver if the conditions required by the waiver are not met.</p>
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11.5 (b) – Centers which also provide services to persons who receive services under Articles IX and X of the Public Welfare Code (62 P.S. §§ 901-1057.3) may, consistent with subsection (a), apply for waivers to requirements in this subchapter which are essentially duplicative of requirements under regulations promulgated by the Department of Public Welfare to implement Articles IX and X of the Public Welfare Code, with which they are already in full compliance. The Department reserves the right to grant requested waivers or to require additional, reasonable actions by a center to bring it into compliance with requirements in this subchapter.

11.5 (c) –The licensee shall submit a written request for a waiver to the Department's Division of Older Adult Daily Living Center Licensure. Waivers granted by the Department will be in writing and retained by the licensee and be part of the licensee's permanent record.

11.5 (d) - A waiver is subject to an annual review by the Department to determine whether acceptable conditions exist for renewal of the waiver.

Discussion: The Department of Aging may grant regulatory waiver(s) to centers if they are in the best interest of clients and would not conflict with other applicable laws or regulations. Each regulatory waiver request is considered on a case by case basis and is subject to periodic review. The Division of Licensing has created a regulatory waiver request template that centers are to use when requesting a waiver of regulation.

Regulatory waivers are to be considered as a last resort. Centers that request a waiver must be able to clearly demonstrate other options that were attempted to resolve a particular issue.

Inspection Procedures: The licensing inspector shall review all active regulatory waivers during the licensure renewal process to ensure they are still applicable. If a waiver is no longer applicable, the licensing representative will notify the Division Chief who will determine if the waiver should be withdrawn.

Primary Benefit: Regulatory waivers will be approved only if they are in the best interests of the client, all other applicable options have been attempted, and are not in violation of any other laws or regulations.

Service Goals

11.6 - The goals of planned programs of older adult daily living services provided to clients at centers are as follows:

- (1) To improve the quality of life of individuals with functional impairment.
- (2) To provide respite for caregivers and clients.
- (3) To provide a community-based alternative to institutionalization which is unnecessary for a particular client.
- (4) To promote client functioning to the extent of the client's ability.

Discussion: A center's service goals are their mission statement or company purpose. Each adult day center is required to have a service goal policy or statement that, at a minimum, addresses this regulation.

Inspection Procedures: A center's service goals are usually only reviewed as part of its initial application for license. However, they would be reviewed if there were a change in the policy, or licensing representative.

Primary Benefit: The center's service goals or mission statement is intended to highlight to potential consumers and their families the overarching mission of the center.

Nondiscrimination

11.7 - In licensing centers providing older adult daily living services, the Department and operators, respectively, shall act in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794), The Age Discrimination Act of 1975 (42 U.S.C. §§6101-6107), the Pennsylvania Human Relations Act (42 P.S. §§951-962.2) and the Americans With Disabilities Act of 1990 (42 U.S.C. §§12101-12213).

Discussion: All centers are required to comply with the above-named laws. The center's affirmation of compliance with these laws is stated by completing the ALG-07 Provider Self-Certification and Civil Rights Compliance Form.

Inspection Procedures: Center operators affirm their compliance with these laws through statements on the licensure forms and the establishment of policies and procedures. These policies and procedures are reviewed during initial application and if any changes are made. The application forms are reviewed with each licensure renewal and whenever changes are made.

Primary Benefit: To ensure nondiscrimination practices are in place.

Responsible Party	
11.8	11.8 (a) - A client may voluntarily designate a person as a responsible party. The client designates the responsible party by executing a written document which states the area in which the client authorizes the responsible party to act in the client's behalf.

Discussion: It is best both for the consumer and the center that consumers designate someone to act as a responsible party. In many cases, consumers with limited capacity come to the center without a POA, guardianship or other formal written designation. Centers should recommend to consumers that they formalize this designation of a responsible party, but cannot require it as a condition of enrollment.

Inspection Procedures: The licensing representative will review client files to determine if the clients have a responsible party.

Primary Benefit: Having written designation of a POA removes ambiguity when there are questions when making decisions regarding care and services.

11.8	11.8 (b) - A person may also be appointed as a responsible party by a court of law. The court appoints the responsible party by means of a court order which states the area in which the court authorizes the responsible party to act in the client's behalf.
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Discussion: It is best for both the consumer and the center that consumers designate someone to act as a responsible party. In many cases, consumers with limited capacity come to the center without a POA or other written designation. Centers should recommend that they formalize this designation, but cannot require it as a condition of enrollment.

Inspection Procedures: The licensing representative will review client files to determine if there is an indication that a client has a POA or other official designation. The licensing representative will ensure a copy is in the client record if there is an indication that the client has one.

Primary Benefit: It is to the client and family's benefit to have a POA or other designation in case the client becomes incapable of making their own decisions.

11.8	11.8 (c) - An employee of a center will be permitted to be a responsible party for a client at the center only if appointed the client's legal guardian by the court.
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Discussion: This regulation applies to those instances where a staff person is a guardian for a non-relative. The intent is to avoid those situations where a staff person would be the responsible party for a client who is not related to them. In these instances the staff member and client must have gone through the more extensive guardianship process.

This would not apply for a staff person who has a relative attending the center. For example: a staff person's mother attends the center and the staff person would not necessarily require a separate legal document such as a POA to be a responsible party.

Inspection Procedures: If the licensing representative discovers a staff person is a designated responsible party

for a client, the inspector will review the relationship between the staff person and client, and any written authorization in the record.

Primary Benefit: The purpose is to prevent staff persons, who are often working very closely with clients, from engaging in inappropriate activities with vulnerable clients.

11.8	11.8 (d) - A center shall have written documentation of designation or appointment when a responsible party has been designated or appointed as described in subsections (a) and (b). Written documentation shall be kept in the client's file and provide information sufficient to enable a center to clearly identify the responsible party and the area in which the responsible party has been designated or appointed to act in the client's behalf.
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Discussion: If a client has a written designation of a responsible party, Power of Attorney, Guardianship, etc., a copy of the written document must be kept in the client record.

The time to find out if a client has written designation is during the intake screening. Sometimes a client and caregiver believe that the caregiver is the client's agent under a Power of Attorney, when, in fact, the written paperwork is limited to, financial authority, for example. Center intake staff should use the intake screening process to determine whether or not a client actually has a responsible party.

If there are indications that the client does have a Power of Attorney but is unable to produce a copy for the center, the center must document its efforts to obtain a copy for the client record. If it is later determined that the client actually does not have a copy, indicate that as well in the client record.

If a client and/or the responsible party is unwilling to share a copy, remind them of the center's regulatory requirement to maintain a copy in the record and the reasoning for the center to have a copy in case of an emergency situation. If the client and/or responsible party continues to be unwilling to provide a copy then the center must either deny admission or disenroll the client. It is strongly recommended that centers address the client's responsibility to provide a copy of the Power of Attorney document in their admissions policy.

If the client does not have written designation, the staff person should encourage them to obtain one, explaining the purpose and benefits to having this information on hand.

Inspection Procedures: If during the course of an inspection the licensing representative discovers that a client has a reference to a power of attorney or other similar document on an intake screening form, the inspector will determine whether or not the document is in the client file. If the client record indicates the client has a written designation and a copy is not in the record, this will lead to a citation.

Primary Benefit: To ensure the center has a copy of the written designation in the file to help in those situations where the client requires emergency outside care.

Clients Rights

11.9	11.9 (a) - The program director/administrator shall ensure that clients are, to the extent of their ability, aware of the rights specified in this section. Responsible parties shall also be made aware of client rights. Center clients have rights which include the right to: <ul style="list-style-type: none">(1) Be treated with dignity and respect, including privacy in treatment and in care for personal needs.(2) Participate in development and implementation of the client's individual plan of care.(3) Be fully informed regarding the services to be provided, including frequency of services and treatment objectives, as evidenced by the client's or responsible party's written acknowledgement.(4) Receive services designed to promote the client's functional ability to the optimal level and to encourage independence.(5) Be accorded safe, comfortable and healthful accommodations, furnishings and equipment to meet the client's needs.
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- (6) Be free from abuse, neglect, and exploitation.
- (7) Exercise the right to attend or to refrain from attendance and participation in religious activities, if offered.
- (8) End participation at the center at any time.
- (9) Be free from restraints, seclusion and aversive conditioning.
- (10) Be accorded rights described in this subchapter in the areas of:
 - (i) Civil Rights (See §11.19 (relating to civil rights).)
 - (ii) Grievance procedures. (See § 11.20 (relating to grievance procedures)).
 - (iii) Access and use of telephone. (See §11.61 (relating to telephone)).
 - (iv) Confidentiality. (See §11.198 (relating to release of information)).
- (11) Be free to contact and meet privately with representatives of the Long Term Care Ombudsman Program.

11.9 (b) - The center shall post in a prominent place in the center the list of client rights in English and other predominant language of the community.

11.9 (c) – The program director/administrator shall ensure that client rights are explained to each client and responsible party orally in a language understood by the client and responsible party.

Discussion: Centers are to post these rights in a prominent place in the center, easily viewable by clients and/or family members. In addition, a copy of the client rights is to be provided to the clients and caregivers at enrollment under regulation 11.103(c).

The Department recognizes that the list of adult day client rights is slightly different than the LIFE participant rights directed by CMS standards. However, LIFE centers that operate a licensed adult day program must offer the above client rights at a minimum.

If a center serves clients who do not speak English, they must ensure those clients have a copy of these rights in a language they and/or their responsible party can understand.

Inspection Procedures: The licensing representative shall confirm a copy of the client rights is posted prominently in the center and that clients also receive a copy at enrollment.

Primary Benefit: Adult day clients are afforded these rights for their protection. Posting the rights ensures that clients and their families have ready access to a list of the rights for reference and that they are aware of who to contact with a complaint.

GENERAL REQUIREMENTS

Administration and Organization

11.13 (b) – A center shall utilize written administrative policies and procedures which, at a minimum, include:

- (1) Accounting policies and procedures.
- (2) Personnel policies and practices.
- (3) Client policies on admissions, discharges, transfers and the like.
- (4) Record policies, including client records, as set forth in §§ 11.191 – 11.198 (relating to

	<p>client records); incidents occurring at the center, as set forth in §§ 11.16 (relating to reporting of unusual incidents); and discharges, as set forth in §§ 11.113 (relating to record of discharge)</p> <p>(5) Safety policies including fire safety, emergency and infection control measures to guard against the spread of communicable disease..</p>
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Discussion: The center shall have a policy and procedures manual addressing all regulations applicable to that center. Policies and procedures should be written to clearly state why and how things happen at a center.

Inspection Procedures: A center's policy and procedure manual is initially reviewed during the initial application process. During each subsequent inspection, the licensing representative will ask the center operator if any policies have changed or new ones added. Those will be reviewed.

However, during the course of an inspection, the licensing representative may review any policy and procedure to ensure it is followed. For example, a centers fire evacuation policy may be reviewed to ensure staff and clients go to the correct evacuation area for drills, or staff may be questioned to ensure they are aware of their respective responsibilities for specific policies or procedures.

Primary Benefit: A detailed policy and procedure manual explains the "why" and the "how" an adult day center operates.

Occupancy Permit

11.14	<p>11.14(a) - Centers shall have a valid occupancy permit listing the appropriate type of occupancy from the Department of Labor and Industry, the Department of Public Safety of the city of Pittsburgh, the Department of Licensing and Inspection of the city of Philadelphia or the Department of Community Development of the city of Scranton.</p> <p>11.14(b) – If the occupancy permit is withdrawn, restricted or revised, the center operator shall notify the Department orally within 1 working day and in writing within 2 working days.</p> <p>11.14(c) - If the center is adapted, remodeled or altered after the initial occupancy permit is issued, a new occupancy permit or written approval, if required by the agency which issued the initial permit, shall be obtained from the Department of Labor and Industry, the Department of Public Safety of the city of Pittsburgh, the Department of Licensing and Inspection of the city of Philadelphia, or the Department of Community Development of the city of Scranton.</p>
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Discussion: An Older Adult Daily Living Center must possess a valid Certificate of Occupancy issued from one of the agencies listed above, or the local municipality, depending on which agency has the issuing authority.

A new center seeking to operate in Pennsylvania, or a center relocating must meet the standards set forth per the Uniform Construction Code and the International Building Code, and be classified on its Certificate of Occupancy as "I-4".

Per the International Building Code, Institutional Group I occupancy includes the use of a building or structure, or portion thereof in which people having physical limitations because of health or age, are harbored for medical treatment, or other care or treatment. The I-4 occupancy code is specifically defined as an Adult Day Care Facility that provides accommodations for less than 24 hours for more than five unrelated adults and provides supervision and personal care services.

A center that has been licensed with the Department of Aging prior to July 2004 likely has an occupancy code of either "A", "B", or "C". These centers may continue to operate under this prior coding system.

Centers that are located within nursing facilities likely have a Certificate of Occupancy letter from the State Department of Health that does not have an identifiable code. This letter meets the regulatory requirement. Centers operating within a nursing home must also have a letter from the Department of Health approving the use of space within the nursing home for the adult day center.

Chapter 2380) that apply to be licensed as an Older Adult Daily Living Center, and have a valid existing Certificate of Occupancy code for their current operation, do not have to obtain a new Certificate of Occupancy, as the use of the building is not changing.

A new Certificate of Occupancy may be required if the center completes any renovations to their building. It is the responsibility of the center operator to confirm whether or not a new Certificate of Occupancy is required. The local building inspector determines if due to the extent of any renovations, a new Certificate of Occupancy and code is required.

Inspection Procedures: Staff will review the Certificate of Occupancy to ensure it is current.

Following any renovations, the center operator will provide a copy of the new Certificate of Occupancy issued by the approving authority, or written verification to the Division of Licensing that a new certificate is not required.

Primary Benefit: Ensures the building is built to the proper construction and fire safety code for the business currently occupying the premises.

Abuse, Neglect and Exploitation

11.15

11.15 - Abuse, neglect and exploitation of clients in a center is prohibited. The occurrence of one or more instances of abuse, neglect or exploitation constitutes a sufficient basis for denial, non-renewal or revocation of a license by the Department.

Discussion: Abuse is defined as: The occurrence of one or more of the following acts: (1) the infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish; (2) the willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health; (3) sexual harassment; and/or (4) sexual abuse which is intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest.

Neglect is the failure to provide for oneself or the failure of a caretaker to provide goods or services essential to avoid a clear and serious threat to physical or mental health. An older adult who does not consent to the provision of protective services will not be found to be neglected solely on the grounds of environmental factors which are beyond the control of the older adult or the caretaker, such as inadequate housing, furnishings, income, clothing or medical care.

Exploitation is an act or course of conduct by a caretaker or other person against an older adult or an older adult's resources, without the informed consent of the older adult or with consent obtained through misrepresentation, coercion or threats of force, that results in monetary, personal or other benefit, gain or profit for the perpetrator or monetary or personal loss to the older adult.

Important: All centers must comply with the provisions of Act 13 of 1997, which contains mandatory abuse reporting instructions and a complete list of definitions that relate to abuse.

The center's abuse reporting policy must contain the phone number for the local area agency on aging protective service hotline and the Department of Aging's Act 13 oral reporting phone number, (717) 265-7887.

See Part 2 for more information

Inspection Procedures: Verify that the center has policies and/or procedures for abuse reporting that are comprehensive and current with respect to contact information and procedures. Inspectors will also review instances of abuse that occurred in the prior licensing year to ensure all required procedures are followed.

Primary Benefit: Clients deserve to be served in an environment free of abuse and can count on center staff promptly reporting abuse allegations as required.

Reporting of Unusual Incidents

11.16

11.16 (a) - Written policies and procedures on the prevention, recording, reporting, investigation and management of unusual incidents which occur at the center shall be developed and kept at the center. Procedures for reporting unusual incidents shall be in compliance with confidentiality laws.

Discussion: An unusual incident is defined in the glossary of the regulations (§ 11.3) as: criminal infractions, abuse or suspected abuse of a client; neglect or suspected neglect of a client; exploitation or suspected exploitation of a client's funds or property; injury, trauma or illness of a client requiring treatment at a medical facility; violation or suspected violation of a client's rights; a client who is missing and presumed to be at risk; outbreak of a serious communicable disease as defined in 28 Pa. Code § 27.2 (relating to reportable diseases) to the extent that confidentiality laws permit reporting; an incident involving a fire department or circumstance requiring police action; and a condition, except for snow, ice, or flood conditions, that result in the closure of the center for more than one scheduled day of operation.

All elopements are considered unusual incidents and are reportable, regardless if the police or fire departments are involved. A client that elopes is considered to be missing and presumed at risk.

Medication errors are not considered unusual incidents unless the client requires outside medical care due to the medication error.

Click on this link to review reportable diseases as defined in 28 Pa. Code § 27.2:

<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=557245&mode=2>

Outbreaks of the above reportable diseases are to be reported to the local/regional Health office and the Department of Health in Harrisburg.

Click on this link to locate your local County Health Department office:

http://www.portal.state.pa.us/portal/server.pt/community/communities/14133/state_health_center_map/732509

Incidents are reportable if they occur at the center. If the center has a van that is used to transport clients, that van is considered an extension of the center. Incidents that qualify as unusual incidents and occur on center vehicles or on center outings are reportable as unusual incidents.

When in doubt, call your licensing representative or report the incident.

The center's incident policy should also address methods of internal investigation of unusual incidents, management, and prevention of reoccurrence. Centers are encouraged to track patterns of incidents. For example, if the center reports a number of incidents related to client falls, center leadership should determine why those falls are occurring and make necessary operational changes.

Inspection Procedures: The licensing representative will review previously submitted unusual incidents prior to an licensing renewal inspection to determine if any previously submitted incident requires additional follow-up. During the inspection, the licensing representative shall review client files to determine that 1) reported incidents are kept in the client file as required, 2) if there is any indication of an incident that was not reported to the Department as required, and 3) if the center took any appropriate corrective action for reoccurrence.

Primary Benefit: As adult day centers serve a frail population, incidents will occur. In reviewing and investigating unusual incidents, the center has an opportunity to educate staff on emergency procedures and to refine those procedures. Incidents may also alert staff that changes may be necessary in the client's care plan.

11.16	11.16 (b) - The responsible party, the client's family, if appropriate, and the residential services provider, if applicable, shall be immediately notified in the event of an unusual incident relating to a client.
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Discussion: The center is to indicate the specific parties contacted and the date and time of the contact on the unusual incident reporting form.

"Immediately" is within one hour for family members, responsible parties, and residential services providers. It is recognized that in some cases the center is unable to speak to family members right away, oftentimes having to leave a message. Note times of calls in the incident report.

Inspection Procedures: The licensing representative will review previously submitted unusual incidents prior to a licensing renewal inspection to determine that the client's family or responsible party were notified timely. During the inspection, the licensing representative shall review client files to also confirm this notification as necessary.

Primary Benefit: As adult day centers serve a frail population, incidents will occur. Reporting incidents timely will help reinforce lines of communication between the center and the client's family/responsible party.

11.16	<p>11.16 (c) - In cases of abuse or suspected abuse, an incident involving a fire department, or circumstances requiring police action, within 24 hours after an unusual incident occurs but not later than the next working day, the center operator shall orally notify the following:</p> <ul style="list-style-type: none">(1) The Department.(2) The funding agency when the services of the client involved in the unusual incident are being publicly funded.(3) The mental health and mental retardation program of the county in which the center is located if the client involved in the unusual incident has mental illness or mental retardation.
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Discussion: When notifying the Department, centers are required to call their licensing representatives to describe the particulars of incidents. It is permissible to leave a voice message with their licensing representative. A written unusual incident report is not a substitute for the oral report.

This oral notification to the Division of Licensing for an unusual incident is not the same as the oral report for an Act 13 abuse report. The number to call for an Act 13 abuse report at the Department of Aging is 717-265-7887.

Indicate the date and time of the oral notification to the Department, funding agency, and MH/MR program, as applicable, on the incident reporting form.

Remember that reportable incidents are those that occur at the center. Allegations of abuse are only reportable as unusual incidents if the alleged abuse occurred at the center. If the center discovers potential client abuse that occurred at home, that is reportable to the local area agency on aging as abuse, but not to the Division of Licensing as an unusual incident.

Inspection Procedures: The licensing representative will review the Facility Notes for the center prior to an inspection to confirm whether or not an oral report was made for an unusual incident report. During the inspection, client files will be reviewed and if any additional unreported incident reports are discovered, the licensing representative will determine if an oral report was made to the Division of Licensing.

Primary Benefit: Unusual incident reports that require the 24 hour oral report are more serious in nature. By reporting these incidents orally to the licensing representative, we can assist the center with ensuring all required notifications are made and provide technical assistance as needed.

11.16	<p>11.16 (d) - Within 3 working days after an unusual incident occurs, the center operator shall conduct an investigation of the unusual incident and complete and send copies of an unusual incident report on a form specified by the Department to the following:</p> <ul style="list-style-type: none">(1) The Department.(2) The funding agency when the services of the client involved in the unusual incident are being publicly funded.(3) The mental health and mental retardation program of the county in which the center is located if the client involved in the unusual incident has mental illness or mental retardation.
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Discussion: Centers must use the Department's specified Unusual Incident Reporting Form (AGL-09). HCSIS forms are not acceptable.

Written incident reports must be transmitted to the Division of Licensing via email at ADLC-UIReport@pa.gov, a dedicated and secure email account for these reports. Faxed or mailed reports are not accepted.

It is permissible to use a web-based encryption system for sending incident reports. However the center must deactivate the requirement within that encryption system that requires the Division of Licensing to create a login and password.

With the exception of incidents that affect the entire center, such as a fire alarm, each client impacted by a particular incident shall have their own separate incident report. For example, in instances where one client hits another, each client shall have their own incident report. If three clients are injured in accident with a center bus, all three clients are to have their own incident report.

Inspection Procedures: The licensing representative will review previously submitted unusual incidents prior to a licensing renewal inspection. During the inspection, the licensing representative shall review client files to also confirm all incidents were reported timely.

Primary Benefit: As adult day centers serve a frail population, incidents will occur. In reviewing and investigating unusual incidents, the center has an opportunity to educate staff on emergency procedures and to refine those procedures. Incidents may also alert staff that changes may be necessary in the client's care plan.

11.16	11.16(e) - A copy of an unusual incident report relating to an individual client shall be kept in the client's record.
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Discussion: The original or a copy of the unusual incident report shall be kept in the client's record. If the center wants to have a dedicated folder for unusual incident reports, that is permissible; however that does not eliminate the requirement to keep a copy of the incident report in the client file.

Inspection Procedures: The licensing representative will review previously submitted unusual incidents prior to a licensing renewal inspection. During the inspection the licensing representative shall review client files to confirm the incident report is filed in the client record, as required.

Primary Benefit: Incident reports are filed in the client record in order to keep all relevant information together.

11.16	11.16(f) - A copy of unusual incident report related to the center itself, such as one involving a fire department, shall be kept in the center's records for at least 4 years or until any audit or litigation is resolved.
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Discussion: Incidents that apply to the entire center, such as a fire alarm to which the fire department responded to the center, shall be kept in a centralized file.

Inspection Procedures: The licensing representative will review previously submitted unusual incidents prior to a licensing renewal inspection. During the inspection the licensing representative shall review center-specific incident reports to confirm they are maintained by the center.

Primary Benefit: A centralized file for center-specific incidents makes it easier to maintain and to assist the center in any quality improvement changes in response to those incidents.

Reporting of Deaths	
11.17	11.17(a) - The responsible party, the client's family and the residential service provider, if applicable, shall be immediately notified by phone of a client's death at the center.

Discussion: "Immediately" is defined here as within 15 minutes following any notification of emergency responders. Identify who was notified along with the date and time in the client's record.

Inspection Procedures: During the course of an inspection the licensing representative will discuss any client deaths that occurred at the center with the center director. During this discussion and a review of the death reporting form, the licensing representative will determine that all required notifications occurred.

Primary Benefit: A client death at a center is a significant event. It is important to ensure all parties are notified as required.

11.17	<p>11.17(b) - Within 24 hours after a death of a client occurs at the center, the center operator shall complete and send copies of a death report on a form specified by the Department to the following:</p> <ul style="list-style-type: none"> (1) The Department. (2) The funding agency when the services of the deceased client are being publicly funded. (3) The mental health and mental retardation program of the county in which the center is located if the deceased client had mental illness or mental retardation
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Discussion: Reporting the death of a client at the center is reported on the unusual incident reporting form. Check the box in the top half of the form to identify the report as for a client's death at the center. Complete the incident report in the same manner as other reportable unusual incidents. Submit the written report to adlc-uireport@pa.gov within 24 hours of a client's death.

Inspection Procedures: The licensing representative will review all death reports made during the previous year during a renewal inspection to ensure the reports were made timely.

Primary Benefit: A client death at a center is a significant event. It is important to ensure all required parties receive the written death report in order to complete required investigations as required.

11.17	<p>11.17(c) - A copy of the report required by subsection (b) shall be kept in the deceased client's record.</p>
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Discussion: A copy of the death report shall be kept in the deceased client's record.

Inspection Procedures: The licensing representative will review all death reports made during the previous year during a renewal inspection to ensure the reports are filed in the client's record.

Primary Benefit: Death reports are filed in the client record in order to keep all relevant information together.

Criminal History Record Check

11.18	<p>11.18(a) - Operators applying to the Department for licensure shall obtain for themselves and for prospective full-time, part-time and temporary program staff persons (including vehicle drivers, but excluding students), the following information:</p> <ul style="list-style-type: none"> (1) A report of criminal history record information from the State Police or a statement from the State Police that the State Police Central Repository contains no information relating to that person, under 18 PA. C.S. §§9101-9183 (relating to the Criminal History Record Information Act). (2) A report of Federal criminal history record information under the Federal Bureau of Investigation appropriation of Title II of the act of October 25, 1972 (Pub. L. 92-544, 86 Stat. 1109), if the operator or employee has not been a resident of this Commonwealth for the 3 years prior to hiring.
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Discussion: Older Adult Daily Living Centers are one of the types of service providers identified in the Older Adult Protective Services Act (OAPSA) required to complete a criminal history background check on employees prior to hire (§ 15.141). The requirements for criminal history background checks are found in the Chapter 15 regulations, Protective Services for Older Adults which supersede regulation 11.18.

While background reports are transferable from one long-term care setting to another if the report was completed within 1 year prior to the date of hire at the new agency, it is not a recommended practice. Centers should want to

make sure any new employee of theirs has an up to date background check.

A new background report is not required if an employee transfers to the OADLC from within the same company or umbrella agency, since the employee is not considered a new employee.

The State Police PATCH report is required for Pennsylvania background checks. Background checks from third party vendors are not acceptable. The Cogent System is now used for the processing of FBI background checks.

www.pacogentid.com

An FBI report may not be substituted in lieu of a State Police report. The Older Adult Protective Services Act (§ 10225.501-508) supersedes the chapter 11 requirement for needing a Federal criminal history record check. The OAPSA requirement is stated in regulation § 15.141 which requires an FBI background check if the prospective employee has not been a resident of the Commonwealth for 2 years prior to hiring.

When completing the FBI background check, ensure that the Department of Aging Cogent check is used. An FBI check using Cogent for a different agency such as the Department of Human Services (DHS, formerly DPW) is not acceptable as each agency has a different prohibitive offense listing. Also, DHS Childline background check reports are not acceptable.

The center must keep the criminal history background check report to verify compliance.

Criminal history background checks are not required for volunteers; however, it is encouraged for long-term volunteers. It is also considered a best practice to periodically perform criminal history background checks for long-term staff.

See the Regulatory Issues and Frequently Occurring Situations section at the end of this guide for more information.

Inspection Procedures: The licensing representative will review the criminal history background check reports for all new staff hired since the prior licensing inspection.

Primary Benefit: To ensure persons with prohibited offense convictions are not given access to clients.

11.18

11.18(b) - Information in subsection (a) shall be obtained at the employee's expense or, at the option of the provider, the provider's expense.

Discussion: It is up to the center to decide if it will pay for any costs associated with criminal history background checks or require applicants to pay for their own checks.

Inspection Procedures: How background checks are paid for is not measured for regulatory compliance.

Primary Benefit: This is a necessary expense to help protect the health and safety of center clients.

11.18

11.18(c) - For centers beginning operation on or after October 12, 1993, an operator shall apply for the information in subsection (a) for the operator no later than 2 working days after the date the operator applies to the Department to begin operating a center.

Discussion: The Older Adults Protective Services Act (§ 10225.501-508) supersedes the two working day time frame noted above. The Act requires that the criminal history background check be completed with the application and prior to the start of employment.

For initial applications, the owner/operator must submit a copy of their criminal history background check report with the application. The background reports for staff already hired must also be submitted with the application.

Inspection Procedures: This is typically part of the initial application process and not measured during a licensure inspection. If there is a change of ownership, the new owner submits their criminal history background check report(s) with the application paperwork.

Primary Benefit: To ensure that owner/operators of a center do not have a conviction for one of the prohibitive offenses.

11.18

11.18(d) - For persons hired on or after October 12, 1993, an operator shall apply for the information in subsection (a) for prospective employees within 5 working days after the employee's date of hire.

Discussion: The Older Adults Protective Services Act (§ 10225.501-508) supersedes the five working day time frame noted above. The Act requires that the criminal history background check(s) application be submitted prior to the start of employment.

As many centers receive numerous applications for employment, the requirement is that once a center identifies the prospective employee chosen for hire, the criminal history background check(s) must be completed before that employee starts work.

Inspection Procedures: Criminal history background check reports will be reviewed for all new staff during licensure inspections. The date of request for the background checks will be compared to the date of hire.

Primary Benefit: To ensure that all staff do not have a conviction for one of the prohibitive offenses.

11.18

11.18(e) - Final reports received from the State Police, and, if applicable, the Federal Bureau of Investigation for the operator and employees shall be kept on file by the center operator.

Discussion: It is important to maintain accurate records of employee criminal history background check reports. The reports shall be stored either in the employee record or a criminal history background check file. These reports must be maintained as long as the individual is an employee and in the employee's closed file for up to four years after employment.

Inspection Procedures: Criminal history background check reports will be reviewed for all new staff during licensure inspections. The date of request for the background checks will be compared to the date of hire.

Primary Benefit: To ensure that criminal history background check records are accessible when needed.

Civil Rights

11.19

11.19 (a) - A client may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, national origin, age or sex.

11.19 (a) - The center operator shall develop and implement civil rights policies and procedures. Civil rights policies and procedures shall include the following:

- (1) Nondiscrimination in the provision of services, admissions, placements, facility usage, referrals and communications with clients who are nonverbal or non-English speaking.
- (2) Physical accessibility and accommodation as needed for clients with physical disabilities.
- (3) The opportunity to lodge civil rights complaints.
- (4) Information on these rights and the procedure for lodging civil rights complaints.

Discussion: Centers are required to comply with all applicable Federal, State, and local civil rights laws.

Inspection Procedures: These policies and procedures will be reviewed in detail at initial application. Any changes to these policies and procedures will be reviewed during annual licensure inspections.

Primary Benefit: To ensure a center complies with all applicable civil rights laws.

Grievance Procedures

11.20

11.20 (a) - The center shall have written grievance procedures for clients and the responsible party that assure investigation and a process for resolution of complaints.

11.20 (b) - At the time of enrollment, the center shall provide clients and responsible parties with the name, address and telephone number of the local representative of the Long-Term Care Ombudsman Program.

Discussion: The center's grievance procedures will be reviewed during the initial application process. Centers are required to give a copy of the center's grievance procedures to the client and/or responsible party during enrollment (§§ 11.103(c)), including the contact information for the Long-Term Care Ombudsman.

As a best practice, a center's grievance policy/procedure should contain a timeline explaining how the grievance process will run.

Inspection Procedures: During the licensure inspection, centers will be asked if they have had any grievances in the past year. The licensing representative will review how those grievances were handled.

Primary Benefit: It is important that consumers and their responsible parties know their grievances and complaints are addressed in a fair manner.

Emergency Procedures

11.21

11.21 (a) - Written procedures for handling emergencies shall be developed and be available at the center. The procedures include:

- (1) The location of portable emergency information files on each client containing the information in § 11.191 (relating to emergency information).
- (2) Evacuation procedures set forth in §11.82 (relating to evacuation procedures).
- (3) Procedures for handling medical emergencies as specified in §11.134 (relating to emergency medical plan) and nonmedical emergencies, including specific staff responsibilities.

Discussion: With regard to subsection (1), the location of the portable emergency information must be written in the center's emergency procedures policy. The actual portable emergency file must be secured the same as a client record or kept in an area that is always under the observation of at least one staff member. Staff must be aware of the location of the portable emergency information file, so it can be quickly retrieved in an emergency, if needed.

Regarding subsections 2 & 3, the written emergency procedures must address these points at a minimum.

Inspection Procedures: A center's written emergency procedures are reviewed in detail during the initial application. Any changes are reviewed during onsite licensing inspections.

Primary Benefit: Both medical and non-medical emergencies will occur. It is important that written policies reflect what staff are taught, and can serve as a reference as needed in an actual emergency.

11.21

11.21 (b) - Written emergency procedures shall be reviewed with staff persons at least quarterly.

Discussion: The center must document quarterly staff reviews of emergency procedures. The documentation should include: date of review, areas covered, who attended the training, and the instructor.

If staff are absent during the quarterly training, those staff must receive this quarterly review upon their return to the center. This make-up review must occur within a reasonable time following their return.

Inspection Procedures: The licensing representative shall review the quarterly emergency procedures training documentation to ensure the training occurred during the previous year.

Primary Benefit: To ensure staff understand their responsibilities in an emergency.

Insurance Coverage

11.22

11.22 - The center shall obtain insurance coverage, which includes personal and professional liability coverage.

Discussion: In addition to coverage for the center itself, and its professional staff, insurance coverage is required for center vehicles. The insurance policies must be current.

Inspection Procedures: The licensing representative will review all insurance policies to confirm they are in effect.

STAFFING

Minimum Staff Requirements

11.31

11.31 (a) - Center staff persons promoted or hired on or after October 12, 1993, shall:

- (1) Meet the specific educational or experience and skill requirements in §§ 11.34-11.37.
- (2) Meet training requirements in § 11.33 (relating to program staff orientation and training).
- (3) Meet requirements for a physical examination in § 11.132 (relating to staff physical examination).
- (4) Never have been found guilty by a court of law of a felony or a crime involving assaultive behavior or moral turpitude as documented through procedures in § 11.18 relating to criminal history record check).
- (5) Never have been found to be a substantiated perpetrator of abuse, neglect, exploitation or abandonment under the Older Adults Protective Services Act (35 P.S. §§ 10211-10224).
- (6) Never have had a finding entered into the State Nurse Aide Registry concerning abuse, neglect or mistreatment of individuals or misappropriation of their property.

11.31 (b) - Center staff persons hired prior to October 12, 1993, are not required to meet minimum staff requirements in subsection (a)(1) and (4)-(6) but shall meet the other minimum staff requirements in subsection (a)(2) and (3).

Discussion: All center staff persons must meet the minimum qualifications for the position. If holding more than one position, the staff person must meet the requirements for all positions held. An individual's resume or curriculum vitae will serve as documentation of work experience. A high school diploma or college degree can serve as verification of educational requirements.

Information regarding findings entered in the Nurse Aide Registry is available by writing to: Pennsylvania Department of Health, Nurse Aide Registry, PO Box 13785, Philadelphia, PA 19101, or by calling 1-800-852-0518, or via the Internet by visiting <https://www.pulseportal.com/>. In order to verify compliance, centers are to maintain a copy of the nurse aide registry check in that staff person's employee file.

Inspection Procedures: Staff qualifications will be reviewed during initial application for a license. During each subsequent inspection, the licensing representative will review the qualifications of staff hired since the previous inspection.

When there is a change in director, the center operator is required to submit proof of the new director's qualifications, criminal history background check, and physical examination report to the Department within 30 days of the change. The new director has 90 days to complete the online directors training course.

Primary Benefit: To ensure qualified staff are employed by the center.

Necessary Staff Duties and Responsibilities	
11.32	11.32 (b) - A staff person may simultaneously perform the duties and responsibilities of more than one of the positions in subsection (a). When this is the case, the staff person shall meet licensure requirement for each of the positions held, and at least the minimum education or equivalent experience requirements for each of the positions held.

Discussion: All center staff persons must meet the qualifications for the position. If holding more than one position, the staff person must meet the requirements of all positions held. An individual's resume or curriculum vitae will serve as documentation of work experience. Centers must maintain proof of a staff person's qualifications in either the employee's personnel file or in their human resources department.

Inspection Procedures: Staff qualifications will be reviewed during initial application for a license. During each subsequent inspection, the licensing representative will review the qualifications of staff hired since the previous inspection.

When there is a change in director, the center operator is required to submit proof of the new director's qualifications, criminal history background check, and physical examination report to the Department within 30 days of the change. The new director has 90 days to complete the online directors training course.

Primary Benefit: To ensure qualified staff are employed by the center.

Program Staff Orientation and Training	
11.33	11.33 (a) - Providers shall, using center staff persons, outside resources, or both, provide program staff persons with the following: (1) A general orientation in the following areas, within 3 months of employment. (i) The purpose and goals of older adult daily living services. (ii) The roles and responsibilities of staff members. (iii) Positive approach methods to manage behavior. (iv) Health and safety precautions, including infection control. (v) Information on fire and safety measures/codes. (vi) The philosophy of the program and, if applicable, the parent organization. (vii) Confidentiality. (viii) Interdisciplinary team approach. (ix) Client rights. (x) The population served. (xi) The center's policies and regulations. (xii) Communication skills. (xiii) The center's emergency procedures.

	<p>(2) Training in the following areas, within 3 months of employment and annually thereafter regarding:</p> <ul style="list-style-type: none"> (i) The needs of the clients in the center's target population. (ii) Body mechanics/transfer techniques. (iii) Voluntary reporting laws regarding abuse, neglect and exploitation. (iv) Positive approach methods to manage behavior. <p>(3) In addition to the general orientation and annual training required in subsection (a)(1) and (2), at least two training sessions, totaling at least 8 hours of training, per year to enhance quality of care and job performance.</p>
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Discussion: Training provided to staff on the topics in this regulatory requirement must include the presence of a trainer or proctor; someone qualified to answer questions on the topic. Having staff simply read training content then documenting their completion of that training is not acceptable.

Exception: Licensed professionals, on occasion will complete training for CEUs that may only include reading materials (manuals or online). This is permitted in those instances.

Online training courses for the topics in § 11.33(a) are acceptable if the online training includes a competency component such as a follow-up test.

Centers are required to identify their annual training calendar. It can run from January to December, April to March, etc. It must be identified as that will be the period reviewed to ensure the annual training is completed.

The following topics must be trained by a nurse, physical therapist or other medical professional: § 11.33(a)(1)(iv) and § 11.33(a)(2)(i).

Section § 11.33(a)(2)(iii) discusses voluntary abuse reporting laws. This has been superseded by the Older Adult Protective Services Act. Employees of an adult day center are mandatory reporters.

Regulation § 11.404 provides additional training topics.

Inspection Procedures: The licensing representative shall review annual training records for staff and orientation training records for new staff to ensure all required topics are covered initially and sufficient training hours are completed annually. In order to verify annual training occurred timely, the dates of the previous annual training shall be verified.

Primary Benefit: Having well-trained staff benefits the consumers. Maintaining accurate training records provides a level of protection to centers.

11.33	11.33 (b) - A sufficient number of staff persons shall be trained, certified and recertified in cardiopulmonary resuscitation and in first aid training so that at least one staff person so trained, certified and recertified in CPR and first aid training is present in the center at all times.
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Discussion: CPR and First Aid training cards and/or training certificates must be maintained at the center to verify staff are certified. As this regulation clearly states, at least one person trained and certified in CPR and first aid must be in the center at all times.

If a center transports consumers to and from home or on activities, at least one staff person on the van, whether it is the driver or other staff, must have CPR and First Aid certification.

A nursing license for an RN or LPN does not substitute for CPR certification.

Whether or not an RN or LPN is automatically assumed to have first aid certification is a common question. As a general rule, it is reasonable to consider RNs as meeting the standard expected for first aid skills as long as they received continuing education on first aid care. LPNs do not have continuing education requirements. "Certification" implies that one is expected to have successfully completed a first aid course. The risk a center takes is the assumption that the RN/LPN has kept up with their first aid skills. That is not an appropriate assumption to make,

especially if a situation turns out poorly where first aid was inappropriately rendered by an RN or LPN, who has maintained competence in first aid training.

A center's focus should not be on whether or not their nurse is considered to be first aid "certified" by their license, but rather on the number of staff certified in first aid.

Inspection Procedures: The licensing representative will review staff records to determine how many staff are currently certified in CPR and First Aid, and will determine that proper coverage is maintained.

Primary Benefit: Ensures that staff are appropriately trained to respond to an emergency, and that there is sufficient numbers of qualified staff to respond to simultaneous emergency situations.

11.33	11.33 (c) - A center shall have a training curriculum describing the general orientation and annual training required in subsections (a)(1) and (2) and the qualifications of the trainer or of the organizations which provide training. A center shall have the curriculum and trainer or organization qualifications available to the Department for review at the time of initial licensure and annual re-licensure inspection.
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Discussion: Acceptable qualifications for trainers may include, but are not limited to licensure, certification, and/or verifiable experience in their respective fields. The curriculum and trainer qualifications must be available if requested.

Inspection Procedures: Typically a center's training curriculum will be reviewed with initial licensure and if there are any changes. The training curriculum would also be reviewed if any inconsistencies were discovered in the center's training records.

Primary Benefit: The training curriculum is used to verify the content of a center's training program and to ensure all required topics are covered.

11.33	11.33 (d) - The statement of policy at Subchapter B establishes guidelines for compliance with the requirements of this section.
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Discussion: Subchapter B, regulation § 11.404 provides recommended topics by staff role/position. These topics can enhance the quality of service provided.

Inspection Procedures: The Division of Licensing may, following regulatory violations of § 11.33, direct a center to more fully utilize training topics in 11.404.

Primary Benefit: Role-specific training can improve the quality of service provided to consumers.

11.33	11.33 (e) - A center shall keep records of training, as set forth in this section, including content, dates, length of training, copies of certificates received, if any, and names of staff persons attending.
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Discussion: The importance of maintaining accurate staff training records cannot be overemphasized. Ensure that all training components listed in § 11.33(e) are accounted for as required.

Center documentation must clearly be able to show that staff completed orientation training and subsequent annual training.

Inspection Procedures: The licensing representative shall review annual training records for staff and orientation training records for new staff.

Primary Benefit: Maintaining accurate training records provides a level of protection to centers. In litigation, for instance, parties in a lawsuit will go back to determine what training staff received.

11.33	11.33 (f) - The Department may require that centers make reasonable modifications, regarding curricula or the selection and use of trainers, in order to satisfy the requirements of this section.
Discussion: In January 2013, the Department of Aging implemented an online training course that is required for center directors and at least one designee. Centers are required to keep a copy of the completion certificate in the director or designee's employee/training file. The designee is the staff person who acts as the director in the primary director's absence.	
If a center hires a new director, or designates a new designee, that person has 3 months to complete the online course as it is considered part of their orientation.	
A center may have additional staff beyond the required two persons, complete this course as the course content can count towards the 8 hours of annual training in § 11.33(a)(3).	
The Division of Licensing may, following regulatory citations, direct a center to utilize some of the topics found in § 11.404.	
Inspection Procedures: The licensing representative will confirm that the center director and designee completed the online training course as specified above. If a center cannot confirm a designee completed the course, it will be a regulatory citation.	
Primary Benefit: Ensuring directors and designees are trained to run or manage a center. Role-specific training can improve the quality of the service provided to consumers.	
Program Director/Administrator	
11.34	11.34 (a) - There shall be one program director/administrator responsible for the center.
Discussion: Each center shall have a program director and a designee who acts as director during the primary director's absence. Either the program director or designee must be at the center for the majority of the program day. In those instances when neither the director or designee is present in the center, there must be a lead staff person running the center who is able to contact the director or designee if necessary.	
Inspection Procedures: The licensing representative shall ensure the program director or designee is at the center.	
Primary Benefit: Each center must have someone in charge to direct care and make emergency decisions.	
11.34	<p>11.34 (b) - The program director/administrator shall be responsible for the administration and general management of the center, including the following:</p> <ul style="list-style-type: none"> (1) Implementation of policies and procedures. (2) Admission and discharge of clients. (3) Safety and protection of clients. (4) Compliance with this subchapter.
Discussion: The director is responsible for all aspects of the center's operation. The director may designate specific activities to be accomplished by other staff.	
For example: Regarding admission to the center, the director is responsible for ensuring the intake screening form is completed at the center by a trained/qualified staff person.	
Inspection Procedures: During the inspection, the licensing representative will confirm the director's role in running the center.	

Primary Benefit: The director is responsible for the operation of the center. This requirement states their responsibilities.

11.34

- 11.34 (c) - A program director/administrator shall have one of the following groups of qualifications:
- (1) At least a bachelor's degree from an accredited college or university and a minimum of 2 years social or health services experience.
 - (2) A high school diploma or GED equivalent and a minimum of 3 years of experience in the social or health service setting and skills to work with aging adults or adults with functional impairment and to supervise center staff persons.

Discussion: It is critical that legal entity/operators hire a qualified director when opening a new center or hiring a new director. The legal entity operator must ensure the applicant's experience is applicable to older adult daily living services.

Examples of social or health services settings include: care manager, social worker, client advocate, community outreach worker, crisis intervention worker, drug abuse worker, family services counselor, gerontology aide, home health aide, adult day worker, eligibility worker, social services liaison aide, therapeutic assistant, nurse's aide, medical professional, mental health aide, probation officer, group home aide, etc.

Examples of positions that are not applicable include: human resources, pharmacy, IT, clerical, sales and marketing, etc. Even if these positions were within a social or health services company, they do not count towards the experience requirement.

Experience as a volunteer or a caregiver for a friend or family member does not count towards the 2 year experience requirement.

Inspection Procedures: Centers are required to submit the qualifications of newly-hired directors to the Department. Division of Licensing staff will verify if the prospective director meets the regulatory requirement regarding qualifications.

Primary Benefit: Ensuring the center has a qualified director.

Nurse

11.35

- 11.35 (a) - The center shall obtain the services of either a registered nurse, currently licensed in this Commonwealth, or a practical nurse, currently licensed in this Commonwealth, who is under the direction of a licensed professional nurse or a licensed physician. The nurse may be a full-time or part-time staff member, a consultant, or may serve through some other arrangement which meets the needs of clients. The nurse is responsible for the duties required in § 11.123(2)(i) (relating to core services) and, if offered in the center, the duties in §11.123(2)(ii).
- 11.35 (b) - The nurse shall have experience working with aging adults and adults with functional impairment.

Discussion: Those centers that do not directly employ an RN or licensed physician must have a written policy addressing how their center meets this regulation. In addition, if the center employs or contracts with an LPN to provide nursing services, the policy must also address how that LPN is operating under the direction of an RN or licensed physician.

Remember that the center is required to maintain a copy of the nurses' professional license as per § 11.122.

Inspection Procedures: The licensing representative will ensure the center has the services of a nurse and that the requirements of 11.123(2) are met. If the center utilizes an LPN for its nursing services, the licensing representative will verify how the LPN is working under the direction of an RN or physician.

Primary Benefit: Nursing is a core service in adult day.

Activities Coordinator

11.36	11.36 (a) - Center staff persons shall include an activities coordinator who is responsible for the duties in § 11.123(4) (relating to core services).
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Discussion: Developing and providing meaningful activities is vital to the clients served in the center. Centers shall have an activities coordinator who is responsible for the provision of therapeutic activities as stated in § 11.123(4).

Inspection Procedures: The licensing representative shall ensure the center has an identified activities director.

Primary Benefit: The activities director is responsible for a core service in adult day. Quality activities can help clients maintain, or even improve their level of functioning, allowing them to remain in their homes.

11.36	11.36 (b) - The activities coordinator shall have a bachelor's degree or 2 years' experience in the human services field and skills to work with aging adults and adults with functional impairment.
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Discussion: It is critical that the center has a qualified activities director as this staff person is responsible for developing and providing quality activities for clients.

Examples of human services field occupations include: care manager, social worker, client advocate, community outreach worker, crisis intervention worker, drug abuse worker, gerontology aide, home health aide, adult day worker, eligibility worker, social services liaison aide, therapeutic assistant, nurse's aide, medical professional, mental health aide, probation officer, group home aide, etc. It is also important that the candidate for the position has skills to work with older adults and those with a functional impairment.

Examples of positions that are not applicable include: human resources, pharmacy, IT, clerical, etc.

Experience as a volunteer or a caregiver for a friend or family member does not count.

Inspection Procedures: The licensing representative shall review the qualifications of the activities director during the first inspection after hire.

Primary Benefit: Ensuring the center has a qualified activities director.

Program Assistant/Aide

11.37	11.37 (a) - The center staff person shall include a program assistant/aide responsible for duties, which include: <ul style="list-style-type: none">(1) Provision of personal care and assistance to clients.(2) Working with other staff members as required in implementing and carrying out services and activities and meeting the needs of individual clients.(3) Assisting with transportation or escorting clients to, from and within the center, if appropriate.
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Discussion: Program staff, or assistants/aides perform most of the hands on care in the center.

Inspection Procedures: The licensing representative will ensure these tasks are being carried out by program aides or other lead staff. Personal care and other hands on assistance cannot be performed by volunteers.

Primary Benefit: Program aides perform the bulk of the care provided in adult day. Centers are required to have a sufficient number of program aides to meet the needs of clients.

11.37	<p>11.37 (b) - The program assistant/aide shall have at least one of the following qualifications:</p> <ul style="list-style-type: none"> (1) A high school diploma or GED equivalent. (2) One or more years of related experience in working with individuals in a health care or social service setting. (3) Satisfactory completion of requirements of the Department of Education necessary to be a nursing assistant. (4) In lieu of paragraph (1), (2) or (3), appropriate training conducted by the center in addition to the training required in § 11.33 (relating to program staff orientation and training).
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Discussion: If a center hires a certified nursing assistant to fill a program assistant/aide position, that individual's current CNA certification must be verified. The certification can be verified either by visiting the Nurse Aide Registry website: www.pulseportal.com or by maintaining a copy of the nursing assistance certification card in the employee file.

High School diplomas issued on-line or via correspondence will be accepted if the center can demonstrate that they are accepted or certified by the United States Department of Education or the Pennsylvania Department of Education.

Non-U.S. Education Diplomas from other countries will be considered through the regulatory waiver process (see 11.5). Waiver documentation must include documentation that the non-U.S education program is equivalent to or exceeds U.S. educational requirements. Documentation in a language other than English must be translated by certified translation service prior to submission to the Department.

Inspection Procedures: Qualifications for new staff will be reviewed at the next scheduled inspection by the licensing representative.

Primary Benefit: To ensure qualified program aides are working in the center.

Volunteers

11.38	<p>11.38 (a) - Volunteers, at the discretion of the center provider, may take part in program orientation and training, as described in § 11.33 (relating to program staff orientation and training).</p>
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Discussion: It is up to the center as to the extent of training provided to volunteers. However, it is strongly recommended that volunteers take part in any fire safety or evacuation trainings as they may have a role in assisting clients during an actual emergency.

Inspection Procedures: Licensing representative will ask if any of the center's volunteers take part in training available to staff. Best practice technical assistance will be provided as needed.

Primary Benefit: Volunteers trained in emergency procedures may be of help during an actual emergency.

11.38	<p>11.38 (b) - Volunteer duties are mutually determined by volunteers and staff persons. Duties, to be performed under the supervision of staff member, shall either supplement the staff in established activities or provide additional services for which the volunteer has special talents. Sample duties may include:</p> <ul style="list-style-type: none"> (1) Working under the direction of the staff to carry out program activities. (2) Providing supplemental programs, such as parties and special events. (3) Fundraising and public relations. (4) Leading activities in areas of special knowledge, experience or expertise.
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Discussion: Volunteers can be helpful to a center in leading activities. However, a volunteer cannot replace a staff person when considering the 1:7 staff to client ratio.

Volunteers are not to provide hands on personal care. While it is not required, centers are encouraged to apply for a criminal history background check for volunteers as a best practice.

Inspection Procedures: If a center utilizes volunteers, the licensing representative will determine the extent of their duties and responsibilities in the center.

Primary Benefit: Volunteers can be helpful in a center, assisting with activities and providing additional companionship to clients.

11.38	11.38 (c) - At the discretion of the center provider, volunteers may, due to the nature of their duties, be required to meet requirements for a physical examination in § 11.132 (relating to staff physical examination).
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Discussion: The duties referenced here are providing hand's on care or serving food. If volunteers are performing these duties, they must have a physical exam. The center would have to maintain a file on volunteers performing these duties so that required training and physical exam documentation can be maintained.

Inspection Procedures: The licensing representative will review volunteer records to ensure they have a physical exam as specified.

Primary Benefit: Protects the health and safety of the clients for volunteers performing these duties.

Staff-Client Ratio	
11.39	11.39 (a) - The program staff-client ratio shall be a minimum of one to seven at all times.

Discussion: Center employees who have no direct contact with clients are not included in the ratio. An example would be administrative support staff. Volunteers also do not count in the staff to client ratio.

Centers that have multiple program rooms that do not have direct line of sight, must maintain the ratio in those program rooms. An example of an exception would be a small quiet room utilized by clients that have documented in their care plan they can have a specified period of unsupervised time.

When transporting clients in center vans and on community outings, the 1:7 ratio must also be maintained in the van, on the outing, as well as at the center.

While the required staff to client ratio is 1:7, centers are to have a minimum of 2 staff persons when two or more clients are present in the center unless the center can demonstrate that the one staff person is able to supervise multiple clients at all times. The reasoning for this is that if a center only had one staff person and that staff person is providing hands on care with a client such as toileting, performing an intake, or on the phone, they cannot safely supervise or assist other clients.

Inspection Procedures: During the course of an inspection the licensing representative will observe the proximity of staff to clients to ensure the staff to client ratio is maintained throughout the program areas. The inspector may also review staffing schedules compared to client attendance records.

Primary Benefit: Adult day consumers typically require supervision. Maintaining the minimum staff to client ratio helps protect the health and safety of the clients.

11.39	11.39 (b) - The staff persons shall be physically located close enough to clients to monitor their condition at all times and shall be able to respond immediately to an emergency.
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Discussion: Staff must remain in close proximity to their clients to best provide care and supervision as needed. The degree of a client's ability to be unsupervised or maintain independence must be documented in the client's care plan. If the client can be unsupervised for any period of time, that time frame must also be documented in the client's care plan.

Some falls at a center could be prevented if staff consistently remained in close proximity to the clients as specified in client care plans. Many falls that occur in a center bathroom are when a staff person leaves a client alone in the bathroom, even when that client has a documented need for extra assistance in the bathroom.

Inspection Procedures: During the course of an inspection the licensing representative will observe the proximity of staff to clients to ensure the staff to client ratio is maintained. The licensing representative will also review client files to determine their degree of independence and observe if that is followed.

Primary Benefit: To protect the health and safety of the center's clients.

11.39	11.39 (c) - A client may be allowed a degree of independence for periods of time if the absence of direct supervision is consistent with the client's level of functioning and is part of a client's plan aimed at achieving a higher level of independence.
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Discussion: The degree of a client's ability to be unsupervised or maintain independence must be documented in the client's care plan. Address specific activities that the client can or cannot do independently. If the client can be unsupervised for any period of time, that time frame must also be documented in the client's care plan.

Inspection Procedures: The licensing representative will review this documentation in the client files. In addition, the inspector may review specific instances of this documentation based on observations during the inspection of client activities.

Primary Benefit: To foster client independence to the extent of their abilities.

11.39	11.39 (d) - Except as provided in subsection (c), a client shall be directly supervised.
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Discussion: As most adult day clients have a cognitive impairment, providing direct supervision is vital. Centers that have multiple program rooms must ensure direct client supervision in those rooms as well. The supervision into other rooms can be line of sight without being directly in the room.

This requirement ties directly to § 11.39(c) with respect to client independence. Direct supervision can help a center reduce or eliminate the risk of client elopement.

Inspection Procedures: The licensing representative shall observe staff to client supervision during the course of the inspection.

Primary Benefit: To protect the health and safety of clients in the center who require supervision

11.39	11.39 (e) - The program director shall designate a staff person to supervise the center in the program director's absence.
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Discussion: The center shall have a written organizational chart that indicates who will supervise the center in the director's absence. In addition, this designee shall also complete the online adult day director's training course. If the designee is an existing staff person, that person has 30 days to complete the course from the date being named as the designee. If the designee is a new employee of the center, they have 3 months to complete the course. The designee must meet the requirements of § 11.34(c).

Inspection Procedures: The licensing representative will confirm the identity of the designee during the licensing inspection and ensure they are qualified to run the center in the director's absence. The designee's training records will also be reviewed to confirm completion of the online director's training course.

Primary Benefit: To ensure a qualified individual is supervising the center.

PHYSICAL SITE

Special Accommodations

11.51

11.51 - Centers serving clients with a physical handicap or impairment, blindness, a visual impairment, deafness or a hearing impairment shall have accommodations to ensure safety and reasonable accessibility for entrance to, movement within and exit from the center.

Discussion: All program areas, the dining area, and at least one bathroom must be accessible to all individuals with any form of disability. Entrance to and exit from the center must be accessible to all individuals as well. Accessibility should be specific to the individual's current needs and should be reflected in adaptations such as ramps, widened doors, tactile guides, chair lifts, etc.

This would include an exterior ramp if the center does not have exits built to grade.

Inspection Procedures: The licensing representative will inspect the center to ensure the center is built and maintained to meet the needs of the clients.

Primary Benefit: Physical site accommodations and equipment that meet the needs of clients provide independence, enable a higher quality of service, and promote rapid evacuation during an emergency.

Indoor Floor and Other Space

11.52

11.52 (a) - Except as set forth in subsection (b), a center that is co-located in a center housing other services shall have its own separate identifiable space during the hours of operation of the older adult daily living center.

Discussion: Adult Day Centers must have their own separate and identifiable space. Churches, nursing homes, personal care homes, child day care centers, and hospitals are a few examples of locations that have licensed adult day centers. When the adult day center is located within one of these settings, the licensed program space may only be used for the adult day center during its hours of operation.

For example, if the adult day center is operated within a common area of a personal care home, that space may not be utilized by the personal care home residents.

Exception: It is reasonable for an adult day center located within a long-term care facility to utilize that facility's dining area and dine with residents. However, that space may not be used for other programming. It is also acceptable for the occasional activity to occur in either the center's space or other space within the long-term care facility for a specialized joint activity such as a religious service or special presentation.

Inspection Procedures: The licensing representative shall ensure the programming space is used exclusively by the adult day program during the program day.

Primary Benefit: The license issued by the Department of Aging is for the programming space and is an assurance to the public that the program space meets the regulatory standards.

11.52

11.52 (b) - A center that is co-located with an adult developmental training facility operated or licensed by the Departments of Public Welfare or Education may share space with the facility.

Discussion: An adult day center may share program space with a DHS-licensed adult training facility (ATF). In most instances these dual-licensed centers fully integrate both the DHS and Aging programs with the same licensed capacity. However, some dual-licensed programs identify specific space within the ATF for the adult day program and therefore the adult day capacity is less than the ATF licensed capacity.

Inspection Procedures: Dual-licensed ATF/adult day centers are inspected the same as stand-alone programs, having to meet the same licensure regulations.

Primary Benefit: ATFs serve adults age 18-59. When an ATF has 4 or more clients age 60 and over they must apply for an adult day license. Allowing these dual-licensed setting enables ATF clients who turn 60 to remain in the program of their choice.

	11.52 (c) - The center shall have sufficient space to accommodate the full range of program activities and services. This means that:
11.52	<ul style="list-style-type: none"> (1) The facility shall provide at least 50 square feet of indoor program space for each client. Indoor floor space shall be measured wall to wall, including space occupied by equipment, temporary storage and furnishings. Space occupied by lavatories, dining areas, loading docks, kitchens, hallways, offices and first aid rooms cannot be included unless it is documented that the space is used for programming for at least 50% of each program day. Permanent storage space may not be included in the indoor floor space. (2) The facility is flexible and adaptable for large and small groups and individual activities and services. (3) Office space is available for center staff persons to work effectively. (4) Storage space is available for program and operating supplies. (5) A specified loading or parking area, or both, is available for the safe daily arrival and departure of clients. (6) There is private space available for confidential consultation with or services to, or both, the clients in the center and others as necessary.

Discussion: The square footage requirements for indoor floor space apply to the total measured square footage of all rooms within the center used for programming. In order to be included as programming space, that space must be utilized at least 50% of each day.

Hallways generally do not count as program space when determining a center's capacity. Exceptions to this are determined on a case by case basis.

If the center is mainly one large program room, the center must be able to demonstrate how large and small group activities can be accomplished distinct from other on-going activities in the center.

Sufficient storage space shall be available for program and operating supplies, to minimize the use of shelving units in the program areas. This is to avoid clutter, and to allow for clear egress.

Requests to increase a center's capacity require an application, licensing fee, and an onsite inspection. Requests to decrease a center's capacity requires an application and licensing fee but does not require an onsite inspection.

Inspection Procedures: During the course of each licensing inspection, the licensing representative shall thoroughly inspect all parts of the physical space to ensure each of these sub-sections are met.

When determining capacity, the licensing representative will measure each programming room. The total, countable square footage for each room used for programming in the center will be added together. The total will be divided by 50 which determines the licensed capacity. Decimal placements will be rounded down.

Primary Benefit: A well-designed and equipped center can help in the provision of services to clients.

Poisons	
11.53	11.53 (a) - Poisonous materials shall be kept in a cabinet, closet, cupboard or container that is locked or placed in a location, which is inaccessible to clients.

Discussion: Poisonous materials shall be kept in their original containers. Poisonous materials include any substance that would be considered harmful if ingested, or cause irritation to the eyes or to the skin. Examples of

poisonous materials include, but are not limited to cleaning supplies, paints, and solvents. If the label on a substance states "keep out of reach of children", "harmful if swallowed", "toxic", or "call poison control center if...", it would be considered a poisonous material.

If "childproof" locks are used, they must be secure enough that a client cannot open the cupboard, cabinet, or storage device secured with the childproof lock with or without force.

Inspection Procedures: The licensing representative will conduct a thorough inspection of the center to ensure poisonous substances are not left unattended. This includes opening cabinets and cupboards. The licensing representative will continue to review this throughout the inspection day.

Primary Benefit: Minimizes the risk of a client mistaking a poisonous substance with a harmless substance and causing injury.

11.53	11.53 (b) - Poisonous materials shall be kept separate from food, food preparation surfaces and dining surfaces.
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Discussion: This regulation primarily addresses food storage areas such as a kitchen or pantry. The dangers are cross contamination due to handling and vapors that are given off by some poisonous substances.

With regards to food preparation and dining surfaces, poisonous materials such as cleaners should not be kept in those areas beyond the time necessary to clean such areas. Food items cannot be stored on the same shelf as cleaning products.

Inspection Procedures: The licensing representative shall visually inspect all food storage, food prep, and dining surfaces for poisonous materials.

Primary Benefit: To minimize the risk of food contamination, illness, or death from improperly stored poisons in the center.

Sources of Heat	
11.54	11.54 - Hot water pipes, fixed space heaters, radiators, wood and coal burning stoves, fireplaces and other sources of heat exceeding 120°F that are accessible to clients shall be equipped with protective guards or insulation to prevent clients from coming in contact with the heat source.

Discussion: This regulation applies to areas accessible to clients. Cooking equipment in the kitchen that is not accessible to clients is not subject to this requirement. If clients are using a kitchen for a cooking-related activity, they must be closely supervised. If a radiator is in use, the radiator temperature should be measured. If the temperature is less than 120°F, the radiator is not required to be covered.

Inspection Procedures: The licensing representative shall visually inspect these items, both during the center tour and throughout the program day during the inspection.

Primary Benefit: Minimizes the risk that clients will suffer burns by coming into contact with exposed heat sources.

Sanitation	
11.55	11.55 (a) - Clean and sanitary conditions shall be maintained in all areas of the center.

Discussion: This includes both the physical site, such as wall, floors, cabinets, kitchen, and the furnishings and equipment potentially used by clients. One example of an unsanitary condition is mold build-up. Incontinent and other related accidents must be cleaned promptly.

Inspection Procedures: The licensing representative shall be looking for unsanitary conditions, such as dirty, grimy conditions.

Primary Benefit: To minimize the risk of client illness, rodent and insect infestation, and provides clean conditions for clients.

11.55	11.55 (b) - Evidence of infestation of insects or rodents in the center may not be present.
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Discussion: If the center has identified an infestation of insects or rodents, the center must take immediate steps to take care of the problem. The center must maintain proof and/or documentation of the efforts to fix the problem throughout the process.

While there is no requirement for a center to have a policy on bed bugs, a policy could be written to both define the centers actions with respect to bed bugs but also help reassure clients and responsible parties that the center has a plan.

Inspection Procedures: The licensing representative shall inspect for evidence of insect or rodent infestation both inside and outside the center. If the center had a previously identified infestation, the inspector will review the documentation of the progress to fix the problem.

Primary Benefit: To protect the health and safety of clients and minimize the risk of infestation.

11.55	11.55 (c) - Garbage and rubbish shall be removed from inside the center daily and from outside the building at least once per week.
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Discussion: Center staff are to empty interior trashcans as needed and at least daily. Exterior trash is to be picked up at least weekly.

Inspection Procedures: The licensing representative shall visually inspect trashcans in the center to see if they are overflowing or in an unsanitary condition. The inspector will also visually inspect exterior trash receptacles.

Primary Benefit: To protect the health and safety of clients.

11.55	11.55 (d) - Trash in bathroom, dining and kitchen areas shall be kept in receptacles made of plastic, metal or other easily-cleanable materials that prevent the penetration of insects and rodents.
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Discussion: Self-explanatory. Trashcans with holes or are in poor condition are to be replaced.

Inspection Procedures: The licensing representative shall visually inspect interior trashcans to ensure compliance is met.

Primary Benefit: To protect the health and safety of clients and minimize the risk of infestation.

11.55	11.55 (e) - Trash and garbage outside the center shall be kept in closed receptacles that prevent the penetration of insects and rodents.
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Discussion: Self-explanatory. Exterior trashcans with holes or missing or damaged lids are to be replaced. If the center uses a dumpster for exterior trash the center must make arrangement with the waste hauler to have the dumpster or lid replaced when necessary.

Inspection Procedures: The licensing representative shall visually inspect exterior trashcans to ensure compliance is met. If a problem is found with a dumpster the inspector will follow up with the center to ensure the dumpster is repaired or replaced in a timely manner.

Primary Benefit: To protect the health and safety of clients.

11.55

11.55 (f) - Centers that are not connected to a public sewer system shall have a written sanitation approval for their sewage system by the sewage enforcement official for the municipality in which the center is located.

Discussion: This regulation only applies to those centers not connected to a public sewer system. The duration, frequency, and content of the sanitation approval is governed by the municipal authority, not the Department.

Inspection Procedures: The approval of the sewage system is reviewed as part of a center's initial application to operate at that location. Any changes or problems with the sewer system are to be communicated with the Division of Licensing.

Primary Benefit: Ensures that the sewage system is properly designed and installed so as to minimize the spread of disease and damage to the environment or to the center.

Ventilation

11.56

11.56 - Center areas, dining areas, kitchens and lavatories shall be ventilated by operable windows or mechanical ventilation, such as fans.

Discussion: Centers are to have good air flow for clients. Portable fans are permitted as long as a staff member is present, maintaining line of site while in operation. For those centers with a commercial kitchen hood, be sure to maintain documentation that the hood is up to date with servicing/maintenance and inspection.

Inspection Procedures: The licensing representative will ensure during the onsite inspection that the center is sufficiently ventilated.

Primary Benefit: Good air circulation helps clear dust from the air and contributes to the comfort of clients while at the center.

Lighting

11.57

11.57 - Rooms, hallways, interior stairways, outside steps, interior and outside doorways, porches, ramps and fire escapes shall be lighted to assure client safety and to avoid accidents.

Discussion: Program areas must be sufficiently lighted to promote safety and to assist in staff supervision and care. One exception for minimal lighting could be for a temporary activity such as a movie or video where part of the program area is dimmed for better viewing.

Inspection Procedures: If, in the judgment of the licensing representative, there is insufficient lighting in a program area, the matter will be discussed with the center director. One possible way to determine the sufficiency of lighting is to ask a staff person to read a medication label in the darkened area.

Primary Benefit: To minimize the risk of falls or other injuries due to inadequate lighting.

Surfaces

11.58

11.58 (a) - Floors, walls, ceilings and other surfaces shall be in good repair.

11.58 (b) - Floors, walls, ceilings and other surfaces shall be free of hazards, such as loose or broken window glass, pointed projections, loose or cracked floor coverings.

Discussion: This regulation usually does not apply to minor cosmetic repairs such as faded wallpaper or paint, worn carpeting, or minor damage to baseboards from wheelchairs. However, if the surfaces are in advanced disrepair, a citation would be warranted. Hazardous conditions that result from surface damage, such as peeling paint, splintered edges, or frayed/curled carpeting that creates a tripping hazard would result in a citation.

What is a hazard? There is no single list of types of disrepair that constitutes a hazard. While some hazards may be obvious, such as protruding nails or exposed wires, others will be dictated by the needs of clients. Potentially hazardous conditions will be determined on a case-by-case basis by the center director and staff, or by the licensing representative during inspection.

Inspection Procedures: The licensing representative shall visually inspect the center to ensure floors, walls, and ceilings are in good repair.

Primary Benefit: Safe surfaces help to maintain sanitary conditions in the center, minimize the risk that clients will suffer injury while ambulating, and provide clean and safe conditions.

Running Water

11.59	11.59 (a) - A center shall have hot and cold running water in all bathrooms and kitchen areas.
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Discussion: This regulation requires that each of the identified areas has hot and cold running water, that the water pressure is sufficient to meet the bathing, cleaning, and sanitation needs of the center, and that the water is warm enough for comfortable bathing without exceeding the maximum allowable water temperature.

Centers are cautioned when installing faucets that do not allow for the regulating of water temperatures. The bigger concern for faucets in restrooms are that the water can get warm enough for hand washing. The center must maintain a sufficient number of faucets that dispense hot and cold running water.

"Kitchen area" is defined as the area in the center where meals are prepared or plated for serving to clients. This includes the area where meal warmers are kept while holding meals to be served at the center. This area usually contains refrigerators/freezers, stoves/ovens, and other traditional kitchen appliances.

Inspection Procedures: The licensing representative shall inspect all faucets in the center to ensure the center has hot and cold running water.

Primary Benefit: Ensures that the center's water supply is sufficient to meet the client's needs for hygiene and comfort.

11.59	11.59 (b) - Hot water temperatures in areas accessible to clients may not exceed 130 F.
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Discussion: Self-explanatory. This includes any faucet that is accessible to clients.

Inspection Procedures: The licensing representative shall test a sampling of faucets to determine whether or not hot water temperatures exceed 130 F. If any faucet exceeds that temperature, a citation will be noted.

Primary Benefit: To protect the clients from accidental scalding.

11.59	11.59 (c) - Centers that are not connected to a public water system shall comply with 25 Pa. Code Chapter 109 (relating to safe drinking water). Written certification of water tests shall be kept with the center's records.
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Discussion: This requirement is applicable even if a water purification system is installed or if bottled water is used for drinking and cooking.

Centers can contact the Department of Environmental Protection to obtain a list of certified laboratories that perform water tests.

Inspection Procedures: The licensing representative shall review the Department of Environmental Protection testing records during each inspection.

Primary Benefit: Ensures that water in centers with private water sources is safe for use.

Indoor Temperature

11.60	11.60 (a) - Indoor temperature shall be at least 70°F when clients are in the center.
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Discussion: Centers are to maintain a comfortable temperature for clients. During winter months center staff is encouraged to make sure heating systems are in working order so that the center's indoor temperature is at least 70°F by the time clients arrive at the center.

If there is a failure of a center's heating system and the internal temperature will not be at least 70°F for an extended period of time that program day, the center should initiate procedures to send clients home.

Inspection Procedures: During the onsite inspection, the licensing representative will visually inspect the center's thermostat to ensure the center is at least 70°F.

Primary Benefit: To reduce the likelihood that clients with special medical needs will be medically compromised by temperature extremes.

11.60	11.60 (b) - Whenever indoor temperature exceeds 80°F, mechanical ventilation, such as fans, or air conditioning is required.
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Discussion: Centers are to maintain a comfortable temperature for clients. During summer months center staff is encouraged to make sure cooling systems are in working order so that the center's indoor temperature is less than 80°F whenever clients are present in the center.

If there is a failure of a center's cooling system and the internal temperature will exceed 80°F for an extended period of time that program day, even with the use of fans, the center should initiate procedures to send clients home.

Inspection Procedures: During the onsite inspection, the licensing representative will visually inspect the center's thermostat to ensure the center's indoor temperature is less than 80°F.

Primary Benefit: To reduce the likelihood that clients with special medical needs will be medically compromised by temperature extremes.

Telephone

11.61	11.61 - A center shall have an operable, non-coin-operated telephone with an outside line to which staff persons and clients have reasonable access. Subject to rules established by the center, clients may make and receive calls in reasonable privacy, or have calls made for the client, if necessary.
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Discussion: The center shall have at least one phone available to clients in the center. There is no established ratio with respect to how many phones per number of clients.

The center must have at least one phone that will work in the event of a power outage, such as a cell phone.

Inspection Procedures: The licensing representative shall visually confirm that clients and staff have access to a phone as required by this regulation.

Primary Benefit: An accessible phone ensures that emergency services can be contacted quickly when needed.

Emergency and Advocacy Agency Telephone Numbers

11.62	11.62 - A center shall post on or by each telephone in the center with an outside line:
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- (1) The telephone numbers of the nearest hospital, police department, fire department, ambulance, crisis intervention unit and poison control center.
- (2) The telephone number of the Governor's Action Center Toll Free Line, and of the local long term care ombudsman.

Discussion: The Governor's Action Center Toll Free Line was discontinued several years ago. Centers are not required to list that number by phones.

It is understandable that centers may find it excessive to post these numbers with every phone. However it is important to remember that emergency situations are unpredictable. If emergency assistance is required, staff, clients, and visitors must be able to reach assistance immediately.

Portable phones must have the numbers posted by the docking station or on the phone itself. If a portable phone is left somewhere other than its normal docking station, the numbers must be on the phone or there will be a citation of this regulation.

Inspection Procedures: The licensing representative will visually inspect all center phones to ensure they have the phone numbers posted.

Primary Benefit: The requirement to have these numbers posted facilitates a quick response from the appropriate agency in the event of an emergency, and allows staff and clients to contact the Department to report complaints in privacy.

Screens, Windows, and Doors

11.63

11.63 (a) - Windows, including windows in doors, shall be screened when windows or doors are open.

Discussion: This applies to exterior windows and doors. Screens are only required for windows that can be opened. Remember that when you prop open an exterior door without a screen, this standard is not being followed.

Inspection Procedures: The licensing representative shall visually inspect each exterior window and door, and for those that the center opens, or states are open from time to time, have installed screens.

Primary Benefit: Windows that are in good repair will likely not cause injury to clients. Screens lower the risk of insect or rodent infestation.

11.63

11.63 (b) - Screens, windows and doors shall be in good repair.

Discussion: Screens are to be free of rips and tears, and shall be firmly attached to their frames. Screens are only required in windows that can open.

Inspection Procedures: The licensing representative shall visually inspect screens to ensure they are in good condition.

Primary Benefit: Windows that are in good repair will likely not cause injury to clients. Screens lower the risk of insect or rodent infestation.

Handrails and Railings

11.64

11.64 (a) - Ramps, interior stairways and outside steps exceeding two steps shall have well-secured handrails.

Discussion: The purpose of this regulation is to aid in the safe ambulation of clients with mobility issues. Centers are required to have secured handrails for ramps and stairs exceeding two steps, and encouraged to have them for one and two-step ramps and stairs.

Inspection Procedures: The licensing representative will visually inspect ramps and stairs for handrails. The inspector will also ensure the handrails are securely installed.

Primary Benefit: Handrails prevent falls and assist with safe evacuation during an emergency.

11.64

11.64 (b) - A porch that has over 8 inches drop shall have a well-secured railing.

Discussion: This would apply to any area in or around the center, that has a drop off greater than 8 inches. It is recommended that all drop offs have a railing.

Inspection Procedures: The licensing representative visually inspect the interior and exterior of the center to ensure rails are installed where required.

Primary Benefit: Secure railings reduce the risk of falls and injuries.

Nonskid Surfaces

11.65

11.65 - Interior stairs and outside steps shall have a nonskid surface.

Discussion: The surface of stairs must be safe for client ambulation. Therefore it is recommended that centers periodically assess their steps for safety. If the surface is slippery, or would be slippery when wet, a non-skid surface must be applied. Wooden and concrete steps may or may not be slippery depending on the finish. For example, smooth finished interior wooden stairs are often slippery; concrete that is painted with a smooth finish is often slippery, etc. Non-skid surfaces include carpeting, rubber strips, non-skid wax, etc.

This does not apply to stairs and stairs that are never accessible to individuals. This does not apply to ramps although non-skid surfaces on ramps is strongly recommended.

Inspection Procedures: The licensing representative shall inspect all steps to ensure they are not slippery or hazardous to clients.

Primary Benefit: Non-skid surfaces reduce the risk of slipping and falling.

Landings

11.66

11.66 (a) - A landing shall be provided beyond each interior and exterior door that opens directly into a stairway.

Discussion: The landing must be of sufficient size to maneuver a wheelchair or walker safely.

Inspection Procedures: The licensing representative shall visually confirm that a landing is available as required for all stairways.

Primary Benefit: Reduces the risk of falling when entering a stairwell.

11.66

11.66 (b) - A landing shall be at least as wide as the stairs leading to the landing.

Discussion: The landing must be of sufficient size to maneuver a wheelchair or walker safely, and be as wide as the stairs.

Inspection Procedures: The licensing representative shall visually confirm that the landing is as wide as the stairs.

Primary Benefit: Ensures there is sufficient space for maneuvering on the landing and reducing the risk of a fall.

11.66

11.66 (c) - A landing shall be at least 3 feet long.

Discussion: The landing must be of sufficient size to maneuver a wheelchair or walker safely, and be at least three feet long.

Inspection Procedures: The licensing representative shall visually confirm that the landing is at least 3 feet long.

Primary Benefit: Ensures there is sufficient space for maneuvering on the landing and reducing the risk of a fall.

Furniture and Equipment

11.67

11.67 (a) - Furniture shall be non-hazardous, clean and sturdy. Chairs with arms shall be available for clients who need them.

Discussion: Hazardous furniture includes wobbly chairs or tables, splintered wood, loose toilet seats, etc. Furniture must not be stained or emit an offensive odor. This does not include cosmetic issues such as worn fabric or slightly dented tables.

Centers are strongly encouraged to only use chairs with arms as they aid in helping a client remain upright. Clients who use chairs without arms must have a statement in their care plan stating they can safely sit in chairs without arms.

Inspection Procedures: The licensing representative shall visually inspect furniture, tables, chairs, toilet seats, etc. to ensure they are clean and safe. Couch cushions may be removed to check for cleanliness.

Primary Benefit: Furniture and equipment that is clean, free of hazards, and in good repair helps to maintain sanitary conditions in the center and minimize the risk that clients will suffer an injury while using the furniture or equipment.

11.67

11.67 (b) - Furniture and equipment shall be appropriate for the age, size and disabilities of the individual clients.

Discussion: It is recommended that all couches and chairs are firm with cleanable fabric.

Inspection Procedures: The licensing representative will visually inspect furniture and equipment for appropriateness for the clients in the center.

Primary Benefit: Furnishing that are appropriate for center clients is helpful in maintaining a client's health and well-being.

Storage of Personal Belongings

11.68

11.68 - Space shall be provided for hanging hats and coats and the storage of personal belongings.

Discussion: It is recommended that space used for the storage of coats and personal belongings be out of the direct line of sight of clients. This is to decrease the likelihood of a client with dementia seeing their coat and deciding it is time to go home.

It is also strongly recommended that the center store a change of clothes for each client.

In order to prevent the spread of bed bugs it is recommended that coats be placed in garment bags and a change of clothes in individual totes.

Inspection Procedures: The licensing representative shall inspect storage space in the center to ensure there is adequate space for the storage of client personal belongings.

Primary Benefit: Having a change of their own clothes available can help a client maintain their dignity following an incontinence or food stain accident.

Bathrooms

11.69

11.69 - The following requirements apply to centers applying for licensure, and to construction begun at existing licensed centers, after October 12, 1993. Centers licensed, and construction begun at existing licensed centers, before October 12, 1993, are exempt from requirements in this section:

(1) There shall be one toilet and one sink for every fourteen clients served at one time in a center.

Discussion: The 1:14 toilet/sink to client ratio can have a direct impact on a center's capacity. For example a center with 5000 square feet in programming space would typically be given a licensed capacity of 100. However, if this center only has six bathrooms, its capacity would be limited to 84 clients.

Urinals do not count as a toilets when determining capacity.

Bathrooms have to be accessible to clients in order to be counted for determining center capacity. Bathrooms counted when determining capacity may be used by center staff. If a bathroom is for "staff only" it will not be counted when determining capacity. If the center utilizes bathrooms outside the center, such as within an office building with other business entities, those bathrooms must be dedicated for the center's use during the center's hours of operation to be counted when determining capacity.

Inspection Procedures: Usually, bathrooms are counted during a center's initial licensure application. The licensing representative will ensure, during each inspection, that bathrooms designated for clients can be accessed by them, and are not regularly used by non-clients.

Primary Benefit: Clients must be use a bathroom when needed without having to wait an unreasonable amount of time.

11.69

11.69 - The following requirements apply to centers applying for licensure, and to construction begun at existing licensed centers, after October 12, 1993. Centers licensed, and construction begun at existing licensed centers, before October 12, 1993, are exempt from requirements in this section:

(2) If the center serves fifteen or more clients at one time, there shall be two separate and distinct bathrooms.

Discussion: Centers do not have to designate bathrooms as male or female. It is suggested that bathrooms not be so designated.

Inspection Procedures: The licensing representative will ensure the center has distinct bathrooms if the capacity is 15 or greater.

Primary Benefit: Clients must be use a bathroom when needed without having to wait an unreasonable amount of time.

11.69

11.69 - The following requirements apply to centers applying for licensure, and to construction begun at existing licensed centers, after October 12, 1993. Centers licensed, and construction begun at existing licensed centers, before October 12, 1993, are exempt from requirements in this section:

(3) For a center with a client who has a physical handicap, at least one toilet and one sink shall be constructed so that the client with a physical handicap has access and use. The toilet stall shall be large enough to allow for transfer from a wheel chair to the toilet and to accommodate the client and a staff person.

Discussion: Centers must have at least one Americans with Disability (ADA) bathroom. As adult day centers serve older adults, many of whom have a physical handicap, it is recommended that centers have more than one bathroom/toilet be ADA compliant.

Inspection Procedures: In addition to ensure the center has at least one accommodating bathroom, the licensing representative will ensure the center has enough accessible bathrooms to serve center clients who may require a bathroom that is accessible.

Primary Benefit: Clients who require accommodations must have access to a bathroom when needed without having to wait an unreasonable amount of time. Grab bars, handrails, or assist bars prevent injuries from falls and allow clients to engage in self-care if desired and appropriate.

11.69	<p>11.69 - The following requirements apply to centers applying for licensure, and to construction begun at existing licensed centers, after October 12, 1993. Centers licensed, and construction begun at existing licensed centers, before October 12, 1993, are exempt from requirements in this section:</p> <p>(4) Each bathroom shall have a sink, wall mirror, soap container, soap, toilet paper, individual clean paper or cloth towels or a blow dryer for hands and a trash receptacle.</p>
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Discussion: To be counted as a bathroom for the ratio of 1:14 when determining capacity, the bathroom must have a sink, mirror, and toilet among the other items mentioned in regulations. For example, a large bathroom has three toilet stalls but only two sinks. The number of sinks limits the bathroom to two bathrooms when determining capacity.

It is recommended that centers utilize wall mounted soap or antibacterial lotion instead of handheld bottles. Bar soap is not permitted.

Cloth towels are only permitted if there is a separate cloth towel for each client.

Inspection Procedures: The licensing representative shall inspect each bathroom to ensure these items are present.

Primary Benefit: Fully equipped bathrooms allow clients to maintain their hygiene. It also allows clients to engage in self-care if desired and appropriate.

11.69	<p>11.69 - The following requirements apply to centers applying for licensure, and to construction begun at existing licensed centers, after October 12, 1993. Centers licensed, and construction begun at existing licensed centers, before October 12, 1993, are exempt from requirements in this section:</p> <p>(5) Privacy shall be provided for toilets by partitions, doors or curtains.</p>
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Discussion: Centers are required to provide for maximum privacy for clients in the bathroom as this is also a client rights issue. Bathroom stalls must have doors or curtains.

Inspection Procedures: The licensing representative shall visually inspect each bathroom to ensure there are privacy doors or curtains.

Primary Benefit: Many clients already require assistance with toileting. Maintaining maximum privacy helps them to maintain their dignity.

First Aid

11.70	<p>11.70 (a) - A center shall have a first aid area that is separated by partition, privacy screen or other means from program areas.</p>
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Discussion: This regulation applies to where first aid is usually provided, not necessarily where a first aid kit is stored. The intent is to protect the privacy and dignity of the person requiring additional care.

Inspection Procedures: The licensing representative will inspect to ensure the center has a private first aid area.

Primary Benefit: Ensures client privacy when providing first aid.

11.70	11.70 (b) - The first aid area shall have a bed or reclining chair or cot, a blanket and a pillow.
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Discussion: Self-explanatory. A first aid bed may fold up and stored when not in use, but it must be quickly available when needed. A recliner may be used in lieu of a bed.

Inspection Procedures: The licensing representative shall confirm the center has a bed or reclining chair with a blanket and pillow during each licensing inspection.

Primary Benefit: Allows a client to recline, rest, or sleep while being treated or recovering from treatment.

11.70	11.70 (c) - Each floor of the center shall have a first aid kit accessible to staff.
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Discussion: In addition to the regulatory requirement to have a first aid kit within the center, centers are strongly encouraged to have a first aid kit on center vans.

To avoid instances where poisonous substances are unattended and a hazard to clients, centers are encouraged to remove any liquids greater than 2 ounces in size that are marked as poisonous. Individually wrapped antiseptics are encouraged.

As LIFE centers are required to have treatment rooms, they are not required to have additional first aid kits in the center. If a center has a fulltime nurse on staff and has supplies in a cabinet in a nurse's office additional first aid kits are not required in a center.

Inspection Procedures: The licensing representative shall ensure the center has first aid kit(s) as required.

11.70	11.70 (d) - The first aid kits shall contain antiseptic, an assortment of adhesive bandages, sterile gauze pads, tweezers, tape and scissors.
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Discussion: The first aid kit or treatment room must possess, at a minimum, these items. While not required, it is also recommended that first aid kits contain gloves and a mask.

Inspection Procedures: The licensing representative will inspect each center first aid kit to ensure all required items are present.

Primary Benefit: Ensures that the center has the equipment needed to provide first aid in the event of an injury.

11.70	11.70 (e) - A first aid manual shall be kept with each first aid kit.
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Discussion: The manual shall be kept in close proximity to the kit so that it can be quickly located if needed.

Inspection Procedures: The licensing representative shall ensure the first aid manual is kept with each first aid kit.

Primary Benefit: Ensures that the center is equipped to provide first aid in the event of an injury.

Elevators

11.71	11.71 - If an elevator is present in the center, the center shall maintain a valid certificate of operation from the Department of Labor and Industry with its records.
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Discussion: The certificate does not have to be posted in the elevator but must be promptly made available upon

request.

Inspection Procedures: The licensing representative shall review the certificate to ensure it is up to date.

Primary Benefit: Reduces the risk of injury to clients, staff, and visitors by ensuring that elevators are safe and free of hazards.

Exterior Conditions

11.72

- 11.72 (a) - Outside walkways shall be free from ice, snow, leaves, equipment and other hazards.
- 11.72 (b) - Center grounds shall be free from debris and unsafe conditions.
- 11.72 (c) - The outside of the building and the center grounds shall be well maintained and in good repair.

Discussion: This applies to any area around the center utilized by clients, especially all means of egress. Unsafe conditions means snow and ice must be promptly cleared away.

All exterior doors, fire escapes, and exterior steps and ramps must be cleared of ice and snow within a short period of time after the snow stops to provide for safe egress in an emergency. Leaves could also be considered an obstruction. Leaves can be slippery when wet and cause an injury, so it is recommended that the center regularly remove leaves from egress routes and recreational areas.

Sidewalks, driveways, and entryways must be in good repair, in a manner safe for a person with a walker or a wheelchair.

Center operators must be proactive in maintaining exterior conditions as an emergency evacuation can occur at any time.

Inspection Procedures: The licensing representative shall inspect the exterior of a center, including emergency evacuation points to ensure they are maintained in good condition.

Primary Benefit: Minimizes the risk of injury to clients when they are using outside areas for evacuation or recreation.

FIRE SAFETY

Unobstructed Egress

11.81

- 11.81 - Stairways, halls, doorways, aisles, passageways and exits from rooms and from the building shall be unobstructed at all times.

Discussion: The importance of unobstructed means of egress cannot be overstated. Hallways, stairs, doorways, and exits must be unobstructed at all times.

All means of egress from the center, both to the exterior of the building or into other space not owned or operated by the center must have an exit sign as referenced by regulation § 11.89.

Exit doors may not be locked unless the lock automatically disengages when the alarm system is activated. At no time may an exit door be secured with a key lock or deadbolt that would require someone to manually unlock.

If an exit opens into a courtyard that is fenced, the courtyard gate that would be used to evacuate through the courtyard cannot be locked.

Inspection Procedures: The licensing representative shall inspect all means of egress during each inspection. The inspector will verify that only acceptable locks are on doors. If the center has delayed opening locks or locks that disengage when the alarm goes off, the inspector will review applicable paperwork on the locks.

Primary Benefit: It is important to keep exits unblocked so people can escape in an emergency situation.

Evacuation Procedures

11.82

11.82 (a) - There shall be written emergency evacuation procedures that include staff responsibilities, means of transportation, emergency shelter location and an evacuation diagram specifying directions for egress in case of an emergency.

Discussion: The center must have detailed emergency evacuation procedures that address specific staff roles, routes, emergency shelter location, means of transportation, client record handling, client and staff counts, etc. Be specific as this policy is the basis of the required staff quarterly emergency procedure and client fire safety training.

Evacuation procedures must identify the designated meeting place. Be specific.

Regarding fire safe areas within a center, the center must have documentation to confirm the area is a fire safe area including for how many hours.

Inspection Procedures: The emergency evacuation policy is reviewed as part of the initial application. Revisions to the policy will be reviewed by the licensing representative. The licensing representative may question staff and clients regarding their awareness of the center's evacuation procedures to include evacuation routes and designated meeting place.

Primary Benefit: Clients, staff and visitors must be able to quickly determine the correct exit path and gathering area in an emergency.

11.82

11.82 (b) - Written emergency evacuation procedures shall be posted in the program areas.

Discussion: Evacuation procedures must be posted in all program areas and they must address all required elements. Evacuation maps must identify evacuation routes from the specific area where they are posted. It is recommended that these diagrams contain secondary evacuation routes.

Inspection Procedures: Evacuation procedures and the posted maps will be reviewed during each inspection. The licensing representative may question staff and clients regarding their awareness of the center's evacuation procedures to include evacuation routes and designated meeting place.

Primary Benefit: Clients, staff and visitors must be able to quickly determine the correct exit path and gathering area in an emergency.

Fire Safety Inspection

11.83

11.83 - The center shall have an annual on-site fire safety inspection by the local fire department or other fire safety authority. Documentation of the date, source and results of the fire safety inspection shall be kept with its records.

Discussion: Centers are required to have an annual fire safety inspection. "Annual" in this case means within 12 months to the day. Document any delays caused by the inspection agency in conducting the inspection. The fire safety inspection reports must be maintained by the center. It is strongly recommended that this inspection be scheduled far enough ahead of the deadline to allow for a possible rescheduling by the fire safety inspector.

Inspections of a center's sprinkler system or fire extinguishers is not the same as a fire safety inspection. A fire safety inspection reviews the entire center, reviewing fire safety hazards, egress, faulty outlets, combustible materials, locked exits doors, exit widths, etc. Paperwork that only shows an inspection of a center's sprinkler system is not acceptable.

Fire safety authorities include local fire department officials, fire protection engineer, state-certified fire protection instructor, college instructor in fire science, county or state fire school, volunteer fire person trained by a county or state fire school, or an insurance company loss control representative.

Inspection Procedures: The licensing representative will review recent fire safety inspection reports during each onsite inspection for timeliness and to verify a valid fire safety inspection occurred.

Primary Benefit: It is vital to ensure a center is free of fire safety hazards considering that most clients require some measure of assistance in an emergency.

Flammable and Combustible Materials

11.84

11.84 - Flammable and combustible supplies and equipment shall be utilized safely and stored in fire-resistant containers away from heat sources.

Discussion: Flammable materials are materials that are easily or rapidly ignited and must not be stored or kept close enough to a heat source to be ignited. Sources of heat are considered to be furnaces, boiler, fireplaces, water heaters, stoves, ovens, allowable space heaters and any sources of heat that can cause ignition.

Inspection Procedures: The licensing representative will visually confirm that no flammable materials are stored near a heat source during the inspection. Remember that oxygen tanks are combustible.

Primary Benefit: Combustible and flammable materials can be ignited by heat sources, leading to explosions and fires.

Portable Space Heaters

11.85

11.85 - Portable space heaters, defined as heaters that are not permanently mounted or installed, are not permitted in any room including offices if they are fueled with gasoline, kerosene or other flammable liquid. Centers may use other portable space heaters if they are allowed by local fire safety authorities or by local ordinance.

Discussion: Space heaters not excluded by this regulation are permitted. However, centers are reminded of the precautions regarding flammable and combustible materials.

Inspection Procedures: The licensing representative shall inspect any space heater used to ensure it is not a prohibited type.

Primary Benefit: Clients are protected from fire and injury by this regulation.

Fire Alarm

11.86

11.86 (a) - There shall be an operable fire alarm system that is audible throughout the building.

Discussion: Public address systems or air horns are not acceptable as fire alarm systems. Fire alarms must be a type approved by the Department of Labor & Industry, the local building authority or fire safety authority, or listed by the Underwriters Laboratories. Centers must be able to produce documentation to verify the alarm meets one of these requirements.

Centers must maintain a record that the alarm is operable as stated in § 11.88(b) and § 11.88(e). This documentation can be kept on the fire drill log. If a mock alarm is used as indicated in § 11.88 (e) the alarm must be tested and a record kept.

Inspection Procedures: The licensing representative will review fire drill records to ensure documentation exists that state an alarm was used for each drill. Staff and clients may be interviewed to confirm. The inspector may also request documentation to confirm the alarm system meets applicable standards.

Primary Benefit: Fire alarms alert clients, staff and visitors to fire, allowing for quick evacuation.

11.86

11.86 (b) - There shall be an operable fire alarm system that is audible throughout the building. If one or more clients have deafness or a hearing impairment, the center shall do one of the

following:

- (1) Equip the fire alarm system with visual alarm devices.
- (2) Establish written procedures for the evacuation of clients with deafness or a hearing impairment and incorporate them into the emergency evacuation procedures in § 11.82 (relating to evacuation procedures).

Discussion: If a center has at least one client with a hearing impairment, it must have a visual alarm device. It is recommended that all centers have a visual alarm as it is likely they would serve clients with a hearing impairment at some point.

Inspection Procedures: The licensing inspector shall inspect the alarm system to ensure there is a visual component as needed.

Primary Benefit: A device that alerts clients and staff who are hearing impaired of a fire offers them the same protection from fires as those who are not hearing impaired.

11.86

11.86 (c) - If the fire alarm is inoperative, repairs shall be made within 2 working days of the time the fire alarm was found to be inoperative.

Discussion: The center's fire safety policy must address the center's policies and procedures in the event the fire alarm is inoperative. Centers must maintain documentation of their efforts to repair the primary fire alarm system and how they are kept informed of the status of the alarm's repair.

Inspection Procedures: The licensing representative will review any available documentation on repairs to the fire alarm system. In addition, the inspector will review the center's inoperable fire alarm policy during the licensing inspection.

Primary Benefit: A malfunctioning smoke detector or alarm will not protect clients from injury or death in the event of a fire.

11.86

11.86 (d) - There shall be a written procedure for fire safety monitoring in the event the fire alarm is inoperative.

Discussion: The center is required to have a written procedure for fire safety monitoring in the event the fire alarm is inoperable. It is recommended that a fire safety expert assist the center in creating these procedures. In the absence of a fire safety expert it is recommended that centers utilize Fire Watch procedures as defined by the National Fire Protection Agency. Information on Fire Watch procedures is available online.

Inspection Procedures: The licensing representative shall review the procedure during each inspection.

Primary Benefit: When the fire alarm system is inoperative, it is imperative that the center have procedures to monitor the center for fire safety.

Fire Extinguishers

11.87

11.87 (a) - There shall be at least one fire extinguisher with a minimum 2-A rating as classified by the National Fire Protection Association and rated by the American National Standards Institute for each floor including the basement.

Discussion: This applies to each floor or area of the center that is licensed as programming space.

Inspection Procedures: The licensing representative will visually inspect to ensure the center is properly equipped with fire extinguishers.

Primary Benefit: Easily accessible fire extinguishers offer staff the chance to extinguish a fire before it spreads.

11.87

11.87 (b) - If the indoor floor area is more than 5,000 square feet on any floor including the basement, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 5,000 square feet of indoor floor space or part thereof.

Discussion: This requirement is for the licensed program area. However, it is recommended that centers have fire extinguishers for other business space they own/lease in the building as applicable.

Inspection Procedures: The licensing representative shall confirm the center has a sufficient number of fire extinguishers installed in the center.

Primary Benefit: Easily accessible fire extinguishers offer staff the chance to extinguish a fire before it spreads.

11.87

11.87 (c) - A fire extinguisher with minimum 10-B rating shall be located in each kitchen. This extinguisher is required in addition to the extinguishers with a minimum 2-A rating required for each floor in subsections (a) and (b).

Discussion: Self-explanatory. Centers must ensure the proper type of fire extinguisher is placed in the center's kitchen or food preparation area. This includes space where catered meals are warmed upon arrival at the center.

Inspection Procedures: The licensing representative shall confirm the kitchen is equipped with an appropriately rated fire extinguisher.

Primary Benefit: Easily accessible fire extinguishers offer staff the chance to extinguish a fire before it spreads.

11.87

11.87 (d) - Fire extinguishers shall be listed by Underwriters Laboratories or approved by Factory Mutual Systems.

Discussion: This is usually indicated by a decal on the fire extinguisher. Centers must ensure their extinguishers are approved as required.

Inspection Procedures: The licensing representative shall visually inspect fire extinguishers to ensure they meet this standard.

Primary Benefit: Approval of fire extinguishers ensures that the devices will function properly in the event of a fire.

11.87

11.87 (e) - Fire extinguishers shall be accessible to the staff persons and clients.

Discussion: Centers are to place fire extinguishers throughout the center in areas where they can be quickly retrieved in an emergency. It is recommended that they be unlocked, making them more accessible in an emergency.

Inspection Procedures: The licensing representative shall visually inspect to determine that the fire extinguishers are readily accessible to clients and staff.

Primary Benefit: Easily accessible fire extinguishers offer staff the chance to extinguish a fire before it spreads.

11.87

11.87 (f) - Fire extinguishers shall be inspected and approved annually by a person qualified to maintain and inspect fire extinguishers. The date of the inspection shall be on the extinguisher.

Discussion: If the extinguisher was purchased within the past year, an inspection tag is not required. However,

the center must have verification, such as a sales receipt to prove the fire extinguisher was purchased within the past year. Inspections may be done by the extinguisher manufacturer or a fire safety authority.

There is no grace period for overdue annual inspections of fire extinguishers.

Inspection Procedures: The licensing representative shall visually inspect each fire extinguisher to ensure it was inspected within the past year.

Primary Benefit: Inspection of fire extinguishers ensures that they will function in the event of a real fire.

Fire Drills

11.88

11.88 (a) - A fire drill, complete with evacuation to a designated meeting place outside the building or a fire safe area within a building, shall be held at least once every 6 months.

Discussion: Please see "Fire Drills" in the "Regulatory Issues and Frequently Occurring Situations" for additional information.

The center must be evacuated to the designated meeting area for all fire drills, even if the center does more than the minimum number of drills. It is recommended that centers have a procedure to take a roll call of clients and staff once evacuated.

Only reviewing fire evacuation procedures is considered training, not a drill.

Inspection Procedures: The licensing representative will review fire drill records for the previous year to ensure the required number of drills are completed. The inspector may question staff and/or clients regarding these drills.

Primary Benefit: Unannounced fire drills ensure that staff and clients will be prepared to evacuate without hesitation in the event of a real fire.

11.88

11.88 (b) - A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route used, problems encountered and whether the fire alarm was operative.

Discussion: Examples of problems encountered include inoperable fire alarm, unusual incidents such as falls during the evacuation, staff or client issues, hindrances to the evacuation, etc. Centers may capture additional information on fire drill records.

Inspection Procedures: The licensing representative will review fire drill records for the previous year to ensure all required elements are addressed.

Primary Benefit: Recording this information helps centers to identify and correct problems with evacuations.

11.88

11.88 (c) - Alternate exit routes shall be used during fire drills.

Discussion: In order to practice using alternate routes, centers should vary the location of the hypothetical fire during each drill. This may be done by simulating a blocked door or egress path and practicing to evacuate through an alternative path of egress. If the center only does the minimum amount of fire drills, one every six months, then the center cannot use the same exit route on consecutive drills.

Inspection Procedures: The licensing inspector will review fire drill records and/or interview staff and clients to ensure alternate exits are used throughout the year.

Primary Benefit: Varying the location of the fire and exit routes used ensures that staff and clients are prepared to respond to different fire locations.

11.88

11.88 (d) - Fire drills shall be held on different days of the week and at different times of the day.

Discussion: Fire drill times must vary by more than one hour from drill to drill. For example, if the first drill is held at 10:30 the next drill should not occur within one hour of 10:30. Ideally, drills should be held at various times of the day during program hours such as in the morning and afternoon so that staff is aware of specific issues that may arise during this period of time.

Document the actual day of the week (for example, Monday) on the fire drill form.

Inspection Procedures: The licensing representative shall review fire drill records to ensure they were done at different times of the day and on different days of the week. Staffing records may also be reviewed to ensure sufficient staff were available for the drill.

Primary Benefit: Staggering fire drill dates and times ensures that staff and clients are prepared to respond to different fire scenarios and that there is not an expectation that drills are conducted at certain times.

11.88

11.88 (e) - Fire alarms shall be set off during each fire drill. In a center located in a larger building complex served by a common fire alarm system, a mock fire alarm device may be substituted to signal fire drills, which are not held for all the occupants of the entire building complex. In this case, the mock fire alarm device shall have a sound similar to the building fire alarm system, or the difference in sound shall be demonstrated and explained to clients so that they can distinguish between the sound of the building fire alarm system and the mock fire alarm device.

Discussion: It is highly recommended that a fire safety authority witness one drill per year to identify fire safety issues and best practices. Centers must be aware that mock alarms are only allowed for centers located within larger office buildings that contain other businesses. Also be aware that if the building conducts a building-wide fire drill, the center is to evacuate as well using their own fire evacuation procedures.

Note: If a mock device is used periodic testing of the fire alarm must be completed to ensure the alarm is in working order.

Inspection Procedures: The licensing representative shall review fire drill records and conduct interviews as necessary to confirm the alarm is set off during drills.

Primary Benefit: Sounding the alarm simulates what would happen in an actual emergency.

Exit Signs

11.89

11.89 (a) - Signs bearing the word "EXIT" in plain, legible letters shall be placed at exits.

Discussion: These regulations do not require exit signs to be illuminated, but local building codes may require illumination. Centers should check with their local building authority to learn if illuminated signs are required.

Doors with an outside egress that is not labeled as an exit must be approved as such by the local fire safety authority.

Inspection Procedures: The licensing representative shall visually inspect each exit to ensure the exit signs are properly posted.

Primary Benefit: Exit signs help staff and clients escape during a fire or other emergency.

11.89

11.89 (b) - If the exit or way to reach the exit is not immediately visible to the clients, access to exits shall be marked with readily-visible signs indicating the direction of travel.

Discussion: Directional signs must be posted as per this regulation.

Inspection Procedures: The licensing representative shall visually inspect for these indicators as required.

Primary Benefit: Labeling exit paths helps people escape during a fire or other emergency.

11.89

11.89 (c) - Exit sign letters shall be at least 6 inches high with the principal strokes of letters not less than 3/4 inch wide.

Discussion: Centers must post exit signs that meet this standard.

Inspection Procedures: The licensing representative shall visually inspect center exits for appropriate signage.

Primary Benefit: Signage may be obscured by smoke during fires. Large lettering helps people locate doors.

Fire Safety Training for Clients

11.90

11.90 (a) - A client shall be instructed upon initial admission and reinstructed quarterly in general fire safety, evacuation procedures, responsibilities during fire drills and the designated meeting place outside the building or within the fire safe area in the event of an actual fire. A client shall also be instructed in smoking safety procedures if clients or staff persons smoke at the center.

Discussion: The importance of fire safety training cannot be overstated. Clients must have their initial fire safety training by the end of their first day of attendance.

It is understood that clients are absent from the center from time to time and may miss a scheduled quarterly fire safety training. Remember that the quarterly period runs until the end of that quarter. If the client does not return until after the end of that training quarter, provide the quarterly training immediately upon return to the center.

Inspection Procedures: The licensing representative shall review client fire safety training records to ensure clients timely receive their initial and on-going training.

Primary Benefit: Helps to raise client awareness of fire safety and evacuation procedures.

11.90

11.90 (b) - If a client is medically or functionally unable to participate completely in the fire safety training, the client shall nevertheless participate to the maximum extent possible. The center shall document the extent of the client's participation.

Discussion: The center must document the extent of the client's degree of participation in the fire safety training.

It is recommended that centers clearly identify those clients that cannot participate in fire safety training due to their condition. Many centers have developed a key to indicate the level of participation of each individual client. Quarterly staff training should include how to safely evacuate these clients. These clients would require extra assistance in an evacuation.

Inspection Procedures: The licensing representative shall review fire safety training records to ensure the extent of the client's participation is documented.

Primary Benefit: Knowing the extent of a client's understanding of fire safety procedures will benefit staff in planning and training for emergencies.

11.90

11.90 (c) - A written record of fire safety training, including content of the training and clients attending shall be kept.

Discussion: Centers shall develop a method for ensuring that clients who have missed quarterly trainings receive

the trainings within that quarter. Clients who are absent for extended periods of time must immediately receive this training upon returning to the center. This will ensure that they receive any possible updates to the center's evacuation policy.

Inspection Procedures: The licensing representative shall review fire safety training records during each licensing inspection.

Primary Benefit: The written record is used to determine a center's compliance with this regulation.

Smoking Safety Procedures

11.91

- 11.91 (a) - If clients or staff persons smoke at the center, there shall be written smoking safety procedures.
11.91 (b) - Written smoking safety procedures shall be followed.

Discussion: Centers are required to have a smoking policy. If the center does allow smoking, then additional written procedures are required to ensure client safety while smoking. If clients or staff persons smoke at the center this must also be reviewed quarterly as indicated in 11.90(a).

If the center, under state law and local ordinance, permits clients to smoke, their ability to safely smoke must be assessed, including whether or not they can smoke independently, unsupervised. Supervision of smoking clients should only be done by center staff, not other clients.

Inspection Procedures: The licensing representative shall review the center's smoking policy and procedure during the inspection to ensure both its validity and that it is being followed.

Primary Benefit: Ensures that clients, families, and visitors know the center's smoking policies.

PROGRAM COMPONENTS

Intake Screening

11.101

- 11.101 (a) - The center shall complete, or arrange for the completion of, an intake screening for each applicant in order to determine the appropriateness of the older adult daily living center for that individual. The screening shall be completed within 60 days prior to admission.

Discussion: Before a center can admit a client, they must first determine if the prospective client is both appropriate for adult day services and can have their service needs met in that center. The intake screening must be completed prior to admission. "Prior" in this context means the intake screening occurred in the window from 60 days to the day before enrollment.

Per 11.34(b)(2), the center director is responsible for the admission to the center, though this does not mean the director must be the one to complete the intake screening. The intake screening must be completed by the center director or a designated staff person. It is not to be completed by the prospective client and/or caregiver on their own.

Inspection Procedures: The licensing representative shall review a number of client files at each inspection to ensure the intake screening is completed prior to admission.

Primary Benefit: Determines the individual's need for adult day service and provides information to the center.

11.101

- 11.101 (b) - The following information shall be included in an individual client file:
(1) The applicant's name, address, birth date, social security number and phone number.
(2) The referral source.

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| | <p>(3) The usual living arrangement, describing the following:</p> <ul style="list-style-type: none"> (i) The dwelling unit. (ii) The present address. (iii) The usual means of transportation. <p>(4) A social history, including past and present occupation and types of activities enjoyed.</p> <p>(5) Client-rated health status, allergies or contraindicated medication and current medications.</p> <p>(6) The names and phone numbers of the primary physician, other physicians or CRNP involved, and of an emergency contact person.</p> <p>(7) The community agencies involved in providing formal services, and the designation of care manager, if any; a list of informal supports; identity of, and limitations or restraints on, the primary caregiver, problems with care-giving, the extent of perceived caregiver burden, and the extent of caregiver need for support.</p> <p>(8) The limitations of the client relating to ADLs, IADLs and mobility; and the use of physical aids.</p> <p>(9) Special instructions for the client's diet, food allergies and special diets.</p> <p>(10) Cognitive functioning, describing:</p> <ul style="list-style-type: none"> (i) The client's orientation. (ii) Recent memory. (iii) Distant memory. (iv) The ability to understand directions and to communicate needs. (v) The awareness of danger, risks and consequences. <p>(11) The emotional status and behavior, describing:</p> <ul style="list-style-type: none"> (i) Recent stressful events. (ii) Response to illness. (iii) Emotional strengths, expectations and motivation. (iv) Mental health treatment. (v) Current emotional problems or related behaviors, such as wandering or sleeplessness. (vi) The need for supervision. <p>(12) The identity of the person authorized to make decisions under advance directives, such as durable power of attorney.</p> <p>(13) Religious affiliation, if the client chooses to divulge this information.</p> |
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Discussion: Involve the prospective client as much as possible in the completion of the intake. If your center is able to obtain a copy of the Area Agency on Aging Level of Care Determination (LCD) report, that was completed within 60 days prior to admission, that form can be accepted as the intake screening form.

Also, in the rare circumstance of a client attending multiple centers or transferring from one center to another within the 60 day window, the original intake screening tool may be used by the second center. Remember to review this document to ensure there were no changes.

Inspection Procedures: The licensing representative will review a sampling of client intake screening forms to ensure that all required information is collected. During the initial application, a center's intake screening form shall be reviewed to ensure it captures all required information.

Primary Benefit: Provides the center with valuable information on the prospective client, enabling the center to make a determination on eligibility for services and to help in the development of the initial care plan.

11.101	11.101 (c) - An applicant cannot become a center client unless the center determines, based on the information in subsection (b) and other information available to the center, that the applicant meets the criteria for admission in §11.4(relating to admissions criteria).
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Discussion: This determination is to be made prior to enrollment.

Inspection Procedures: The licensing representative shall review a sampling of intake screening forms to ensure they are completed properly and that the client is determined appropriate for the center.

Primary Benefit: Ensures that each client meets the criteria for admission.

11.101	11.101 (d) - The center shall notify applicants who do not meet criteria for admission, as specified in this section and in §11.4, of the determination within 30 days of the completion of intake screening.
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Discussion: The notification letter must be specific as to the reason for the denial of admission, matching the decision to the appropriate section of § 11.4.

Inspection Procedures: The licensing representative shall review instances where clients were denied admission to the center during the previous licensing year.

Primary Benefit: Timely notice allows individuals to make decisions on other care and service options.

Client Physical Examination and Medical Report

11.102	11.102 (a) - To be admitted, an applicant whose needs, as determined through intake screening, may appropriately be met in a center, shall also have had a physical examination within 3 months prior to admission and annually thereafter.
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Discussion: The 3 month time frame is based on the date of the examination, not the date the physician signs the form, if different.

It is recommended that centers have some sort of tracking system to remind clients and caregivers to have the annual physical done at least two months prior to the due date.

It is also recommended that center staff review each client medical exam report as they are provided to make sure they are completed and signed. This is a good time to place a copy of the new exam report in the portable emergency binder to comply with §11.191(b)(5).

Inspection Procedures: The licensing representative shall review a sampling of client physical examination forms to insure they are completed timely.

Primary Benefit: Accurate medical information helps the center determine whether a client's needs can be met at the center, helps in the development of the care plan, and identifies a client's medical needs.

11.102	11.102 (b) - A medical report documenting the physical examination and signed and dated by a licensed physician, CRNP or licensed physician's assistant shall be submitted by the client or responsible party to the center upon admission and annually thereafter.
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Discussion: The medical examination report must be signed by one of the medical professionals identified in this regulation in order to be acceptable.

Inspection Procedures: The licensing representative shall review a sampling of client physical examination forms to insure they are completed timely.

Primary Benefit: Ensures the medical report is completed by someone qualified to do so.

11.102	<p>11.102 (c) - The medical report shall include:</p> <ul style="list-style-type: none"> (1) A review of previous health history, current medication regimen, use of medical treatments and therapies; current health problems and conditions; and a schedule for client self-administration of medications. (2) The record of a general physical examination. (3) General sensory functioning; sensory aids. (4) An indication that a tuberculin skin test has been administered with negative results within 2 years; or, if tuberculin skin test is positive, the results of a chest X-ray. (5) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the client is free of communicable disease, or that the client has a communicable disease but is able to be in the center if specific precautions are taken which will prevent the spread of the disease to other individuals. (6) Medical information pertinent to diagnosis and treatment in case of an emergency.
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Discussion: A chest x-ray is not acceptable in lieu of the TB skin test. There must be documentation from the physician stating the client has a previous positive reaction to a TB skin test for a chest x-ray to be done. The chest x-ray report must be in the client file and be specific for TB. Repeated chest x-rays are not required medically unless the client exhibits signs and/or symptoms of TB. Per the CDC and other medical sources, the skin test must be read within 48 - 72 hours of administration in order to be acceptable.

The Quantiferon Blood test is also acceptable in lieu of the TB skin test. The Department will also accept other CDC-indicated TB testing.

Some doctor's offices are now using Medical Technicians (MA) to administer and read the TB skin test. This is permissible as long as it is done within the doctor's office and the medical report is signed by the physician.

The Department has seen an increasing number of doctor using electronic medical records and providing the center with a print out for the physical exam report. Oftentimes this report does not address all of the required elements and the doctors are unwilling to complete the center's medical form. However, it is permissible to have an addendum to the doctor's printout such as a hand written note such as a script addressing the missing item(s). Most often this is the free of communicable disease statement.

Remember to post a copy of the most recent client medical report in the portable emergency file as per regulation 11.191.

Inspection Procedures: The licensing representative will review a sampling of client medical reports to ensure all required information is addressed.

Primary Benefit: Accurate medical information helps the center determine whether a client's needs can be met at the center, helps in the development of the care plan, and identifies a client's medical needs.

Enrollment Agreement	
11.103	<p>11.103 (a) - The center shall develop an enrollment agreement and discuss it with the client or the responsible party, or both. The enrollment agreement shall include at least the following elements:</p> <ul style="list-style-type: none"> (1) The available services and goals of the center. (2) The unit of charges and when it is payable. (3) Conditions for termination from services, or discharge. (4) The center's rules and regulations. (5) The release of information form, giving the center permission to share limited treatment and

	diagnostic information with third-party payers for purposes of reimbursement and to transfer the client's records to another facility if the client transfers from the center to that facility.
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Discussion: A center's enrollment agreement will be reviewed during the initial application process or when changed to ensure it addresses a minimum of all required areas. The center must be able to verify that the enrollment agreement is reviewed with the client and/or responsible party. This is typically done by having both the client and/or responsible party, and a representative of the center jointly sign the enrollment agreement.

Inspection Procedures: The licensing representative will review a sampling of enrollment agreements to ensure they were signed by all parties and that all applicable areas are addressed.

Primary Benefit: The enrollment agreement is a contract for services. The elements of this regulation are the minimum points to address.

11.103	11.103 (b) - The center is responsible for completing the enrollment agreement with the client or responsible party, or both, and shall review and explain its contents to the client or responsible party, or both, prior to signature. Upon acceptance of the terms and conditions in the enrollment agreement, the enrollment agreement shall be signed by the program director/administrator, the client or the responsible party, or both.
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Discussion: As stated above for 11.103(a), the center must review the enrollment agreement with the client and/or responsible party and either the client and/or the responsible party must sign the enrollment agreement. A copy of the signed enrollment agreement must be in the client record per regulation 11.193.

Inspection Procedures: The licensing representative will review a sampling of enrollment agreements to ensure they were signed by all parties and that all applicable areas are addressed.

Primary Benefit: The enrollment agreement is a contract for services. The elements of this regulation are the minimum points to address.

11.103	11.103 (c) - The client or the responsible party, or both, shall receive a copy of the signed enrollment agreement and a copy of the center's grievance procedures as set forth in § 11.20 (relating to grievance procedures) and client bill of rights.
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Discussion: In order to confirm compliance with this regulation it is recommended that centers develop an acknowledgment form that lists the information/documents given to the client and/or responsible party at enrollment.

Inspection Procedures: The licensing representative will review a sampling of client files and related documentation to ensure this information is provided to the client and/or responsible party. The licensing representative may also interview clients or family care givers as needed.

Primary Benefit: The enrollment agreement is a contract for services. The elements of this regulation are the minimum points to address.

Development of Individual Care Plan

11.104	11.104 (a) - An individual care plan shall be developed for each client within 30 calendar days following admission to the center.
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Discussion: The initial care plan must be developed for each client within 30 calendar days following admission. This is regardless of how frequently the client attends the center. If a client is absent towards the end of this 30 day period for an extended period of time, the initial care plan would still be developed, but it is likely the care plan would be reviewed and modified following the absence.

Inspection Procedures: The licensing representative will review a sampling of client care plans to ensure the

initial care plan was completed timely.

Primary Benefit: Ensures that each client's needs are met, and that accountability for meeting those needs is firmly established.

11.104

11.104 (b) - Center staff persons shall include the client or the responsible party, or both, in the development of the individual care plan.

Discussion: This regulation is a client right as stated in regulation 11.9(a)(2). This discussion may occur over the phone with the responsible party if they are unable to be present in the center. Documentation of these discussions must be kept in the client record.

Inspection Procedures: The licensing representative shall review a sampling of client files to ensure the client and/or responsible party was involved in the development of the individual care plan. The client and/or responsible party may be interviewed if deemed necessary.

Primary Benefit: Having the client and/or responsible party participate in the development of the care plan helps to provide crucial information about the specific client which can assist the center in developing a plan as to how it will meet the needs of the client.

11.104

11.104 (c) - The individual care plan shall contain at least the following elements:

- (1) An identification of needs, which can be addressed at the center, and the order in which they will be addressed.
- (2) The goals to be achieved.
- (3) The methods and activities for reaching these goals within a specified time frame.
- (4) Documentation of the client's progress toward meeting each goal and of goal attainment when, as required in §11.105 (relating to review and revision of individual care plan), the plan is reviewed and, as necessary, revised.
- (5) Predetermined date for the next review.
- (6) An identification of staff persons responsible for the implementation of the plan.

Discussion: A detailed care plan will better enable the center to meet the client's specific care needs. The care plan identifies the needs, addresses the goal to meet the need, the methods to achieve the goal, documents progress in meeting those goals, identifies staff responsible for meeting those goals, and identifies the date of the next review.

Each core service must be addressed in the care plan. If a particular core service is not applicable, then indicate as such on the care plan to verify that all core services were addressed.

If a client is able to have unsupervised time, the degree of independence and amount of time the client can be unsupervised must be addressed in the care plan as stated in regulation 11.39(c).

The predetermined date for the next review does not have to be the actual date the review occurs. The Department understands that dates may change due to conflicts. The center is responsible for ensuring the review occurs every 6 months. Indicating the future review date on the care plan allows for the client and/or the responsible party to anticipate the next review date.

Inspection Procedures: The licensing representative shall review a sampling of client care plans to ensure all core services are addressed. They will also ensure the care plan addressed all point of this regulation and the degree of client independence.

Primary Benefit: Ensures the needs of the clients are addressed and establishes accountability for meeting those needs.

Review and Revision of Individual Care Plan

11.105

11.105 (a) - A review of the client's progress on the plan shall be completed or coordinated at least every 6 months for clients in attendance at the center. At the time of each semiannual progress review each plan shall also be revised if necessary.

Discussion: Client care plans must be reviewed every six months. It is recommended that the care plan reviews occur a few weeks prior to ensure they are completed timely.

Care plans should also be reviewed as care needs change. Every time a care plan review occurs, the six month clock starts over.

Inspection Procedures: The licensing representative shall review a sampling of client care plans to ensure the care plan reviews are completed timely.

Primary Benefit: Ensures the on-going needs of the clients are addressed and establishes accountability for meeting those needs.

11.105

11.105 (b) - Each semiannual review and, if necessary, revision of the plan shall, except as set forth in subsection (c), be discussed with the client or the responsible party, or both. When parties are unable to be present at the center for a discussion of the plan, centers shall, except as set forth in subsection (c), discuss the plan with them by telephone. Documentation of these discussions shall be kept in the client's record.

Discussion: The center must be able to verify that the care plans were reviewed with the client and/or responsible party. One example to indicate the care plan was reviewed with the client and/or responsible party is for both parties to sign off on the care plan or a signature page.

If there is a delay between the signature dates of the center and the client and/or responsible party, the center must document the reason for the delay. If the care plan was reviewed over the phone, that must be documented as well.

If the center utilizes an electronic care plan system, the center must have a means of verifying that the care plan was reviewed with the client and/or responsible party. One possible way to accomplish this is to have a signature page or to indicate the review in progress notes.

Inspection Procedures: The licensing representative shall review a sampling of client care plans to ensure the client and/or responsible party was involved in their review. This may also include interviews with the client and/or responsible party.

Primary Benefit: Having the client and/or responsible party participate in the development of the care plan helps to provide crucial information about the specific client which can assist the center in developing a plan as to how it will meet the needs of the client.

11.105

11.105 (c) - When, in the opinion of the center administrator, discussion of relevant portions of the plan with the client, the responsible party, or other parties would be potentially harmful to the health, safety or welfare of the client, centers may refrain from this discussion. Centers shall address these situations in accordance with § 11.16 (relating to reporting of unusual incidents).

Discussion: If this were to occur it is important for the center to fully document the circumstances that led the center director to reach this decision. As these situations rarely occur, it is recommended that the center director inform their licensing representative at that time or at a minimum during the annual licensing inspection.

This regulation reinforces the need to identify a client's power of attorney, guardian, and/or legal representative.

Inspection Procedures: The licensing representative shall review the documentation related to any of these situations to 1) determine if a correct determination was made, and 2) provide technical assistance as needed.

Primary Benefit: To protect clients from harm.

Implementation of Individual Care Plan

11.106	11.106 - A center will implement the client's plan as written.
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Discussion: Self-explanatory. The center is responsible for implementing a client's care plan and providing the supports and services identified.

Inspection Procedures: The licensing representative will review a sampling of client care plans and observe those clients to ensure the care plans are implemented.

Primary Benefit: The care plan is implemented in order to meet the needs of the client.

Copies of Individual Care Plan

11.107	11.107 (a) - A written copy of all plans and revisions made during reviews shall be kept in the client's record.
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Discussion: A copy of the care plan must be kept in the client record. If the center creates a new care plan form for each review, then the previous care plan must also be kept in the record in order to show that the care plan reviews were completed timely.

Some centers use a care plan form that allows for new signatures with each review, keeping the same care plan document. This is acceptable but the center must be able to verify the care plan was reviewed at least every six months with the client and/or responsible party.

Inspection Procedures: The licensing representative shall review a sampling of client records to ensure a copy of the care plan is in the record.

Primary Benefit: The care plan is a required element of the client record. Any staff reviewing the client record for any reason will have access to the care plan.

11.107	11.107 (b) - The client and the responsible party shall, except as set forth in subsection (c), upon request receive a copy of all plans and revisions.
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Discussion: Compliance with this regulation is typically confirmed via a signature and date page that includes a statement that a copy of the care plan was provided to the client and/or responsible party.

Inspection Procedures: The licensing representative shall review a sampling of client files to ensure this requirement is met.

Primary Benefit: Part of involving the client and/or responsible parties in the care planning process if giving them a copy of each plan for their records.

11.107	11.107 (c) - When, in the opinion of the center administrator, providing copies of relevant portions of plans and revisions to the client, the responsible party or other parties would be potentially harmful to the health, safety or welfare of the client, centers may refrain from providing them. Centers shall address these situations in accordance with § 11.16 (relating to reporting of unusual incidents).
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Discussion: If this were to occur it is important for the center to fully document the circumstances that led the center director to reach this decision. As these situations rarely occur, it is recommended that the center director inform their licensing representative at that time or at a minimum during the annual licensing inspection.

Inspection Procedures: The licensing representative shall review the documentation related to any of these situations to 1) determine if a correct determination was made, and 2) provide technical assistance as needed.

Primary Benefit: To protect the clients from harm.

Coordination of Care

11.108

11.108 - The need for coordination of care shall be considered for each client. If coordination of care is needed and if the person is a client of a human service agency, the center shall make every effort to coordinate its services with the services provided by that agency. If the client is in need of coordination of care and is not receiving care management from the center itself or from another organization or agency, the center shall, with the client's permission, refer the client to the appropriate agency providing care management.

Discussion: In many situations, the center is simply a service provider and other agencies, such as the Area Agency on Aging, are responsible for coordination of care. However the center still has a responsibility to report information to the service coordination agency as required per agreements they have with that agency. If an incident occurs or there is a change in client condition that may affect other services, the center has a responsibility to report this to the service coordination entity. This is also covered in regulation § 11.16 for unusual incidents.

Inspection Procedures: The licensing representative will ensure all appropriate coordination of care activities are completed as needed. This is accomplished through interviews with staff and clients, along with a review of center records.

Primary Benefit: Many clients require services beyond adult day. Coordination of care is typically the role of a social worker.

Service Documentation

11.109

11.109 - Progress notes on each client shall be written at least monthly and shall also be written as needed to reflect a review of the care plan and goals and objectives in light of changes in the client's status. Treatment notes and notes on significant events, when appropriate, shall be recorded according to professional standards.

Discussion: When in doubt, document. Client progress notes are an excellent means to get an understanding of a client. Document events, incidents, absences and returns, behaviors, etc.

All entries must be signed and dated. Do not erase or white out notes. A line should be drawn through errors or changes so that the original entry is still legible.

Progress notes are meant to be an ongoing narrative. Checklists in themselves are not sufficient.

Inspection Procedures: The licensing representative shall review a sampling of client files and progress notes to ensure this requirement is met.

Primary Benefit: Making entries in a client's record that are permanent, legible, dated, and signed by the staff person making the entry helps to ensure that information stored in the client record is detailed, accurate, and unaltered.

DISCHARGE POLICY

Written Policy

11.110

11.110 (a) - A center shall have a written discharge policy available to clients on admission.

Discussion: The discharge policy is required to be part of the enrollment agreement per § 11.103(a) either included within the agreement, or as an attachment. A signed enrollment agreement serves as verification that the client

and/or responsible party was given a copy of the center's discharge policy.

Inspection Procedures: The licensing representative will review a sampling of client files to ensure the discharge policy was made available to the client upon admission.

Primary Benefit: It is important for clients and/or responsible parties are fully aware of the conditions for discharge from the program.

11.110	<p>11.110 (b) - The written policy shall include, at a minimum, provisions requiring discharge from a center when one or more of the following apply:</p> <ul style="list-style-type: none">(1) A client does not have a functional impairment.(2) A client is not capable of being transported to the center.(3) A client is not in need of the structured program of activities or services provided in the center.(4) A client cannot be retained, for reasons set forth in § 11.4(c) (relating to admissions criteria.)(5) A client or responsible party notifies the center orally or in writing of intent to discontinue participation.
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Discussion: This regulation lists the minimum provisions for the center's discharge policy. Centers may add additional criteria that would lead to a discharge. Examples include requiring a two-person assist for transfers, non-compliance with treatments or medication regimen, disruptive behavior by clients or care givers, etc.

If a change to the discharge policy is made, the center must provide all clients and/or responsible parties with a copy of the new discharge policy.

Inspection Procedures: The center's discharge policy is reviewed upon initial application for licensure and whenever any changes are made to the policy.

Primary Benefit: It is important for clients and/or responsible parties are fully aware of the conditions for discharge from the program.

11.110	<p>11.110 (c) - When the center initiates the discharge, the center shall follow a procedure including:</p> <ul style="list-style-type: none">(1) A discharge summary which contains recommendations for continuing care.(2) Referrals to community resources.
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Discussion: The center must document all client discharges as specified in this regulation. In those instances where the client is discharged against their will, it is imperative for the center to have a strong documentation trail in the record to support their decision.

Inspection Procedures: The licensing representative will review a sampling of client discharges to ensure the regulation was followed.

Primary Benefit: Most clients who are discharged will require some type of services or care. It is important they have as much information as possible to enable them to make informed decisions.

11.110	<p>11.110 (d) - The center shall record in the client's record the date and the reason for a client's discharge or transfer and the client's destination if known.</p>
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Discussion: The center must document the information required by this regulation for all discharges. If the client's destination is unknown, indicate as such in the record and any possible explanation for why the information is

unavailable.

Inspection Procedures: The licensing representative will review a sampling of client discharges to ensure the regulation was followed.

Primary Benefit: Just as it is important to document key information in the client record while the individual is a client of the center, it is just as important to document the reasons for discharge and any known future service providers.

Notification

11.111

11.111 (a) - When discharge is initiated by the center, the center will give oral and written notification to the client or responsible party, or both, at least 30 days in advance of the impending discharge.

Discussion: A 30 day notice allows the client and/or responsible party to identify and enroll in a new care setting, if necessary. This period also allows the center to provide assistance as needed with discharge planning, assistance with the transition, and any follow-up as per regulation § 11.123(3)(D).

This is especially important when a center is closing.

Inspection Procedures: The licensing representative shall review discharge records to ensure clients and/or responsible parties were given a 30 day notice as required.

Primary Benefit: Allows the client and/or responsible party to arrange for new services if needed.

11.111

11.111 (b) - A client who experiences a sudden change in the level of functioning which, as determined by the center, poses a threat to the client or others may be discharged from the center immediately.

Discussion: It is important for the center to review the reasons for an immediate discharge with the client and/or responsible party at enrollment, including what would trigger an immediate discharge. These reasons must be part of the center's discharge policy.

Inspection Procedures: The center's discharge policy will be reviewed upon initial application and whenever it is changed. The licensing representative shall review all client discharges that occurred during the previous year based on immediate actions.

Primary Benefit: To protect the health and safety of other clients and staff.

Interim Immediate Action

11.112

11.112 (a) - In instances set forth in §11.111(b) (relating to notification), the center director shall take appropriate interim immediate action to protect the health and safety of the client and others in the center.

Discussion: It is important for the center to review the reasons for an immediate discharge with the client and/or responsible party at enrollment, including what would trigger an immediate discharge. These reasons must be part of the center's discharge policy.

Inspection Procedures: The center's discharge policy will be reviewed upon initial application and whenever it is changed. The licensing representative shall review all client discharges that occurred during the previous year based on immediate actions.

Primary Benefit: To protect the health and safety of other clients and staff.

11.112

- 11.112 (b) - Appropriate interim immediate action includes steps which a responsible person would take in a potentially volatile or dangerous situation, such as one or more of the following:
- (1) Preventing the client from harming himself or others.
 - (2) Calling the police.
 - (3) Notifying local emergency mental health officials.
 - (4) Notifying the client's physician.
 - (5) Notifying the client's responsible party and family.
 - (6) Arranging to have the client transferred.

Discussion: The center must fully document any occurrence requiring any of these actions. It is strongly recommended that these actions be reviewed with the client and/or responsible party upon enrollment.

In most cases, taking any of these actions would also lead to the submission of an unusual incident report and a call to your licensing representative if the police came to your center.

Inspection Procedures: The licensing representative shall review all instances where interim immediate action was taken.

Primary Benefit: To protect the health and safety of other clients and staff.

Record of Discharge

11.113

- 11.113 - Documentation relating to discharge shall be recorded in the client's file and retained in accordance with §11.195 (relating to record retention).

Discussion: The center must document the information required by this regulation and § 11.110(d) for all discharges. If the client's destination is unknown, indicate as such in the record and any possible explanation for why the information is unavailable. Records of clients must be kept for a minimum of 4 years following a client's departure.

Inspection Procedures: The licensing representative shall review a sampling of client discharge records at each inspection.

Primary Benefit: Just as it is important to document key information in the client record while the individual is a client of the center, it is just as important to document the reasons for discharge and any known future service providers.

CENTER SERVICES

Service Goals

11.121

- 11.121 - The goals of planned programs of services provided or arranged at older adult daily living centers are set forth in § 11.6 (relating to service goals).

Discussion: Programming is to be provided with the intent on improving the quality of life of their clients, helping them to improve or maintain their level of functioning. Adult day services also provides respite for caregivers.

Centers must ensure that they can provide adequate services for clients. They must have a policy for service goals and an admissions policy.

Center goals should be person-centered, specific to that center and not generic. Person-centered means focused to meeting the needs of each client.

Inspection Procedures: A center's service goals are reviewed during initial application and if they are changed.

Primary Benefit: A policy on service goals helps to explain the purpose of the adult day program and can help attract clients. Client participation in an adult day program helps to improve overall health, reduce behavioral problems, and improve the quality of life for both clients and caregivers.

Assurance of Service Quality

11.122	<p>11.122 - A center shall take necessary and appropriate measures to assure the quality of the services, which it provides or makes available, as described in §§ 11.123 and 11.124 (relating to core services; and specialized services and additional services). These measures include:</p> <ul style="list-style-type: none">(1) Obtaining from service providers proof of licensure, certification or other approval required by the Commonwealth or the relevant specialty, or both.(2) Assuring that service providers carry professional liability insurance.
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Discussion: The center must maintain on file a copy of all licenses or permits held by staff, contractors, or vendors who provide services in their center. This includes, but is not limited to the RN/LPN license, medical professionals providing services in the center, cosmetologist, OT/PT therapists, etc. This would also include music and pet therapists.

These services providers must also carry professional liability insurance. The center must maintain a copy of this insurance information.

Inspection Procedures: This information will be reviewed by the licensing representative during the onsite inspection.

Primary Benefit: Assures the quality of services provided by professionals, and that these individuals are insured.

Core Services

11.123	<p>11.123 - The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows:</p> <ul style="list-style-type: none">(1) Personal care. The center shall provide needed assistance and supervision with activities of daily living.
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Discussion: A client's personal care needs are to be addressed in the care plan. The center must be able to meet the personal care needs of its clients. Supervision is just as important as hands-on personal care. Direct care staff of the center often assist clients with cueing, ambulation, feeding and toileting.

Inspection Procedures: The licensing representative shall review a sampling of client records and observe clients during the onsite inspection to ensure the client's personal care needs are being met.

Primary Benefit: To provide for the personal care needs and supervision of clients.

11.123	<p>11.123 - The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be</p>
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addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows:

(2) Nursing services. The center shall provide, contract for or otherwise arrange for nursing services. The number of services provided by the nurse, the manner in which a center obtains nursing services (which may range from formal to informal), and the amount of time spent by the nurse in a center (which may, for example, range from the daily services of a registered nurse staff person to a monthly or quarterly visit by a practical nurse) depend upon the needs of the center's clients. Nursing service includes the following:

(i) Centers shall carry out the following standard nursing functions at least quarterly:

- (A) A review of the client's health status, including dietary needs.
- (B) Review of medication procedures, if necessary.
- (C) Review of policies and procedures for personal care.
- (D) Training and education of staff persons regarding the needs of clients in centers, including infection control.

(ii) The following nursing functions may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center, as determined through intake screening and client physical examination and medical reports:

- (A) Provision or supervision of modified and therapeutic diets and supplemental feedings.
- (B) Provision or supervision of observation, monitoring and intervention for unstable medical episodes.
- (C) Preparation of the client for self-administration of medications.
- (D) Provision of restorative or rehabilitative nursing.
- (E) Provision of maintenance of respiratory aids, colostomy and ileostomy, urinary drainage devices, dressings, skin care, foot and nail care and routine care of incontinent clients.
- (F) Response to emergencies.
- (G) Administration of parenteral treatments.
- (H) Provision of other skilled nursing care, which can be safely done in the older adult daily living center.

Discussion: Nursing services must be provided by a licensed RN or LPN, under the direction of an RN, or a licensed physician. Centers must ensure they document the quarterly nursing reviews in the client file. Centers must also maintain training records to confirm the quarterly training were completed. Center must provide, at a minimum the services described in 11.123(2)(i). The services listed in 11.123(2)(ii) are optional.

Training and education of staff persons regarding the needs of clients means the specific care needs of the clients in the center at that time. As adult day clients are frail, this quarterly training must include infection control to help protect clients and staff.

Inspection Procedures: The licensing representative will review a sampling of client files to ensure a minimum of quarterly client health status reviews occurred and are documented. The inspector will also review training records to ensure the quarterly training described in 11.123(2)(i)(D) occurred with staff members.

Primary Benefit: To provide for nursing care and oversight of clients.

11.123

11.123 - The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows:

(3) Social services. The center shall provide or arrange social services as needed. These services may be provided by center program staff persons or staff persons of community service providers. They may also be provided by a social worker, who may serve as a

	<p>consultant or may be a full-time or part-time program staff member. They are provided to clients and their families/caregivers to help them deal with personal, family and adjustment situations as needed to enhance the effectiveness of the client's individual care plan. Social service activities include the following:</p> <ul style="list-style-type: none"> (i) The following shall be carried out consistent with the needs of the clients: <ul style="list-style-type: none"> (A) Compilation of a social history and completion of an intake screening. (B) Assistance with the client's adaptation to the center program and active involvement in the individual plan of care, if appropriate. (C) Arrangement for other community services not provided by the center and work with other agencies to coordinate needed services. (D) Provision of discharge planning, and assistance in transition and follow-up. (E) Provision of information and referral for persons not appropriate for older adult daily living centers. (ii) The following may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center: <ul style="list-style-type: none"> (A) Facilitation of family conferences, serving as liaison between client, family/caregiver and center. (B) Provision of individual or group counseling and support to families/caregivers and clients. (C) Facilitation of the development of family support groups.
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Discussion: Most of the required social services are also addressed in other regulations such as within the intake screening or in the coordination of care and services.

Another significant benefit of adult day services is care giver respite. Centers are encouraged to provide or arrange for care giver-related counseling or support group activities. Coordination of care is another common social services function.

Centers may also provide information about creating an advanced directive.

Inspection Procedures: The licensing representative shall review a sampling of client records, and conduct interviews as necessary to ensure compliance.

Primary Benefit: Effective social services help to ensure a client's service needs are met in relation to the needs of the care giver, and in maintaining strong professional relationships with other social service agencies to aid in the coordination of care.

11.123	<p>11.123 - The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows:</p> <ul style="list-style-type: none"> (4) Therapeutic Activities. Activities shall be an integral part of the care plan for the individual. The planning of activities shall reflect professional understanding of the needs and abilities of the clients. Activities, while reflecting awareness of impairment, shall emphasize the individual client's strengths and abilities so they can contribute to client feelings of accomplishment. <ul style="list-style-type: none"> (i) Scope. <ul style="list-style-type: none"> (A) The center shall provide for a balance of purposeful activities to meet the client's interrelated needs and interests - including social, intellectual, cultural, economic, emotional, physical and spiritual. (B) Provision shall be made for individuals to participate at their optimal level of functioning and to progress according to their own pace. (C) Activities shall be designed in a holistic manner to promote personal growth and enhance the self-image or to improve or maintain the functioning level of clients, or both. Activities may offer opportunities to:
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- (I) Maintain lifelong skills.
 - (II) Learn new skills and gain knowledge.
 - (III) Challenge and tap potential abilities.
 - (IV) Participate in activities of interest.
 - (V) Improve capacity for independent functioning.
 - (VI) Develop interpersonal relationships.
 - (VII) Develop creative capabilities.
 - (VIII) Improve physical and emotional well-being.
 - (IX) Be exposed to and involved in activities and events within the greater community.
 - (X) Experience cultural enrichment.
 - (XI) Have fun and enjoyment.
- (D) Activity programming shall take into consideration individual differences in health status, lifestyle, ethnicity, religious affiliation, values, experiences, needs, interests, abilities and skills by providing opportunities for a variety of types and levels of involvement. Activities may include:
- (I) Individual activities.
 - (II) Small and large group activities.
 - (III) Active and spectator participation.
 - (IV) Intergenerational experiences.
 - (V) Involvement in community activities and events.
 - (VI) Outdoor activities as appropriate.
 - (VII) Opportunities to voluntarily perform services for individuals and the center, and community groups and organizations.
- (E) Clients shall be encouraged to take part in activities, but may choose not do so or to choose another activity. Reasons for nonparticipation shall be evaluated to determine whether they are due to personal preference or indicate a need for change in activity.
- (ii) Schedule.
- (A) Planned activities shall be available whenever the center is in operation.
 - (B) A monthly calendar of activities shall be prepared and posted in a visible place.
 - (C) Group daily activities shall be posted in a prominent, convenient and visible place.
 - (D) The activities schedule shall be coordinated with other services offered at the center and with other staff persons.

Discussion: The center's activity's calendar shall show a full schedule of activities throughout the programming day. Activities should begin promptly each day.

Activities shall be designed to meet the needs of the clients with large and small group activities. However, clients cannot be forced to participate. Effective intake screening and care planning can help the center develop activities that are interesting and appropriate for clients.

Each monthly calendar shall be planned for that month as opposed to having a generic calendar that does not change. Daily schedules shall be sufficiently large enough to be read from a distance.

Inspection Procedures: The licensing representative shall visually observe the center's monthly calendar and daily schedule to ensure they are located in a visible location in the center. Activities shall be observed to ensure they match what is on the calendar.

Primary Benefit: Adult day centers are often judged by the quality and extent of their activity programming. Make them vibrant and engaging for the clients.

11.123

11.123 - The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of

	the clients receiving the services. Core services are as follows:
	(5) Nutrition and Therapeutic Diets. A center shall follow the nutrition standards set forth in § 11.151 and § 11.152 (relating to nutrition).

Discussion: The center shall provide a nutritious meal to clients who attend the center for four or more hours. Refer to regulations § 11.151 and § 11.152 for more information. This includes clients who attend for four or more hours that do not include traditional lunchtime hours.

Centers must follow any dietary restrictions such as pureed meals, no salt, etc. Centers must also respect any religious preferences relating to food.

Inspection Procedures: The licensing representative shall observe the lunch meal being served to ensure the planned menu is followed and client dietary restrictions are followed.

Primary Benefit: To meet the nutritional and dietary needs of clients.

11.123	11.123 - The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows: (6) Emergency Care for Participants. Procedures for handling emergencies are set forth in § 11.21 (relating to emergency procedures).
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Discussion: The center must be able to respond to emergencies ranging from unexpected medical emergencies to fire or other disasters. The most common emergency care need will be for a client who experiences a sudden change in condition. The center must provide emergency response and care until the client can be transported to an emergency room. In these situations the center must follow their own emergency procedures as per regulations 11.21 and 11.134.

This sub-section can also be used to address any advance directives that a client has on their care plan.

Inspection Procedures: Division of Licensing staff will review unusual incident reports and interview clients and staff as appropriate to ensure emergency care was properly provided.

Primary Benefit: To meet the emergency care needs of clients.

HEALTH

Staff Physical Examination

11.132	11.132 (a) - Staff persons who come into direct contact with clients or who prepare or serve food shall have a physical examination within 12 months prior to employment, and every 2 years from the date of the last physical examination thereafter.
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Discussion: This applies to staff that are in direct contact with clients of the center.

If a staff person transfers from one licensed center or agency to another licensed center a new physical examination is not required prior to employment if that previous physical exam was within the previous 12 months.

Inspection Procedures: The licensing representative shall review a sampling of staff records to ensure physical examinations are completed timely.

Primary Benefit: To protect the health and safety of clients, and other staff.

11.132

11.132 (b) - A medical report documenting the physical examination shall be signed and dated by a licensed physician or CRNP and submitted to the center prior to the first day of employment.

Discussion: The medical examination report must be signed by either a licensed physician or certified registered nurse practitioner (CRNP).

Inspection Procedures: The licensing representative will review a sampling of staff medical reports to ensure they are signed by the proper medical professional.

Primary Benefit: To protect the health and safety of clients, and other staff.

11.132

11.132 (c) - The medical report shall include:

- (1) The record of a physical examination.
- (2) Indication that a tuberculin skin test has been administered to the individual with negative results within 2 years; or if tuberculin skin test is positive, the results of a chest X-ray.
- (3) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the individual is free of communicable diseases or that the individual has a communicable disease but is able to work in the center if specific precautions are taken that will prevent the spread of the disease to clients.
- (4) Information on a medical problem, which might interfere with the health of the clients.

Discussion: The record/report of the physical examination can be either a medical "form" or it can be any other format that addresses all of the points of this regulation.

A chest x-ray is not acceptable in lieu of the TB skin test. There must be documentation from the physician stating the staff person has a previous positive reaction to a TB skin test for a chest x-ray to be done. The chest x-ray report must be in the staff file and be specific for TB. Repeated chest x-rays are not required medically unless the staff exhibits signs and/or symptoms of TB. Per the CDC and other medical sources, the skin test must be read within 48 - 72 hours of administration in order to be acceptable.

The Quantiferon Blood test is also acceptable in lieu of the TB skin test. The Department will also accept other CDC-indicated TB testing.

Some doctor's offices are now using Medical Technicians (MA) to administer and read the TB skin test. This is permissible as long as it is done within the doctor's office and the medical report is signed by the physician.

The Department has seen an increasing number of physicians using electronic medical records and providing the center with a print out of the physical exam. Oftentimes this report does not address all of the required elements and the physicians may be unwilling to complete the center's medical form. However, it is permissible to have an addendum to the doctor's printout such as a hand written note such as a script addressing the missing item(s). Most often this is the free of communicable disease statement.

If there are specific precautions that are to be taken for a communicable disease, they must be indicated on the physical examination report.

Inspection Procedures: The licensing representative shall review a sampling of staff physical examination reports to ensure all requirements are met.

Primary Benefit: Accurate medical information on staff helps ensure staff do not have an infectious disease and are able to provide care for center clients.

11.132	11.132 (d) - Tuberculin skin testing may be completed and certified in writing by a registered nurse or a licensed physician.
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Discussion: In addition to a registered nurse or licensed physician, the Department will accept TB skin tests read by LPNs, physician and medical assistants who work in a physician's office as this medical assistant is under the supervision of the doctor in that office.

Inspection Procedures: The licensing representative shall review a sampling of staff physical examination reports to ensure the TB tests are read by qualified individuals.

Primary Benefit: Accurate medical information on staff helps ensure staff do not have an infectious disease and are able to provide care for center clients.

Communicable Diseases

11.133	11.133 (a) - If a staff person, volunteer or client has a communicable disease or a medical problem which might interfere with health, safety or well-being of others in the center, written authorization from a licensed physician or CRNP, as set for in § 11.102 and 11.132 (relating to client physical examination and medical report; and staff physical examination) is required in order for the person to be present at the center.
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Discussion: If a client, staff person, or volunteer is identified as having a communicable disease that individual must have either medical documentation to indicate the individual is free of infectious disease in order to return to the center or clearance to return to the center with written precautions that must be indicated on the medical documentation.

Communicable diseases we have seen in centers include MRSA, shingles, C. diff, and pink eye. If a family member or medical record mentions a condition you are unsure of, you can search the CDC website to verify whether or not the condition is communicable, and document the search results.

Inspection Procedures: The licensing representative will review all medical reports that indicate an individual has communicable disease and any precautions noted to ensure they are being followed.

Primary Benefit: To protect the health and safety of all persons in the center.

11.133	11.133 (b) - To the extent that confidentiality laws permit, written authorization from a licensed physician or CRNP shall include a statement that the person with a communicable disease does not pose a serious threat to the health, safety or well-being of others in the center. Specific instructions and precautions shall be provided for the protection of other persons at the center.
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Discussion: If a client, staff person, or volunteer is identified as having a communicable disease that individual must have either medical documentation to indicate the individual is free of infectious disease in order to return to the center or clearance to return to the center with written precautions.

Inspection Procedures: The licensing representative will review all medical reports that indicate an individual has communicable disease and any precautions noted to ensure they are being followed.

Primary Benefit: To protect the health and safety of all persons in the center.

11.133	11.133 (c) - The physician's or CRNP's written instructions and precautions shall be followed.
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Discussion: If a client, staff person, or volunteer is identified as having a communicable disease that individual must have either medical documentation to indicate the individual is free of infectious disease in order to return to the center or clearance to return to the center with written precautions.

Inspection Procedures: The licensing representative will review all medical reports that indicate an individual has communicable disease and any precautions noted to ensure they are being followed.

Primary Benefit: To protect the health and safety of all persons in the center.

Emergency Medical Plan

11.134

- 11.134 - The center shall have a written emergency medical plan listing the following:
- (1) The hospital or source of the health care that will be used in an emergency.
 - (2) The transportation procedure to be used.
 - (3) An emergency staffing plan.

Discussion: The center's emergency medical plan is reviewed as part of its initial application for licensure and is subject to review as it is modified.

The plan must clearly state the hospital or health care setting used, the transportation procedure, to include the EMT company, if possible, and staffing plan that would be implemented in an emergency. The plan should also address how care givers will be contacted and whether or not a center staff person would accompany a client to the emergency room and in what circumstances.

Inspection Procedures: The center's emergency medical plan is reviewed as part of its initial application for licensure and is subject to review as it is modified. The licensing representative will also review the plan as it applies to emergencies that occur and are under review or investigation.

Primary Benefit: It is important to be able to inform prospective clients and families which EMT companies and hospitals are used by the center.

MEDICATIONS

Storage of Medications

11.141

- 11.141 (a) - Prescription and nonprescription medications shall be kept in original or refill labeled containers, except for medications of clients who self-administer medications and keep their medications in personal daily or weekly dispensing containers.

Discussion: Blister packs, cassette medication cards, and other unit dose containers are acceptable as long as the medication is packaged by a pharmacist and each individual blister pack or container is labeled in accordance with §11.142(a). Prescription medications received through mail order must also be labeled in accordance with §11.142(a).

Per the DHS (formerly DPW) Medication Administration Course and current medical practices, medications that are considered "schedule 1 & 2 narcotic" in nature must be double locked and counts maintained.

Inspection Procedures: The licensing representative will visually determine that medications are kept in their original containers.

Primary Benefit: Reduces the possibility of administering the wrong medication.

11.141

- 11.141 (b) - Medications shall be kept in an area or container that is locked.

Discussion: All medications must be stored securely in the center, including those for clients who self-administer medications. Over the counter medications must also be securely stored when brought to the center.

Medications for clients who self-administer must also be securely stored when brought to the center. Medications kept in a purse or pocket could possibly be taken by a client with diminished capacity and therefore are a health and

safety risk when not securely stored.

Inspection Procedures: The licensing representative shall visually determine that all medications in the center are secured.

Primary Benefit: Medications that are securely stored are protected from contamination, spillage or theft, and clients will be safe from harming themselves with medications.

11.141	11.141 (c) - Medications stored in a refrigerator shall be kept in a separate locked container.
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Discussion: This also applies to self-administered and over the counter medications. If the label indicates a temperature range for storage for a medication, the refrigerator must be at that temperature.

Inspection Procedures: The licensing representative will visually observe the storage of any medications that are refrigerated.

Primary Benefit: Medications that are securely stored are protected from contamination, spillage or theft, and clients will be safe from harming themselves with medications.

11.141	11.141 (d) - Medications shall be stored under proper conditions of sanitation, temperature, moisture and light.
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Discussion: Any special storage instructions for a medication with respect to temperature, moisture levels and light must be followed.

Inspection Procedures: The licensing representative will visually inspect medications stored at the center to ensure they are stored per any special instructions.

Primary Benefit: Ensures that medications will be stored in a manner that prevents damage or loss.

11.141	11.141 (e) - Medications which are permanently discontinued, outdated or no longer needed shall be disposed of in a safe manner.
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Discussion: While centers are to return unused medications to clients and/or family members upon discharge, there may be occasions where medications are left behind or expire. The center should create a medication disposal policy. Centers are encouraged to create a form or tracking sheet as part of the policy that includes but is not limited to, the following information: the date the medication was disposed of, the method of disposal, the signature of the person who disposed of the medication, the signature of the person who witnessed the disposal, etc. The record of medication disposal should be kept in the client file or common medication documentation file.

Inspection Procedures: The licensing representative shall inspect the medications stored in the center for expiration dates and client names to determine compliance. The representative may also review a sampling of client records to see if any medications were disposed of and ensure the center is compliant with this regulation.

Primary Benefit: Ensures that medication will be disposed of in a safe manner, and will also prevent abuse of the medications.

11.141	11.141 (f) - Medications of a client who permanently leaves a center shall be given to the client or the responsible party when the client leaves.
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Discussion: The center must document that medications were returned upon a client's discharge. It is recommended that this be added to a discharge checklist.

In some circumstances it may not be feasible to return medications to the client/family. In these situations the

center must document the disposal of the medications.

Inspection Procedures: The licensing representative shall inspect the medications stored in the center for expiration dates and client names to determine compliance. The representative may also review a sampling of client discharge records to ensure any medications were returned.

Primary Benefit: Ensures the client has their medications and prevents the abuse of those medications if they were to remain in the center.

11.141	11.141 (g) - The area in which medications are stored shall have sufficient lighting so that labels can be read accurately.
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Discussion: Self-explanatory. This is to help prevent medication errors.

Inspection Procedures: The licensing representative shall observe the medication storage area to ensure there is sufficient lighting.

Primary Benefit: Aids in the prevention of medication errors.

Labeling of Medications

11.142	11.142 (a) - The original or refill container for medications shall be labeled. Centers cannot administer medications from a container whose label does not include the following information, in accordance with regulations of the State Board of Pharmacy at 49 Pa. Code § 27.18 (relating to standards of practice): (1) The name, address, telephone number of the pharmacy and the BNDD (The Federal Bureau of Narcotics and Dangerous Drugs) number assigned to it by that Bureau. (2) The name of the patient. (3) Full directions for the use of its contents. (4) The name of the prescriber and a registration number of the prescriber required to be obtained under applicable Federal statute. (5) The serial number of the prescription and the date originally filled. (6) The trade or brand name of the drug and proportion or amount of drug dispensed, unless omission is specifically requested by the prescribing doctor in writing. If the name is generic, the manufacturer's name shall also be shown. (7) On controlled substances, the statement: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."
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Discussion: Medications must be and remain in their original, labeled container. Blister packs, cassette medication cards, and other unit dose containers are acceptable as long as the medication is packaged by a pharmacist and each individual blister pack or container is labeled in accordance with this regulation. Prescription medications received through mail order must also be labeled in accordance with this regulation.

Inspection Procedures: The licensing representative shall visually inspect stored medications to ensure they are labeled properly.

Primary Benefit: Reduces the possibility that the medication will be administered to the wrong client or improperly administered.

11.142	11.142 (b) - Medications, which the center administers to a client, whether brought to the facility by the client, staff person, volunteer or other person, shall be labeled as set forth in subsection (a).
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Discussion: Properly labeled medications help to reduce the likelihood of medication errors.

Inspection Procedures: The licensing representative shall visually inspect stored medications to ensure they are labeled properly.

Primary Benefit: Reduces the possibility that the medication will be administered to the wrong client or improperly administered.

Medication Records

11.143

11.143 (a) - A medication log listing medications, dosage, time, date and the name of the person who administered the medication shall be kept for the clients who do not self-administer medication and who needs require the administration of medication by qualified professionals at the center.

Discussion: Centers are required to maintain accurate medication logs for medications administered at the center. All of the information noted in this regulation must be addressed.

The medication log must exactly reflect the medication order; the full prescription and not just what is administered at the center. For example, if a client takes Sinemet three times a day yet only one dose is given at the center, the medication log still must reflect the client receives this medication three times a day.

New medication orders must be reflected on the log and documented in the client record. This include verbal orders taken by the center nurse.

Medications that must be recorded on the MAR (medication administration record):

- Prescription Medications
- OTC Medications
- Vitamins

Medications that do not have to be recorded on the MAR:

- Nutritional Supplements
- Special Diets

Electronic signatures are permitted as long as the system only allows the appropriate person to sign the electronic MAR who administered the medication.

Inspection Procedures: The licensing representative shall compare the medication log to the order and label to ensure accuracy.

Primary Benefit: The center will be able to track all medications administered and to ensure they are administered as prescribed.

11.143

11.143 (b) - The information in subsection (a) shall be logged immediately after each client's dose of medication.

Discussion: Prompt completion of the medication log can serve as confirmation that a medication was given and reduce the likelihood of a medication error.

Inspection Procedures: The licensing representative shall review the medication log to ensure it is completed timely.

Primary Benefit: Ensures MAR accuracy by minimizing the chances of documentation mistakes.

11.143

11.143 (c) - A list of prescription medications, the prescribed dosage and the name of the prescriber shall be kept for each client who self-administers medication.

Discussion: As all adult day clients have a functional impairment, it is recommend that the center maintain an MAR

for clients who self-administer.

The list of medications should appear on the clients medical examination report. Updated prescription orders should be in the client record.

Inspection Procedures: The licensing representative will review a sampling of records for clients who self-administer medications to ensure the center has a list of their medications.

Primary Benefit: Allows the center to track all medications administered at the center to adult day clients.

Medication Errors

11.144	11.144 - Medication errors and follow-up corrective action taken for each error shall be documented.
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Discussion: Medication errors shall be documented in the client record or on the medication log. Common medication errors include missed or late medications, incorrect dosages, or medications given to the wrong individual.

This applies to medication errors by clients who self-administer, if the medication error is known by the center.

Medication errors in themselves are not reportable as unusual incidents. However, if a medication error contributes to a client being sent for outside medical care the information on the medication error must be part of the unusual incident report.

Inspection Procedures: The licensing representative will review all medication errors that occurred during the previous year.

Primary Benefit: Ensures that medication errors are handled appropriately to avoid client injury as a result of the error. Also allows the center to identify and prevent chronic medication problems.

Adverse Reaction

11.145	11.145 - If a client has an adverse reaction to a medication, the center shall notify the prescribing physician or CRNP immediately. If contact cannot be made with the practitioner, emergency medical procedures shall be followed. Documentation of adverse reactions shall be kept.
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Discussion: Adverse reactions to medications shall be documented in the client record or on the medication log. Adverse reactions to medications are not reportable in themselves. However, if an adverse reaction contributes to a client being sent for outside medical care the information on the adverse reaction must be part of the unusual incident report.

Adverse reactions include, but are not limited to abnormal clinical measurement (e.g temperature, pulse, blood pressure, blood glucose, body weight), skin rash, respiratory depression, and anaphylaxis.

Inspection Procedures: The licensing representative shall review all adverse reactions that occurred during the previous year.

Primary Benefit: Ensures that clients will receive medical attention in the event of a medication-related emergency. Also helps to protect the center by creating a record of actions taken in response to an adverse reaction.

Administration of Medications

11.146	11.146 (a) - Medications and injections of substances that are not self-administered by clients shall be administered by one of the following qualified professionals:
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- (1) A licensed physician, licensed dentist, certified physician's assistant, CRNP, registered nurse and licensed practical nurse.

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|--|--|
| | <p>(2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the center.</p> <p>(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the center.</p> |
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Discussion: This regulation lists the medical professionals who may administer medications. Many centers utilize nurses to administer medications. Medical professionals do not have to take the DHS (formally DPW) Medication Administration Course. A copy of the medical professional's license must be maintained in their staff record.

Inspection Procedures: The licensing representative shall determine who is administering medications at the center. If medications are administered by a licensed medical professional, the licensing representative shall confirm that staff person's qualifications.

Primary Benefit: Ensures that medications will be administered safely and in accordance with best practices by trained professionals.

11.146	11.146 (b) - Oral, topical and eye and ear drop prescription medications may be administered by center staff persons who have completed the Department of Public Welfare's Medications Administration course and otherwise meet requirements set forth in 55 Pa. Code Chapter 2380 relating to medication administration training (relating to adult training facilities).
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Discussion: A copy of the Medication Administration training certificate must be kept in the staff person's employee record. If the center has a staff person trained as a Medication Administration Trainer, that certificate must also be kept in that staff person's employee record.

If a non-medical professional has completed a course to administer insulin, a copy of that certificate must be kept in the staff person's employee file.

Staff who are certified to administer medications by completion of this DHS (formally DPW) course will be held to standards taught by the course and may be subject to citations for not following specific practices from the course.

Inspection Procedures: The licensing representative shall review the staff records of all non-medical professional staff who administer medications to ensure they have a current certificate.

Primary Benefit: Ensures that medications are administered by staff who are certified.

Self-Administration of Medications

11.147	11.147 (a) - A center shall provide clients with assistance, as needed, with medication prescribed for self-administration. This assistance includes helping the client to remember the schedule for taking the medication, storing the medication in a secure place and making the medication available at the prescribed times.
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Discussion: Centers are to provide assistance as necessary with self-administration of medications. Remember that all medications, including those for self-administration, must be securely stored per regulation 11.141.

Inspection Procedures: The licensing representative shall review a sampling of client records to determine which clients self-administer medications and the extent of the assistance they receive. The inspector will determine the continued appropriateness of the client's ability to self-administer and how the center determines if a client can self-administer. The inspection will also ensure all medications are securely stored.

Primary Benefit: Provides clients who administer their own medications with basic assistance in medication management to maximize their independence.

11.147

11.147 (b) - When assistance includes helping the client to remember the schedule for taking the medication, the prescribed schedule shall be followed.

Discussion: It is important for a center to treat self-administered medications the same as those administered by staff with respect to oversight.

If a client requires frequent reminders to take their medications, then the client is not capable to self-administration per regulation §11.147(a). If a client disagrees with this decision, then they should be referred to their physician to have their ability to self-administer reassessed.

Inspection Procedures: The licensing representative will inquire as to which clients self-administer medications and conduct interviews as appropriate to determine the continued appropriateness of their ability to self-administer.

Primary Benefit: Provides clients who administer their own medications with basic assistance in medication management to maximize their independence.

11.147

11.147 (c) - If a client refuses to take a prescribed medication, it shall be promptly reported to the responsible party or practitioner, or both and documented in the client's record.

Discussion: Client refusals are to be promptly documented in the client record and on the medication administration record (MAR). Refusals are to be reported as directed by regulation. Any instructions given must be documented in the client record.

If a client's refusal to self-administer adversely affects their health or behavior, it could potentially impact their continued attendance at the center.

Inspection Procedures: The licensing representative will inquire about any medication refusals and review appropriate documentation to determine compliance.

Primary Benefit: Informs the responsible party and physician of potential health or behavior problems associated with the refusal of medications.

11.147

11.147 (d) - Medications not requiring special conditions or handling may not be removed from original labeled containers more than 2 hours in advance of scheduled administration. Liquids shall be administered immediately after being withdrawn from their containers. Medications requiring special storage conditions or handling shall be prepared according to label directions.

Discussion: Staff certified by the DHS Medication Administration course are to follow the direction contained therein regarding removing medications in advance. Medications are not to be removed prior to administering the medication.

Inspection Procedures: The licensing representative shall interview staff regarding medication administration practices.

Primary Benefit: To ensure medications are administered on schedule.

11.147

11.147 (e) - To be considered capable of self-administration of medications, a client shall be able to:

- (1) Identify the medication
- (2) Acknowledge the amount of, and schedule for, medication.
- (3) Remember to take the medication on schedule with infrequent reminders from staff persons.
- (4) Obtain medication from its container without assistance or with minimal assistance.

Discussion: Centers shall periodically re-affirm a client's ability to self-administer medications. If a client has difficulty with any of these points, center staff should discuss the matter with the client and/or responsible party. If necessary, refer the client to their physician.

Centers are recommended to have a policy on self-administration of medications that is explained to the clients and/or responsible party at enrollment. Centers may create a policy that does not allow self-administration in their center.

Inspection Procedures: The licensing representative shall determine which clients self-administer. Through client and staff interviews, along with a review of the client record the inspector will determine the continued appropriateness of the client to self-administer medications.

Primary Benefit: Ensures that clients who wish to self-administer can do so safely.

NUTRITION

Dining Area

11.151	11.151 (a) - The center shall have a dining area for lunches and breaks.
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Discussion: Self-explanatory.

Inspection Procedures: The licensing representative shall visually confirm the center has a dining area for clients.

Primary Benefit: To allow clients to dine in a comfortable setting with the opportunity to interact with others.

11.151	11.151 (b) - The dining area shall be clean and sanitary.
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Discussion: The dining area must be kept clean and sanitary.

Inspection Procedures: The licensing representative shall visually inspect the dining area during the inspection to ensure it is kept clean and sanitary.

Primary Benefit: To allow a clean environment and minimizes the spread of disease.

11.151	11.151 (c) - The dining area shall have a sufficient number of tables and chairs to accommodate the maximum number of clients scheduled for lunch or break at one time.
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Discussion: There must be a sufficient number of tables and chairs to comfortably seat all clients. There must be room for clients with walkers and wheelchairs to navigate the center. Larger centers can provide meals in shifts.

Inspection Procedures: The licensing representative shall visually inspect and observe the dining area during lunch to ensure compliance is met.

Primary Benefit: To promote a sense of inclusiveness and ensures that each client has a place to sit to dine.

11.151	11.151 (d) - The dining area may be used for other purposes throughout the program day.
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Discussion: Centers may use the dining area as regular programming space as long as the space is made sanitary for meals and as long as it is used at least 50% of the time for programming.

Inspection Procedures: The licensing representative shall inspect the center to observe how the dining area is used for programming and that it is properly cleaned before and after meals.

Primary Benefit: Allows for efficient use of programming space.

11.152

11.152 - If the center provides or arranges for meals for clients, the following requirements apply:

- (1) Cold food shall be kept at or below 45°F. Hot food shall be kept at or above 140°F. Frozen food shall be kept at or below 0°F.

Discussion: The correct food storage temperatures as per the State Department of Agriculture and the US Food Code are 41° and below for cold food storage and 135°F or above for hot foods for storage and transportation. Frozen foods are to be stored at 0°F or below.

Centers must have a means to measure the storage temperatures in each refrigerator and freezer. Centers are not required to maintain food storage temperature logs unless it is part of a plan of correction directed by the Department or other oversight entity. This regulation applies for any refrigerator or freezer used to hold food eaten by clients at the center.

Temperature Control for Food Transport

- a. The temperature of hot food items shall at no time drop below 135°F from the point of preparation through delivery until meal service.
- b. The temperature of cold foods shall remain at or below 41°F from the point of preparation through delivery until meal service.
- c. At a minimum, food temperatures shall be checked and recorded at the point of final preparation prior to delivery to the meal site and at the point of receipt at the meal site (where applicable).
- d. If upon receipt at a meal site food temperature checks reveal that hot foods have not been maintained at 135°F or above for a period of less than four hours, the affected foods shall not be served but must be discarded for reasons of food safety or reheated to a temperature of 165°F or higher. Food may be reheated in a microwave, oven, or stovetop. Steam tables, bain-maries, warmers, or similar hot food holding devices are prohibited for reheating foods. Food item may not be served if it has been maintained at a temperature of less than 135°F for a period greater than four hours.
- e. Cold food items that have not been maintained at 41°F or below for a period no longer than four hours or are received at a temperature of 71°F or higher shall be discarded for reasons of food safety.

Inspection Procedures: The licensing representative will visually ensure that each storage area used for food is maintained at the correct temperature.

Primary Benefit: Ensures that food is stored at safe temperatures.

11.152

11.152 - If the center provides or arranges for meals for clients, the following requirements apply:

- (2) Written daily menus shall be prepared and posted in a location visible to the clients. Menus shall be posted at least 1 program day prior to the menu date. Written menus shall be followed. Written menus shall be retained for at least 2 months.

Discussion: The written menu must be conspicuously placed in the center. It is recommended that menus be shared with the client and/responsible party in advance. Conspicuous means that the menu is posted at a height where each client can see it , in large print for ease of reading, and in a format and print that is legible.

Inspection Procedures: The licensing representative shall visually confirm the menus are posted appropriately.

Primary Benefit: Having menus posted in advance allows clients to arrange for an alternate meal if necessary.

11.152

11.152 - If the center provides or arranges for meals for clients, the following requirements apply:

	(3) At least one complete meal shall be provided if the client is at the center for 4 or more hours. If a client is at the center for more than 6 hours, a nutritional snack shall be provided.
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Discussion: Centers are to provide a nutritious meal to all clients who attend the center 4 or more hours.

Clients who attend Adult Training Facilities (ATF) licensed under the DHS Chapter 2380 regulations frequently pack their own lunch or bring their lunch from their group home settings. This is permissible in the ATF settings only for those clients who reside in group homes, also licensed by DHS.

Inspection Procedures: The licensing representative shall ensure clients are provided a meal at the center.

Primary Benefit: Ensures that client's nutritional needs are being met.

11.152	11.152 - If the center provides or arranges for meals for clients, the following requirements apply: (4) Each meal served shall contain at least one item from the dairy, protein, fruits and vegetables and grain food groups, unless medically contraindicated for individual clients.
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Discussion: Center menus must be developed in consultation with a dietary expert. While menu items do not have to be explicitly identified as coming from the various food groups, it should be clear, per the posted menu that the meals served contain food from the major food groups.

Inspection Procedures: The licensing representative shall review menus and observe a meal to ensure the meals served to contain items from the major food groups.

If a dietitian is consulted, remember to maintain a copy of their license.

Primary Benefit: Ensures that clients receive adequate nutritional meals.

11.152	11.152 - If the center provides or arranges for meals for clients, the following requirements apply: (5) Quantity of foods served at each meal shall contain at least 1/3 of the daily-recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council.
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Discussion: Center menus must be developed in consultation with a dietary expert to ensure this requirement is met. While menu items do not have to be explicitly identified as coming from the various food groups, it should be clear, per the posted menu that the meals served contain food from the major food groups.

Inspection Procedures: During the initial inspection the licensing representative shall confirm that the menu was developed in consultation with a dietitian. Menus will be reviewed during the licensing inspection.

Primary Benefit: Ensures that clients receive adequate nutritional meals.

11.152	11.152 - If the center provides or arranges for meals for clients, the following requirements apply: (6) Prescribed diets for clients with medically restricted diets shall be followed. A written record of prescribed diets shall be kept in the client's file.
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Discussion: It is critical that centers follow prescribed diets for clients. Centers must develop a system to ensure clients are served prescribed diets if necessary.

In addition, centers must take precautions to ensure clients do not take food or condiments from other clients that they cannot have. For example, do not have salt packets or shakers within arm's reach on the dining table of a client on a no-salt diet.

Inspection Procedures: The licensing representative will review a center's policy and procedure for following prescribed diets. The inspector will review the record of prescribed diets.

Primary Benefit: It is important to follow the directions of the prescribed diet. A center not following a client's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner, or dietitian may generate dire health consequences for the client.

11.152	11.152 - If the center provides or arranges for meals for clients, the following requirements apply: (7) The ethnic and religious preferences of clients shall be considered when planning menus.
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Discussion: This information should be obtained during the intake screening process. Speak with the client and/or responsible party to obtain this information.

Inspection Procedures: The licensing representative shall determine if any clients have ethnic or religious preferences for meals and ensure those are followed.

Primary Benefit: Adhering to a client's ethnic or religious dietary preferences is a dignity matter.

11.152	11.152 - If the center provides or arranges for meals for clients, the following requirements apply: (8) Food shall be protected from contamination while being stored, prepared, served and transported. Food shall be stored in sealed containers.
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Discussion: The center is required to protect food from contamination. Depending on the location of the center, it may be subject to inspection by a county or local food/health inspector who enforces the Department of Agriculture Title 7 regulations and the US Food Code. This includes protecting food from contamination from dirt, insects, bacteria, and pesticides that may be present in foodstuffs.

Centers are to ensure there is no food stored that is past the expiration date.

Inspection Procedures: The licensing representative shall visually observe how food is stored, transported, and served.

Primary Benefit: Protects clients from food-borne illnesses.

11.152	11.152 - If the center provides or arranges for meals for clients, the following requirements apply: (9) Utensils used for eating, drinking, preparation and serving of food or drink shall be washed after each use by a mechanical dishwasher or by a method approved by the Department of Environmental Resources.
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Discussion: The Department of Environmental Resources no longer exists in PA. The Department of Agriculture has oversight in this area.

If the center uses a dishwasher to clean dishes and utensils, it must be labeled as an NSF 3 dishwasher. If a center does not have a dishwasher, or a dishwasher that is rated as NSF 3, the center must have a 3-compartment sink or chemical sanitation method that meets the Department of Agriculture sanitation standards. For further clarification, please refer to Pa. Code, Title 7, Chapter 46, Subsection D.

The food code requires that utensils be effectively washed to remove or completely loosen soils by using the manual or mechanical means necessary, such as the application of detergents containing wetting agents and emulsifiers; acid, alkaline, or abrasive cleaners; hot water; brushes; scouring pads; high-pressure sprays; or ultrasonic devices.

Durable plates, cups, and utensils must be washed after each use. Disposable plates, cups, and utensils must be disposed of after each use.

Inspection Procedures: The licensing representative shall verify a centers methods for cleaning utensils complies with applicable regulations.

Primary Benefit: Ensures that utensils are appropriately cleaned to prevent the spread of disease.

11.152

11.152 - If the center provides or arranges for meals for clients, the following requirements apply:

- (10) Mechanical dishwashers shall use hot water temperatures exceeding 140°F in the wash cycle and 180°F in the final rinse cycle or shall be a chemical sanitizing type approved by the National Sanitation Foundation.

Discussion: The dishwasher should have a label indicating it reaches the appropriate temperature. If not, refer to the manual. The dishwasher must be labeled NSF 3, which is the standard that reaches the correct temperature. Otherwise, the dishwasher shall be a chemical sanitizing type approved by NSF.

Inspection Procedures: If the center uses a dishwasher, the licensing representative shall confirm the dishwasher reaches the appropriate temperature or is a chemical sanitizing type.

Primary Benefit: Ensures that dishes and utensils are appropriately cleaned to prevent the spread of disease.

TRANSPORTATION

Transportation

11.161

11.161 - Centers may provide, arrange or contract for transportation to enable persons, including persons with handicaps, to attend centers and participate in center sponsored outings. Centers are encouraged to make use of community transportation systems and families for the provision of transportation to the maximum extent possible.

Discussion: Centers are not required to provide transportation to clients. Clients eligible for center services must be able to be transported to and from the center.

Inspection Procedures: The licensing representative shall interview the center director to learn how clients are transported to and from the center.

Primary Benefit: Transportation is often a barrier for attending adult day.

Applicability

11.162

11.162 - Sections 11.163 - 11.165 (relating to safety equipment; staffing; and rider of vehicle) apply when transportation for clients is directly provided by the center.

Discussion: As stated in this regulation, §11.163 – §11.165 only apply when transportation is provided by the center.

Centers must maintain proof of current vehicle registration, inspection, and insurance for each vehicle used by the center to transport clients, both center vans and staff personal vehicles if used. Center vans and staff vehicles used to transport clients are considered an extension of the center.

All center vehicles must have some method of communicating with the center, such as a cell phone.

Inspection Procedures: The licensing representative shall interview the center director to learn how clients are transported to and from the center.

Primary Benefit: Centers that provide transportation must meet the safety standards described by applicable law and regulation.

Safety Equipment

11.163

11.163 - Each client transported in an automobile or van shall be secured by individual safety equipment, appropriate to the client's size and physical disability, at all times the vehicle is in motion.

Discussion: The center is responsible for ensuring clients are secured in center vehicles. This includes providing all necessary safety equipment such as seat belt extenders.

All vehicle safety restraints (seat belts) used by clients must be fully operational. Wheelchair locking devices must be capable of securing the client in the vehicle. All center clients must wear a safety restraint when the vehicle is in motion.

While there is no prohibition against using a staff person's personal vehicle to transport clients, it is strongly encouraged for centers to not do this. However, if centers do utilize staff vehicles, the staff person must carry adequate insurance for this activity.

Inspection Procedures: The licensing representative shall inspect center vehicles to ensure they are appropriately equipped with safety equipment.

Primary Benefit: Safety equipment prevent serious injury in accidents.

Staffing

11.164

11.1164 - Transportation shall include, when necessary, an assistant to the driver who will help the driver escort individuals in and out of their homes and attend to them during the trip to and from the center.

Discussion: "When necessary" means if specified in the client's care plan or to ensure a client is not left alone when a staff person helps another client. Always consider the acuity level of the client. Another example is a client with a history of removing safety equipment or disruptive behaviors. In these instances, the center must have an additional staff person on center vans in addition to the driver. This requirement does not apply to county transportation systems that transport clients to and from the center.

If a center van is used to transport more than seven clients, either to and from the center or for outings, the center is still responsible for maintaining the staff to client ratio or 1:7 on the van.

Inspection Procedures: The licensing representative with review a sampling of client files and conduct staff interviews to determine compliance.

Primary Benefit: Ensures that there are sufficient staff persons available during transport to meet client needs.

Driver of Vehicle

11.165

11.165 - The driver of the vehicle shall be 18 years of age or older, possess a valid driver's license, and not have been convicted of a crime which would bring into question the driver's ability to transport clients safely.

Discussion: The center must maintain a copy of the current driver's license for all staff who transport clients.

If the center driver is the only staff person with clients during transport, as is usually the case, the driver then is required to be CPR and First Aid certified per 11.33(b).

Inspection Procedures: The licensing representative shall review staff files to ensure drivers possess a valid driver's license and are CPR & First Aid certified.

Primary Benefit: Ensures that clients will be transported by a person licensed to do so.

PROTECTIVE DEVICES

Protective Devices and Prohibited Practices

11.171	<p>11.171 (a) - The use of restraints, seclusion and aversive conditioning is prohibited.</p> <p>11.171 (b) - Protective devices, such as helmets, mitts and muffs, may be used to prevent self-injury on an interim basis not to exceed 3 months after a client is admitted to a center. When they are used, the following apply:</p> <ul style="list-style-type: none">(1) The device shall be checked for proper fit by a staff person at least every 15 minutes.(2) The client's physical needs shall be met promptly.(3) The device shall be removed completely for at least 10 minutes during every 2 hour period it is used.(4) The client shall receive training aimed at eliminating or reducing the need for the device.(5) The center shall document compliance with paragraphs (1)-(4)
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Discussion: The Department of Aging is an advocate for restraint reduction practices. Chemical and mechanical restraints are defined in 11.3 (Definitions). The use of restraints is strictly prohibited.

Regarding protective devices, these devices are permitted in the under age 60 Adult Training Facility setting as long as there is a medical need and the requirements of 11.171(b) are met. In adult day centers, these devices are only permitted for 3 months.

When considering protective devices, the client's physician must first document the specific need for the device. Also, when the center must also be able to demonstrate that they have attempted other less-restrictive options for protecting the client. Convenience of staff should never be a consideration when deciding whether or not to use a protective device.

IMPORTANT: To the greatest extent possible, centers are to respect client choice. Regarding protective devices, if the client has the capacity to understand the need for the device, the ability to remove it, or ask for its removal, then the device may be used as long as needed or desired by the client. It is not necessary to request a regulatory waiver in these instances. Remember to fully document these situations and if possible include a statement from the client acknowledging their understanding of the device. How compliance is met for the rest of this regulation will be determined on a case-by-case basis with your licensing inspector.

Inspection Procedures: The licensing representative will review the record of all clients with a protective device. They will also visually observe any in use.

Primary Benefit: Protects clients' rights to be free from restraints, treated with dignity and respect, and be served in the least restrictive manner possible.

Protective Device Records

11.172	<p>11.172 - Center shall keep a record of each use of a protective device documenting the following:</p> <ul style="list-style-type: none">(1) The specific behavior addressed.(2) The methods of intervention tried prior to applying the device.(3) The date and time the device was administered.(4) The specific procedures followed.(5) The staff person who applied the device.(6) The duration of the use of the device.
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(7) The client's condition following the removal of the device.

Discussion: Examples of acceptable documentation include logs, sign in sheets, narrative notes, etc. Extensive records are required as the use of these items should be the exception, and not commonplace in adult day.

Inspection Procedures: The licensing representative shall review all documentation related to the use of protective devices.

Primary Benefit: Protects clients' rights to be free from restraints, treated with dignity and respect, and be served in the least restrictive manner possible.

Access and Notification

11.173

11.173 (a) - The client or the responsible party, or both, shall have access to copies of the client's protective devices records and revisions to the records upon request.

11.173 (b) - When a protective device is used, the responsible party shall be notified on the day it is used. A record of notification shall be kept.

Discussion: When considering a protective device and establishing the medical reason for the device, the center must also receive the client and/or responsible party's acknowledgement of the use of the device. The record of notification and acknowledgement statement must be kept in the client record.

The center should develop a policy on protective devices that address the regulatory requirements, documentation, notification, and approvals needed. The policy should also cover access to records for the responsible party.

Inspection Procedures: The licensing representative shall review the client record of any client using a protective device to ensure all requirements are met.

Primary Benefit: Protects clients' rights to be free from restraints, treated with dignity and respect, and be served in the least restrictive manner possible.

Staff Training

11.174

11.174 (a) - When protective devices are used, there shall be at least one staff person available who has completed training in the use of protective devices, including the use of alternative positive approaches.

11.174 (b) - Staff persons applying protective devices shall be trained in the use of the specific techniques or procedures used.

11.174 (c) - Centers shall keep documentation of the training program provided, including the staff person trained, dates of training, description of training and training source.

Discussion: Staff persons who will be in direct contact with the client using the protective device are to be trained in its use.

Training content can vary based on the client's need and the type of device. If there is specialized training, the center must maintain a complete copy of the training or reference material.

Centers must document the training and repeat at least annually.

Inspection Procedures: The licensing representative shall review staff training records to verify compliance.

Primary Benefit: Protects clients' rights to be free from restraints, treated with dignity and respect, and be served in the least restrictive manner possible.

CLIENT RECORDS

Emergency Information

11.191

11.191 (a) - Emergency information for a client shall be readily accessible at the center.

Discussion: Per regulation 11.21(a)(1), centers are to maintain a portable emergency information file for clients. This can be in a binder or an electronic file, as long as it is readily available. In case of an emergency, this folder, or individual client information can be quickly accessed and removed from the center. It is recommended that a current photo of each client be part of the folder. If a client wanders away during an outing or in an emergency situation, it would be helpful to have a photograph readily available to provide to police or other local authorities.

Remember, the location of this binder must be written in your emergency procedures policy per §11.21(a)(1).

Inspection Procedures: The licensing representative shall confirm the location of the emergency information file and that it is readily available.

Primary Benefit: Allows the center to quickly provide vital client information during an emergency.

11.191

11.191 (b) - Emergency information for a client shall include the following:

- (1) A written agreement with the client or responsible party regarding emergency care and ambulance transportation, when the agreement is not included as an element in the enrollment agreement in §11.103 (relating to enrollment agreement).
- (2) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
- (3) The name, address and telephone number of the client's physician or source of health care and hospital preference.
- (4) The name, address and telephone number of the person able to give consent for emergency medical treatment, if applicable.
- (5) A copy of the client's most recent annual physical examination, which shall include information on current diagnosis, medications and allergies.

Discussion: The source of health care is the client's primary source of receiving regular health care. Often times this is the primary care physician. It also could be a walk-in clinic or something similar.

Remember to swap out the old medical exam report with the new one as you receive them.

Inspection Procedures: The licensing representative shall review the emergency medical file to ensure all information is included and up to date.

Primary Benefit: Allows the center to quickly provide vital client information during an emergency.

Individual Record

11.192

11.192 (a) - An individual record shall be kept for each client.

11.192 (b) - Entries in a client's record shall be legible, dated and signed by the person making the entry.

Discussion: All entries in the client's record must be signed by the person making the entry. Use full names, not just initials. Be consistent in how records are dated. It is recommended that they be entered month/day/year format.

Do not erase or white out notes. A line should be drawn through errors or changes such that the original entry is still legible.

Inspection Procedures: The licensing representative will review a sampling of client files to ensure that entries are done according to professional standards.

Primary Benefit: Separate client records ensures that services and care for each client is client-specific and easily accessible. Making entries in a client's record that are legible, dated and signed by the staff person making the entry helps to ensure that information stored in the client record is detailed, accurate, and unaltered.

Content of Records	
11.193	<p>11.193 - Each client's record shall include:</p> <ul style="list-style-type: none">(1) Personal information including:<ul style="list-style-type: none">(i) The name, sex, admission date, birth date and social security number of the client.(ii) The race, height, weight, color of hair, color of eyes and identifying characteristics.(iii) The language or means of communication spoken or understood by the client and the primary language used in the client's natural home, if other than English.(iv) Documentation of a person's designation or appointment as a responsible party, as described in 11.8 (relating to responsible party).(v) A photograph taken within the last 5 years.(2) Unusual incident reports related to the client.(3) Medical reports and progress notes, if any.(4) Intake screening forms.(5) Individual care plans.(6) Signed release of information form.(7) Signed enrollment agreement.

Discussion: All of the above information must be contained in the client record whether in hard copy or in an electronic medical record.

For the photograph, month and year are acceptable. If the photograph is stored electronically, there must be some means to identify the date the photograph was taken.

Inspection Procedures: The licensing representative shall review a sampling of client files to ensure all of this information is included.

Primary Benefit: Having a complete record for each client gives the center the best possible picture of who the client is and their history, identifies the needs and describes the services received by the client.

Record Location	
11.194	<p>11.194 (a) - Record information required in § 11.193(1), (6) and (7) (relating to content of records) shall be kept at the center.</p> <p>11.194 (b) - The most current copies of record information required in § 11.193(3) and (5) shall be kept at the center.</p> <p>11.194 (c) - Record information required in § 11.193(3) and (5) that is not current may be kept at</p>

the center or at the center's administrative office.

11.194 (d) - Record information required in §11.193(2) and (4) may be kept at the center or at the center's administrative office.

Discussion: Client records must be stored at the center as stated in this regulation. The most current versions of the medical exam report and care plan must be filed in the record. It is recommended that all care plans, from the initial to the most current be in the client file. At a minimum, the current and the previous medical exam report must be maintained in the client record.

Inspection Procedures: The licensing representative shall confirm client records are stored at the center.

Primary Benefit: Having a complete record for each client readily available at the center gives the center the best possible picture of who the client is and their history, identifies the needs and describes the services received by the client.

Record Retention

11.195

11.195 (a) - Information in an enrolled client's record which is periodically updated or is of a nonpermanent nature shall be kept for at least 4 years or until audits or litigation is resolved. Thereafter, these record items may be purged.

Discussion: Items of a permanent nature shall be kept for the duration of a client's enrollment at a center. These include the intake form, care plans, and enrollment agreement.

Inspection Procedures: The licensing representative shall review a sampling of client records to ensure all information is maintained. The inspector will also ensure that closed records are also kept for the required timeframe.

Primary Benefit: A client's record may be requested and or needed by an individual or organization relating to a client's discharge, and audit, or litigation.

11.195

11.195 (b) - Client records shall be kept for at least 4 years following a client's departure or until audits or litigation is resolved.

Discussion: Centers are required to maintain discharged client records for at least four years. It is recommended that discharged client records be maintained at the center as they are subject to review by the licensing representative.

Inspection Procedures: The licensing representative shall review at least one discharge record during a licensing inspection. The inspector will also ensure that closed records are also kept for the required timeframe.

Primary Benefit: A client's record may be requested and or needed by an individual or organization relating to a client's discharge, and audit, or litigation.

11.195

11.195 (c) - If the client transfers from the center to another facility, a summary of the client's records, including information on medications, diet, activities and most current vital signs, shall be transferred with the client.

Discussion: Centers are to provide the summary information noted above to assist in a client's transfer to another center. Centers are strongly encouraged to provide a copy of the most recent physical examination form to the gaining center as clients transferring from one adult day center to another can remain on the existing physical exam schedule.

Inspection Procedures: The licensing representative shall interview the center director about the center's transfer

process and determine if any occurred during the previous licensure year.

Primary Benefit: Assists clients with the coordination of care.

Record Policy

11.196

11.196 - There shall be a written policy governing confidentiality, access to, duplication of and dissemination of information from the records.

Discussion: The center's record policy is reviewed as part of the initial application. The policy is to address the requirements of regulations §11.197 and §11.198.

Inspection Procedures: The record policy is reviewed as part of the initial application and whenever it is changed.

Primary Benefit: Well-written and concise policies serve as the basis for a center's operation.

Access

11.197

11.197 (a) - Client records shall be kept locked when unattended.

Discussion: Client records must be stored in a secure manner in order to protect the privacy of the clients. They must be stored in locked cabinets or in an office that can be locked when unattended.

Inspection Procedures: The licensing representative shall observe the client record storage area throughout the inspection to ensure they are securely stored.

Primary Benefit: Storing client records in a secure manner while also providing the client records to individuals with authorized access helps to protect the security and privacy of client health information, as well as provide necessary information to those persons who oversee the care of a client.

11.197

11.197 (b) - The client or responsible party, or both, shall, except as set forth in subsection (c), have access to the client's own records and to information in the records.

Discussion: The client and/or responsible party's access to their record remains even in the event of litigation. Centers have leeway in writing their client file access policy to cover how the client and/or responsible party access the records. This includes whether or not staff must stay with the party viewing the record to charging a nominal fee for copies.

Inspection Procedures: While this is not something typically reviewed during an inspection, the licensing representative will investigate instances when the client and/or responsible party are not given access to their record.

Primary Benefit: Ensures client and/or responsible party access to their information and is supporting a client's right to information on the care provided.

11.197

11.197 (c) - When in the opinion of the center administrator, providing access to the client, the responsible party or other parties would be potentially harmful to the health, safety or welfare of the client, centers may deny access. Centers shall address these situations in accordance with § 11.16 (relating to reporting of unusual incidents).

Discussion: This statement must be part of the center's access policy. The center must document the reason for this decision in detail. Examples can include a client's POA stating that client information is not to be provided to another family member, protection from abuse order, etc.

Inspection Procedures: The licensing representative shall review all instances when client information was denied to persons who may normally have access to the information.

Primary Benefit: To protect the health and safety of the client in these situations.

11.197	11.197 (d) - A representative of the Long-Term Care Ombudsman Program shall be allowed immediate access to client records.
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Discussion: Self-explanatory.

Inspection Procedures: The Division of Licensing will investigate all instances of the Long-Term Care Ombudsman being denied immediate access to client records.

Primary Benefit: The role of the ombudsman is to investigate and assist clients in right's related matters.

Release of Information

11.198	11.198 - Written consent of the client or responsible party, or both, is required for the release of information, including photographs, to persons not otherwise authorized by law to receive it.
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Discussion: Centers are required to keep copies of all such releases in the client file and to document in the record whenever information is released to include what is released and to whom.

Inspection Procedures: The licensing representative shall review a sampling of client files and will review any releases contained therein.

Primary Benefit: Protects the center and the client regarding access to personal client information.

LEGAL ENTITY

Responsibility

11.221	11.221 - In addition to complying with the procedural regulations in this subchapter, the legal entity shall comply with the Department 's program licensure regulations for a center, which the legal entity operates.
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Discussion: Applicants and licensees must comply with both the 6 Pa. Code Chapter 11 licensing regulations and any other policies or directives issued by the Division of Licensing / Department of Aging that apply to Older Adult Daily Living Centers.

Inspection Procedures: This requirement is monitored on an ongoing basis.

Primary Benefit: The Chapter 11 regulations are intended to provide the minimum requirements an entity operating an older adult daily living center must follow in order to operate in Pennsylvania. They also provide for the health and safety of clients served in the centers.

Corporations and Partnerships

11.222	11.222 (a) - If the legal entity is a corporation, it shall submit a copy of the articles of incorporation to the Department at the time of initial application for a license. 11.222 (b) - If the legal entity is a partnership, a copy of the agreement setting forth this arrangement shall be submitted to the Department at the time of initial application for a license. Cross References
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Discussion: These documents are to be submitted as part of the initial application for license and whenever there are any changes.

Inspection Procedures: These documents will be reviewed upon licensure and when there are changes. The Department will confirm the validity with the PA Department of State as necessary.

Primary Benefit: Ensures the owner/operator is properly registered with the Pennsylvania Department of State as a corporation or partnership.

Responsible Person

11.223

11.223 - The person who is responsible for the daily administration and operation of the older adult daily living center.

Discussion: All centers must identify a responsible person, typically the onsite director. Centers must also designate someone to act as director when the director is absent.

Inspection Procedures: Centers are to always have a designated responsible person. This will be monitored on an on-going basis.

Primary Benefit: To identify the individual responsible for the operation of the center.

APPLICATION

Application Form

11.231

11.231 (a) - The legal entity responsible for a center subject to licensure under the act shall submit an application for a license prior to the inspection and issuance of a license by the Department.

11.231 (b) - The application for a license shall be completed and submitted on the form prescribed and provided by the Department.

11.231 (c) - The legal entity shall complete and submit a separate application for a license for each center subject to licensure.

11.231 (d) - The legal entity shall report on the application for a license fictitious names, which are required by statute to register with the Department of State under 54 Pa.C.S. § 301-332 (relating to fictitious names).

Discussion: Centers are required to submit an application for both the initial license and for each subsequent license on forms designated by the Department. The three application forms must contain center-identifying information that is correct and consistent on all three forms.

If the center operates "for-profit", it is required to submit proof that its fictitious name was approved by the PA Department of State with its initial application for license. If the center changes its name, while operating for-profit, it must submit proof that the new fictitious name was approved by the Department of State.

Inspection Procedures: The fictitious name is reviewed at initial application and whenever there are changes in the center's name. The application forms are reviewed for accuracy at each inspection. Any errors must be corrected by the center immediately.

Primary Benefit: Application forms are used to identify the exact name of the legal entity operator and center name as they will appear on the license.

Reapplication

11.232

11.232 - If the legal entity intends to continue operating a center, it shall reapply for a license by completing and submitting to the Department a reapplication form on the form prescribed and provided by the Department at least 60 days prior to the expiration of the center's existing regular, interim or provisional license.

Discussion: In most cases the application paperwork for re-licensure is reviewed during the onsite inspection. The

application paperwork must be completed and available to the licensing representative at the inspection. Otherwise the application paperwork must be submitted timely to either the regional licensing representative or Harrisburg office as directed.

Inspection Procedures: The application paperwork is reviewed by the licensing representative for completeness and accuracy. Any errors are the responsibility of the center to correct and resubmit for approval.

Primary Benefit: The application paperwork is the center operator's request to continue operating. The information on the application paperwork is the basis of what appears on the license itself.

INSPECTION

Annual Inspection

11.241

11.241 - An authorized agent of the Department will conduct an onsite inspection of a center at least once every 12 months.

Discussion: The Department will conduct an onsite inspection on an annual basis, two to three months prior to the expiration of the current license.

EXCEPTION: Centers dually-licensed by DHS as an adult training facility with an approved inspection waiver from the Department of Aging are exempt from the onsite inspection provided the criteria of Aging Program Directive 14-20-01 are met.

Inspection Procedures: The inspection will be conducted by agents of the Department of Aging. The Department may send multiple staff to conduct an inspection.

Primary Benefit: To determine a center's compliance with the Chapter 11 regulations.

Announced Inspections

11.242

11.242 - The center will be advised in advance of the date of the annual inspection. The annual inspection will be an announced inspection and will occur during normal business hours.

Discussion: By regulation, regular licensing inspections are announced. It is expected that the center is prepared for the licensing representative, having all required or requested information readily available.

Inspection Procedures: The licensing representative will coordinate with the center director to determine the inspection date.

Primary Benefit: To determine a center's compliance with the Chapter 11 regulations.

Other Inspections

11.243

11.243 (a) – The center is subject to announced and unannounced onsite inspections.

11.243 (b) – Unannounced inspections not based on a complaint will occur during normal business hours.

11.243 (c) – Unannounced inspections based on a complaint may, as determined by the Department in accordance with the nature of the complaint, occur at any time.

Discussion: The Department of Aging has the authority to conduct onsite inspections, both announced and unannounced, at any time.

Unannounced inspections are typically for complaint or incident investigations, though they may also be necessary to confirm compliance with a previously cited area.

Inspection Procedures: Division of Licensing and other agents of the Department will conduct onsite inspections

as necessary.

Primary Benefit: To ensure the health & safety of clients served by the center.

Access

11.244	<p>11.244 (a) – The center shall provide to authorized agents of the Department full access to the center and its records during announced and unannounced inspections.</p> <p>11.244 (b) – The Department will exercise its right to enter, visit and inspect for the following purposes:</p> <ul style="list-style-type: none">(1) To determine the suitability of the applicants.(2) To determine the suitability of the premises.(3) To determine whether or not any premises in fact qualifies as a center.(4) To determine the continuing conformity of licensees to the act and to this subchapter.(5) To determine whether or not other violations of the law or this subchapter under which the center is governed exist. <p>11.244 (c) – The center shall provide authorized agents of the Department with full and free access to the staff and clients and shall provide full opportunity to privately interview, inspect and examine the clients.</p>
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Discussion: Division of Licensing inspectors have full access to the center. This includes access to the entire physical location, all client-related records, meeting notes, staff records, and access to clients, staff, and caregivers for interviews. As the licensing entity for adult day centers, HIPAA allows the Department of Aging full access to client's protected health information.

Inspection Procedures: This area is verified through the course of inspections and other interactions with the center.

Primary Benefit: Full access allows the Department to ensure regulatory compliance of the center and to protect the health and safety of clients.

Search Warrants

11.245	11.245 – Upon a showing of reasonable cause to suspect that a specified center is being used in violation of the act or this subchapter, any district justice in the district wherein the center is located shall issue an administrative search warrant to any authorized agent of the Department, identifying the center to be searched, the scope of the search and the hours during which the search may be conducted.
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Discussion: Search warrants are typically obtained in instances where the Department suspects an entity is operating an adult day center without a license. Search warrants may also be obtained for instances where the Department is denied access to the center, staff, clients, or records.

Inspection Procedures: Not applicable

Primary Benefit: To ensure the health and safety of persons served by a center, or an entity operating without a license.

Fees

Payment of Fees

11.251	11.251 - The legal entity shall pay the applicable fee prior to the issuance or reissuance of a license.
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Discussion: Fees are tied to the issuance of a license, not the completion of an application. Anytime a new license

is to be issued, a fee is required. The only exception is if the Department issues a license in error.

Inspection Procedures: The Harrisburg office will confirm a fee was submitted before a license is issued.

Primary Benefit: Fees are intended to offset the cost of licensure operations.

Amount of Fees

11.252	11.252 Issuance or reissuance of a license to a center is contingent upon receipt by the Department of an annual application or reapplication fee based on the maximum licensed capacity of the center, as follows: (1) Four to 10 clients-\$10. (2) Eleven to 20 clients-\$20. (3) Twenty-one to 35 clients-\$30. (4) Thirty-six clients and over-\$40.
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Discussion: The amount of the licensing fee is based on the capacity of the center, not the number of clients enrolled.

Checks or money orders are to be made out to the "Commonwealth of PA".

Inspection Procedures: Licensing fees are reviewed and approved by the Harrisburg office.

Primary Benefit: Fees support the cost of licensing for the Department of Aging.

LICENSURE

Issuance

11.261	11.261 - A license will be issued to the legal entity by the Department if, after an inspection by an authorized agent of the Department, it is determined that requirements for a license are met.
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Discussion: The license is issued to the legal entity. Both the name of the legal entity and the center name are displayed on the license. The license is issued following the inspection and/or approval of the plan of correction.

Inspection Procedures: The Department will issue the license following final approval of the inspectors recommendation and the plan of correction.

Primary Benefit: The license is issued to the legal entity once it is determined the center is in compliance with Chapter 11 regulations.

Plan of Correction

11.262	11.262 - If, during an inspection, authorized agents of the Department observe items of noncompliance with licensure regulations, the legal entity shall submit an acceptable written plan to correct each noncompliance item and establish a period of time acceptable to the Department to correct these items.
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Discussion: When non-compliance areas are noted, usually during an inspection, a licensing inspection summary (LIS) will be issued. Centers are required to submit a plan of correction (POC) for all regulatory citations. Centers have ten business days to submit a plan of correction unless otherwise instructed.

Failure to submit an acceptable plan of correction is grounds for the denial, revocation, or non-renewal of a license per regulation §11.281.

Refrain from airing disagreements on the plan of correction. The time to address disagreements with citations is at the exit conference or prior to the issuance of the LIS. Plans of correction that are found to contain non-professional language or are used as a vehicle to voice disagreements with the citations will be rejected. Remember, the

approved plan of correction will be posted on the Department's website.

In addition, do not use client or staff names in plans of correction. The licensing inspector will provide a key to identify clients or staff referenced in citations. Use these descriptors such as Client #1 or Staff #1, etc. It is ok to use staff titles in the plan of correction.

Inspection Procedures: The licensing representative shall review the submitted plan of correction and will coordinate with the center director if any changes are required. The final approval of all plans of correction is made by the Chief of the Division of Licensing.

Primary Benefit: The plan of correction is to address how centers will correct regulatory violations to come into compliance with regulations.

Regular License

11.263

11.263 - A regular license is issued if the center is in compliance with applicable statutes, ordinances and regulations.

Discussion: A regular license is issued once the plan of correction is approved, confirming the center is in compliance with applicable statutes, ordinances and regulations.

Inspection Procedures: The final decision to issue a regular license is made by the Chief of the Division of Licensing.

Primary Benefit: A regular license is issued to centers that are in compliance with Chapter 11.

Provisional License

11.264

11.264 (a) - A provisional license is issued if the center is in substantial, but not complete, compliance with applicable statutes, ordinances and regulations.

11.264 (b) - An initial provisional license is issued for a specified length of time, not to exceed 6 months.

11.264 (c) - A maximum of three consecutive provisional licenses may be issued to the legal entity for a specific center. The total, cumulative time allowed for all three consecutive provisional licenses will not exceed 18 months.

Discussion: A provisional license is automatically issued if any of the following conditions arise:

1. Area(s) of non-compliance that create immediate jeopardy to the health and safety of clients.
2. A center is not serving clients prior to the expiration of an Interim license.
3. A center is not able to come into, or verify complete compliance prior to expiration of the current license.

With the exception of the above automatic criteria, the decision to issue a Provisional license is made by the Chief of the Division of Licensing and is based on three measurable factors: 1) The number of repeated or continuing citations, 2) The scope of the non-compliance areas and, 3) The number of revisions it takes for a center to submit an acceptable plan of correction.

These three factors are described as follows:

- Number of Repeated or Continuing Citations – Per regulation § 11.281(a)(5), a legal entity or center that is cited for a violation of a regulation that was cited on the previous inspection demonstrates that the center has not followed its previously approved plan of correction and is potentially grounds for the non-renewal or revocation of the license. Repeated citations show a pattern of non-compliance.
- Scope of the Non-Compliance Area(s) – Even if a center has minimal citations, if those citations demonstrate a systemic problem that adversely affects or potentially affects a majority of the center's clients, then a Provisional License is warranted.

- Number of Revisions to the Plan of Correction – Per regulation § 11.262, the legal entity and center is responsible for submitting an acceptable plan of correction. If a plan of correction is rejected for any reason such as incompleteness, failure to submit required verification, etc., that demonstrates a potential lack of understanding of the regulations. A center is given one opportunity to correct a rejected plan of correction. Failure to submit an acceptable plan of correction on a second attempt may lead to the issuance of a Provisional License.

If a center is operating on a third provisional license and after an inspection continues to demonstrate non-compliance preventing issuance of a regular license, that center's license will not be renewed.

Inspection Procedures: The licensing representative conducts the inspections and makes the recommendation for a provisional license. However, the ultimate decision to issue a provisional license lies with the Division Chief. The decision to issue a provisional license is not subject to appeal per regulation 11.291.

Primary Benefit: Centers should strive to return to full compliance and receive a regular license.

Interim License

11.265	<p>11.265 (a) – An interim license is issued to an applicant seeking to operate a center for the first time at a specified location, if the applicant is suitable, the premises are safe and the applicant is likely to comply substantially with applicable statutes, ordinances and regulations prior to expiration of the interim license.</p> <p>11.265 (b) – An interim license is issued for a specified length of time, not to exceed 6 months.</p> <p>11.265 (c) – An interim license is not renewable.</p> <p>11.265 (d) – At the expiration of an interim license for a specific center, the Department may issue to the legal entity a maximum of one provisional license issued for a specified length of time, not to exceed 6 months.</p>
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Discussion: The interim license is the initial license for a center and is issued before the center has any clients. A center can only receive one interim license.

Inspection Procedures: The interim license is based on the initial licensing inspection. All regulations are reviewed except those directly tied to clients as the center should not have any clients at that point.

Primary Benefit: This is the center's initial license and affirms a new center is ready to open.

Preparation of License

11.266	<p>11.266 (a) - The license is issued to the legal entity.</p> <p>11.266 (b) - The license lists the name of the legal entity, the name and address of the center, type of services provided, maximum capacity, title and subchapter of applicable license regulations, the date the regulations were adopted, license number, effective and expiration dates of the license and restrictions, if applicable.</p> <p>11.266 (c) - A provisional license also contains the word "provisional" and indicates whether it is the first or second provisional license issued.</p> <p>11.266 (d) - An interim license also contains the word "interim".</p>
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Discussion: This regulation covers information that must be written on the license and is the responsibility of the Division of Licensing.

Inspection Procedures: The Department has internal processes to assure all required information is on the license.

Primary Benefit: The information provided on the license provides key information to the public.

Posting of the License

11.267	11.267 - The facility shall post the current license in a public place in the center.
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Discussion: Centers must post the current license in a public area of the center.

Inspection Procedures: The licensing representative shall assure the current license is posted in a public place.

Primary Benefit: Allows the public to visually confirm the center is licensed.

Restrictions on the License

11.268	11.268 (a) - A license is not transferable. 11.268 (b) - A license is void if one of the following conditions exist: (1) There is a change in the ownership of the legal entity, name or structure of the center, as set forth in § 11.269 (relating to change in ownership, name or structure). (2) There is a change in the location of the center. (3) There is a change in the profit or nonprofit status of the center.
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Discussion: A license is not transferrable between legal entities. When there is a change in ownership, the new owner is responsible for completing the application paperwork for the new license, even when nothing else changes such as the name of the center and/or staff.

The Department has checklists posted on its website listing the information required for changes in ownership or location. Contact your licensing representative for more information.

These changes must be reported timely per regulations §11.269 and §11.270.

Inspection Procedures: These circumstances will be reviewed for compliance as they occur.

Primary Benefit: Just like a driver's license, the adult day license is not transferrable. It is for a specific owner and center.

Change of Ownership, Name or Structure

11.269	11.269 (a) - The Department shall be notified in advance of a potential change in ownership, licensee or name of the center. Change of ownership includes a sale of a center, a change in corporate structure or controlling interest in a center, and the addition of a partner or other corporate reorganization, including stock transfers.
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Discussion: The legal entity is responsible for ensuring these changes are reported. While some changes require new application paperwork and a license, some changes only require written notification.

A license is not transferrable between legal entities. When there is a change in ownership, the new owner is responsible for completing the application paperwork for the new license, even when nothing else changes such as the name of the center and/or staff.

The Department has checklists posted on its website listing the information required for changes in ownership or location. Contact your licensing representative for more information.

These changes must be reported timely under regulation §11.270.

Inspection Procedures: These circumstances will be reviewed for compliance.

Primary Benefit: These changes impact what is printed on the license. The license is an official document and must be current and correct.

11.269

11.269 (b) - If a license is issued to a partnership and one or more of the partners' dies, the executor or administrator of the deceased's estate, together with the surviving partners, may apply for a license. A complete list of names and addresses of the administrator and partners responsible for the management of the center shall be submitted with the application. This paragraph applies only when the death of a partner constitutes 20% or more of the ownership interest.

Discussion: Whenever a center/legal entity is faced with this situation, please contact the Department to discuss how to proceed. While some of these changes would require a new application and license, there may be some scenarios that would only require written notification of the change without issuing a new license.

Inspection Procedures: These circumstances will be reviewed for compliance as they occur.

Primary Benefit: Ensures the correct legal entity holds the license.

11.269

11.269 (c) - If a person dies who was the sole owner of a center, the executor or administrator of the estate may apply for, and the Department may grant, a license for the center.

Discussion: Whenever a center/legal entity is faced with this situation, please contact the Department to discuss how to proceed with a minimal amount of disruption for the clients served at the center.

Inspection Procedures: These circumstances will be reviewed for compliance as they occur.

Primary Benefit: Ensures the correct legal entity holds the license.

11.269

11.269 (d) - A corporation shall file an exact copy of the articles of incorporation with the Division of Older Adult Daily Living Center licensure.

Discussion: The articles of incorporation are to be submitted with the initial application for licensure. Changes to the articles shall be submitted as they occur.

Inspection Procedures: The articles of incorporation are reviewed as part of the initial application and when changes occur.

Primary Benefit: Ensures corporations operating adult day centers are properly registered in Pennsylvania.

11.269

11.269 (e) - Copies of a fictitious name approval and a charter approval, if applicable, shall be filed with the Division of Older Adults Daily Living Center licensure, as set forth in § 11.231 (relating to application form).

Discussion: Centers that operate "for-profit" are required to file with the PA Department of State for the approval of the fictitious name. This approval must be submitted as part of the initial application for licensure. Changes are to be submitted as they occur. If a center changes from non-profit to for profit, it must file for fictitious name approval.

Inspection Procedures: The fictitious name approval is reviewed as part of the initial application.

Primary Benefit: Ensures for-profit centers file for fictitious name approval with the PA Department of State.

Notification of Change

11.270

11.270 (a) - The legal entity shall notify the Department at least 60 days in advance of the intention to change the legal entity, name, location or profit or nonprofit status of the facility.

Discussion: This notification should be written, however it is acceptable to make the initial notification orally but then follow up with a written notice of these changes.

Inspection Procedures: These circumstances will be reviewed as they occur.

Primary Benefit: Allows the Department and center operator to process any needed changes and ensures all parties have sufficient notice of the change.

11.270

11.270 (b) - If the facility is to be operated under a new legal entity, new name, new location or different status, the legal entity shall complete and submit a new application for a license at least 30 days in advance of the change.

Discussion: This is the time frame for submitting the application paperwork. The notice of the change is covered by regulation 11.270(a). The time frame is when the application paperwork is received by the Department.

Inspection Procedures: These circumstances will be reviewed for compliance as they occur.

Primary Benefit: Ensures there is sufficient time for the new legal entity to submit accurate application forms and other paperwork, and for the Department to issue the new license.

11.270

11.270 (c) - If a change occurs which is not included in subsections (a) and (b)-for example, change in responsible person - the legal entity shall notify the Department within 30 days after the change occurs.

Discussion: The most common change reported that applies to this regulation is change in director. The center has 30 days following when the change occurred to report this change. When in doubt if a change is reportable, contact your licensing representative.

When there is a change in director, the center operator is required to submit proof of the new director's qualifications, criminal history background check, and physical examination report to the Department within 30 days of the change. The new director has 90 days to complete the online directors training course.

Inspection Procedures: Changes reported, and not reported, will be reviewed for compliance as they occur.

Primary Benefit: Ensures all required actions relating to a change are made.

NEGATIVE SANCTIONS

Conditions for Denial, Nonrenewal, or Revocation

11.281

11.281 (a) - One or more of the following occurrences shall constitute a sufficient basis for the Department to deny, refuse to renew or revoke a license:

- (1) Failure of the applicant or the premises to be used as a center, or both, to comply with this subchapter.
- (2) Determination by the Department that the applicant is not a responsible person or that the facility is not appropriately equipped.
- (3) Noncompliance with the act.
- (4) Failure to submit an acceptable plan to correct noncompliance items.

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|--|---|
| | <ul style="list-style-type: none"> (5) Failure to comply with the acceptable plan to correct noncompliance items. (6) Mistreatment, abuse, neglect or exploitation of clients being cared for in the center. (7) Gross incompetence, negligence or misconduct in operating the center. (8) Fraud or deceit in obtaining or attempting to obtain a license. (9) Lending, borrowing or using the license of another center or knowingly aiding or abetting the improper granting of a license. |
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Discussion: Whenever any of these circumstances arise, it will follow a period of communications between the legal entity/center and the Department. Before the decision is made to deny, revoke or non-renew a license, the Division of Licensing will review the situation with the Department's legal counsel.

The Department is responsible for ensuring the health & safety of clients served in adult day centers. Whenever any circumstance arises that involve any of these criteria, the Department will always act with the interests of the clients served in the forefront.

If a determination is made to deny, revoke, or non-renew a license for any of these criteria, the center does have the right to appeal under regulation 11.291.

Inspection Procedures: These circumstances will be reviewed as they occur.

Primary Benefit: Whenever a negative sanction is applied to a center, the action is taken to protect the health and safety of clients.

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| 11.281 | <p>11.281 (b) - One or more of the following occurrences regarding a legal entity, owner, operator or employee shall constitute a sufficient basis for the Department to deny, refuse to renew or revoke a license:</p> <ul style="list-style-type: none"> (1) Conviction for a felony. (2) Conviction for a crime involving abuse, neglect, moral turpitude or physical violence. (3) Being named as a perpetrator in a substantiated case of abuse, neglect or exploitation in accordance with the Older Adults Protective Services Act (35 P. S. § 10211-10224). (4) Operating or maintaining, or both, a center in a manner which is detrimental to the health, morals, welfare or safety of clients or the people of this Commonwealth. |
|---------------|--|

Discussion: Whenever any of these circumstances arise, it will follow a period of communications between the legal entity/center and the Department. Before the decision is made to deny, revoke or non-renew a license, the Division of Licensing will review the situation with the Department's legal counsel.

The Department is responsible for ensuring the health & safety of clients served in adult day centers. Whenever any circumstance arises that involve any of these criteria, the department will always act with the interests of the clients served in the forefront.

If a determination is made to deny, revoke, or non-renew a license for any of these criteria, the center does have the right to appeal under regulation 11.291.

If a center staff person is the cause of the enforcement action, the denial, revocation, or non-renewal may not occur if that employee is terminated. These circumstances will be evaluated on a case-by-case basis.

Inspection Procedures: These circumstances will be reviewed as they occur.

Primary Benefit: Whenever a negative sanction is applied to a center, the action is taken to protect the health and safety of clients.

Violation, Penalty

11.282

11.282 - A person operating a center within this Commonwealth without a license required by the act commits a summary offense and shall, upon conviction, be sentenced to pay a fine of not less than \$50 nor more than \$300, and costs of prosecution, and in default of the payment thereof to undergo imprisonment for not less than 10 days nor more than 30 days. Each day of operating a center without a license required by the act shall constitute a separate offense.

Discussion: The Department will investigate all complaints of an operating an adult day center without a license. If after the investigation it is determined that the center should be licensed and the entity agrees to immediately seek licensure, no further action will be taken.

However if it is determined that the entity should be licensed but refuses to do so, the Department shall contact the PA Office of the Attorney General to file the summary offense and seek the fines specified.

Inspection Procedures: These circumstances will be evaluated as they occur.

Primary Benefit: Adult day centers serve persons with a functional impairment. Entities operating a center without a license are in violation of state law and potentially placing older adults at risk.

APPEALS

Decisions that may beAppealed

11.291

11.291 - The legal entity has the right to appeal one or more of the following:
(1) The denial of a license.
(2) The nonrenewal of a license.
(3) The revocation of a license.

Discussion: The circumstances listed in this regulation are the only actions that can be appealed and brought before the Hearings and Appeals office. Regulatory citations are not subject to appeal.

Inspection Procedures: These circumstances will be evaluated as they occur.

Primary Benefit: Affords the legal entity/operator the right to appeal certain adverse actions.

Written Request for Appeal

11.292

11.292 - The legal entity may appeal a Departmental decision specified in § 11.291 (relating to decisions that may be appealed) under procedures set forth in §§ 3.6-3.11. The provisions of 1 Pa. Code Part II (relating to general rules of administrative practice and procedure) which are not superseded by §§ 3.6-3.11 apply to center appeals.

Discussion: When an enforcement action is taken against a legal entity, the instructions for filing an appeal will be included with the enforcement action letter that is issued. Contact the Division of Licensing if there are any questions.

Inspection Procedures: These circumstances will be evaluated as they occur.

Primary Benefit: Affords the legal entity/operator the right to appeal certain adverse actions.

PART 2:

Regulatory

Issues and

Frequently

Occurring

Situations

Important Disclaimer!

Many of the topics addressed in this section refer to other laws enforced by other state and local agencies, such as the Pennsylvania Department of Human Services or the Department of Labor and Industry, county Health Departments, and zoning officials. The guidance provided in this section relates only to whether the Department of Aging will cite a regulatory violation. The Department cannot offer guidance on compliance with other laws. If you have a question about compliance with other laws, please contact the appropriate agency.

Abuse and Abuse Reporting

Abuse allegations are very serious and require adult day centers to perform several critical actions. Often times instances of abuse occur away from the center and are discovered by center staff.

For the purposes of complying with Chapter 11 and the Older Adult Protective Services Act (OAPSA), abuse includes:

- The infliction of injury on a client by staff or other clients
- Unreasonable confinement
- Intimidation or punishment with resulting physical harm
- Deliberately causing pain or mental anguish
- Sexual harassment, rape, or abuse, as defined in 23 Pa. Code Chapter 61 (relating to protection from abuse)
- Exploitation by an act or course of conduct, including misrepresentation or failure to obtain informed consent which results in monetary, personal or other benefit, gain of profit for the perpetrator, or monetary or personal loss to the client
- Neglect of the client, which results in physical harm, pain or mental anguish
- Abandonment
- Any sexual contact, regardless of consent, between two or more clients, or a client and a staff person

It's important to remember that the center must respond to allegations of abuse as though the allegation were true, even if the report seems far-fetched or unlikely. Many centers have been cited for regulatory noncompliance for failure to take appropriate action in response to an abuse report even if the abuse did not occur.

Upon receiving a report of abuse, centers must:

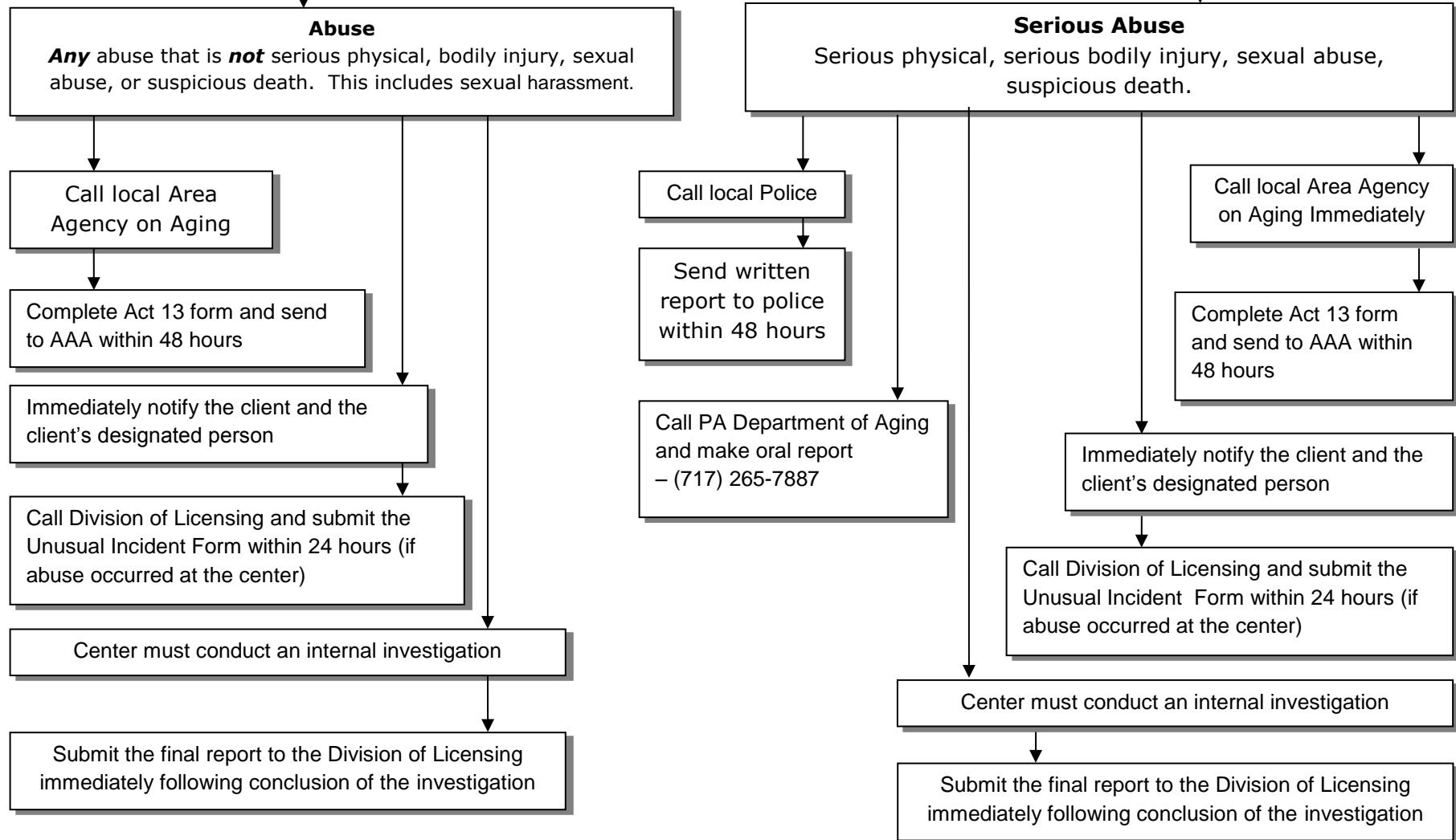
1. Immediately report suspected abuse of a client served in the adult day center in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.101 – 10225.5102) and 6 Pa. Code Sections §§15.21 – 15.22 and 15.151 – 15.157. The "Abuse Reporting Flowchart" on the following page illustrates these requirements.
2. If the report involves a staff person, the center must immediately suspend the staff person involved in the alleged abuse ("Suspend" means restrict access to the center, clients, and records) or place the staff person on a plan of supervision that is developed in conjunction with the Department. Centers may also choose to terminate the alleged perpetrator.
3. If the alleged abuse occurred at the adult day center, report the abuse allegation to the Department in accordance with § 11.16, including the plan to supervise or suspend the alleged perpetrator. If the plan is not acceptable, the Department will notify the center.
4. Immediately report the allegation of abuse to the client and the client's designated person.
5. Begin an internal investigation of the abuse as required by the procedures at § 11.16, unless otherwise directed by the Department.

TO REPORT ABUSE: CALL 1-800-490-8505

Suspected Abuse Reporting and Investigation Requirements

Center directors or employees who have reasonable cause to suspect that an adult day client (*any age*) might be a victim of abuse must comply with the requirements listed below.

If there is an allegation of abuse involving a center's staff person, the center shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident. The center is required to obtain approval for the plan of supervision from the Division of Licensing. The supervision plan or suspension must be in place until both the Division of Licensing, the center, and the AAA conclude the investigation.



Certificate of Occupancy

A certificate of occupancy is a document, issued by the local township or city authority verifying that a building is in compliance with building codes and other laws, and is safe for human occupation. The certificate of occupancy includes a code that describes how the building was constructed. A building's construction determines what the building may be used for. For example, restaurants, movie theaters, and shops are usually rated as "assembly" type construction, meaning that people can assemble there but not live there. Prisons and nursing facilities are rated as "institutional" type construction, because the occupants are unable to leave the premises due to infirmary or incarceration. Each adult day services center must have a certificate of occupancy. Hospitals, assisted living residences, and adult day centers serve persons not capable of self-preservation and are also considered "institutional". This places adult day care in the "Institutional" classification.

The current set of building code regulations in Pennsylvania is the Uniform Construction Code, or UCC. The UCC adopts the standards set forth in the International Building Code, or IBC. The IBC is a set of building codes meant to improve consistent, safe building standards throughout the world. The UCC has been in effect since 2004. Prior to 2004, adult day centers were issued fire safety approvals through regulations adopted under the Fire and Panic Act of 1927.

The International Building Code designation for adult day services is I-4. All adult day center that opened after July 2004 are required to have the I-4 certificate of occupancy code. Adult day centers that were in operation prior to July 2004 are allowed to continue to operate under the prior use codes. The most common older code is "B" for education. This code is frequently seen with older adult training facilities.

Adult day centers that operate within a nursing home or hospital may be issued a code of "DO", which is issued by the Life Safety Office in the Department of Health. This is acceptable.

If a center is operating under an older occupancy code and makes renovations to their building, the new construction may have to be completed per the I-4 standard. It is the responsibility of the center operator to confirm whether or not the entire center is required to meet the standards of the I-4 code when renovations are done.

The I-4 code requires sprinklers in the center. Centers may request variances from specific building requirements of the I-4 code. Those requests are to be made to the local zoning/building inspector. The Department of Aging has no authority in this area.

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA)

The Older Adult Protective Services Act (OAPSA) was passed in 1987 to protect Pennsylvanians age 60 and older who may lack the capacity to protect themselves and who are at imminent risk of abandonment, abuse, exploitation, or neglect. In 1996, an amendment to OAPSA was passed requiring a criminal history check for all employees and administrators of a facility. Facilities are defined by the Act to include: Domiciliary Care Homes, Home Health Care Agencies, Long Term Care Nursing Facilities, Adult Daily Living Centers, Assisted Living Residences and Personal Care Homes. The requirement for criminal history background checks for adult day center staff is stated in regulation § 11.18. However, as adult day centers are covered by OAPSA, the Chapter 15 regulations supersede the Chapter 11 requirements. The specific Chapter 15 regulations are 6 Pa.Code Chapter 15 (protective services for older adults), 15.141 – 15.146.

What Kind of Criminal Background Checks Does OAPSA Require?

All employees, including the owner/operator, hired after July 1, 1998 require a Pennsylvania State Police Criminal Background Check through the PATCH online system.

Employees who do not currently reside in Pennsylvania or who have not held permanent residency in Pennsylvania for the two consecutive years prior to beginning employment also need a report of federal criminal history record information from the Federal Bureau of Investigation ("FBI check") through the online COGENT system. "Permanent residency" means the person's address and primary residence was in the Commonwealth of Pennsylvania. For example, a college student who attends school in California but does not change his/her residency to that state would not need an FBI check, but a college student who attends school in California and becomes a resident of that state would need an FBI check. FBI checks are obtained through the Pennsylvania Department of Aging via the Cogent system.

Who Needs a Criminal Background Check?

All employees hired after July 1, 1998, including:

- Owners and operators who have direct contact with clients
- An owner/operator (including a board member or partner) who has even occasional, direct, unsupervised contact with clients
- Direct care staff
- Ancillary staff (such as housekeeping or kitchen staff)
- A contracted employee such as direct care staff, nurse, etc. who has any type of direct contact with a clients
- Students who work in the center as part of their college course work in exchange for course credit.

Persons who do not need criminal background checks include:

- Employees hired prior to July 1, 1998, who were employed or a continuous period of at least 1 year prior to July 1, 1998.
- Employees who have obtained the necessary checks at one adult day center then transfer to another adult day center that is established or supervised, or both, by the same legal entity operator.
- Employees who are employed by a new center solely through a transfer of ownership of that center.
- An owner/operator (including a board member or partner) who is never on-site at the home
- A contracted employee who has no direct contact with clients or unsupervised access to the clients' at the center.
- Volunteers (though it is recommended if they will have direct contact with clients)
- Family members
- Clients

The criminal history background check is a real time check of the staff person's criminal history. It is recommended that centers adopt of policy of periodic criminal history background checks.

Prohibitive Offenses - OAPSA specifies a list of crimes and types/grades of those crimes that would prohibit an applicant from being hired by the center. These crimes are called "prohibitive offenses." Employees convicted of such crimes are called "prohibitive hires" and may not be employed in an adult day center after July 1, 1998. Remember, in Pennsylvania, "convicted" means "sentenced." An employee who is charged with a prohibitive offense is not a prohibitive hire until convicted of the crime. A list of OAPSA-prohibitive offenses appears at the end of this document.

1. **The "Nixon Decision"** - On December 30, 2003, the Supreme Court of Pennsylvania ruled in Nixon v. Commonwealth, 839 A.2d 277 (Pa. 2003), that the criminal background check provisions in OAPSA are

unconstitutional in regard to some applicants for employment. The Pennsylvania Department of Aging has issued guidance to facilities covered by OPASA. According the policy, centers are to: Obtain a PSP check and/or FBI check showing the prohibitive offense. Determine the date of the conviction and release from incarceration, if any. If the prohibitive offense occurred less than five years ago, the employee may not be hired. If the prohibitive offense occurred more than five years ago, continue to #2.

2. Interview the applicant and obtain information from the applicant about the circumstances surrounding the prohibitive offense.
3. Obtain evidence of the applicant's minimum five-year aggregate work history in care-dependent human services, without incident, from either the date of conviction or release from incarceration, whichever is later. Evidence must include third-party documentation, such as pay stubs or W-2 forms.
4. Contact any/all past employers of the applicant and obtain written verification of incident-free employment and to conduct a character reference check.
5. Retain the above information in a confidential file available for review by the Department of Aging at any time.

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA) continued

The Hiring Process - When hiring a new employee, the center must determine if the applicant has held permanent residency in a state other than Pennsylvania within the past two years and request the appropriate criminal background checks from the Pennsylvania State Police and FBI on or before the first day of work.

If desired, a center may employ a person on a provisional basis pending receipt of the criminal background checks. Employees may be provisionally retained for 30 days pending receipt of the state police check, and for 90 days pending receipt of an FBI check. The 30 or 90-day clock starts on the applicant's employment date, defined as the first day of work according to the center's payroll record. The following requirements must be met for all provisionally-hired employees:

- The applicant shall have applied for a criminal history report and provided the center with a copy of the completed request forms. Note: the center may file for the background check on the applicant's behalf.
- The center shall have no knowledge about the applicant that would disqualify the applicant from employment.
- The applicant shall swear or affirm in writing that the applicant is not disqualified from employment under the act.
- The provisionally employed applicant shall receive an orientation which provides information on policies, procedures and laws that address standards of proper care and recognition and reporting of abuse or neglect, or both, of recipients. This may be the training required by § 15.146.
- The center shall regularly supervise the applicant carrying out assigned duties. The results of the observations shall be documented in the employee's personnel file. "Regularly supervise" means that the provisionally-hired employee does not have unsupervised contact with clients.

The criminal background checks will almost always be returned within the 30- or 90-day periods. If criminal history checks are delayed due to the inability of state police or FBI to provide a timely response, the center should contact the Department of Aging at (717) 265-7887 for direction.

Interpreting Check Results - There are five possible background check results. Each result requires a different action:

1. No Record – The employee has no criminal record and may be hired.
2. Record Attached (no prohibitive offenses) – The employee has a criminal record, but does not have prohibitive offenses. The employee may be hired.
3. Record Attached (with prohibitive offenses) – The employee has a criminal record with one or more convictions for prohibitive offenses. The employee may not be hired unless the provisions of the Nixon decision can be applied.
4. "Disposition under Review" or "Disposition Unreported" – The employee has a criminal record, but the charges, the type/grade and/or outcome of the charges are not listed.
 - If the charges are listed and one or more of them are prohibitive offences regardless of grade or type, the employee may not be hired unless the provisions of the Nixon decision can be applied.
 - If the charges are listed and none of the charges are prohibitive, the employee may be hired.
 - If the charges are listed and the offenses may be prohibitive depending on the type/grade, the employee may complete the remainder of the provisional hiring period until evidence showing the type/grade is obtained. If the information is not obtained at the end of the 30- or 90-day periods, the employee must be suspended or terminated.
 - If the charges are not listed, the employee may complete the remainder of the provisional hiring period until evidence showing the type/grade is obtained. If the information is not obtained at the end of the 30- or 90-day periods, the employee must be suspended or terminated.
 - Information about missing charges or types/grades of offenses can be obtained from the municipality in which the person was charged.
5. "Adjudicated Delinquent" – An adjudication of delinquency is not a criminal conviction. If the center is not sure whether the background check shows a criminal conviction or an adjudication of delinquency, it should instruct the applicant to obtain additional documentation about the offense.

Centers should contact the Department of Aging's criminal history background check office at (717) 265-7887 with questions about interpreting a criminal background check.

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA) continued
Prohibitive Offenses in OAPSA

Crime Code	Description of Prohibitive Offense	Type/Grade
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5903C	Obscene or Other Sexual Materials to Minors	Any
CC5903D	Obscene or Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any
CC3901	Theft	One (1) felony OR two (2) misdemeanors within the 3900 series (CC3901-CC3934)
CC3921	Theft By Unlawful Taking	
CC3922	Theft By Deception	
CC3923	Theft By Extortion	
CC3924	Theft By Property Lost	
CC3925	Receiving Stolen Property	One felony conviction for CC3901 = PROHIBITED OFFENSE
CC3926	Theft of Services	
CC3927	Theft By Failure to Deposit	
CC3928	Unauthorized Use of a Motor Vehicle	
CC3929	Retail Theft	
CC3929.1	Library Theft	Two misdemeanor convictions for CC3921 = PROHIBITED OFFENSE
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	
CC3929.3	Organized Retail Theft	
CC3930	Theft of Trade Secrets	
CC3931	Theft of Unpublished Dramas or Musicals	
CC3932	Theft of Leased Properties	One misdemeanor conviction for CC3924 in 1999 AND one misdemeanor conviction for CC3931 in 2004 = PROHIBITED OFFENSE
CC3933	Unlawful Use of a Computer	
CC3934	Theft From a Motor Vehicle	

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA) continued**Prohibitive Offenses in OAPSA**

Crime Code	Description of Prohibitive Offence	Type/Grade
CC5902B	Promoting Prostitution	Felony
CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35 (i), (ii), (iii)	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
CS13Axx*	Any other CS13A-- conviction appearing on a PA rap sheet	Felony

Cross-Reference of Applicable Regulations:

§ 11.18 – Criminal History Record Check

Egress: Obstructions, Locks, and Courtyards

Obstructed Egress - "Egress" means "a way to exit the building," and "Obstructed Egress" simply means, "blocked exits or exit routes." It is important to keep exits unblocked so people can evacuate in an emergency situation. An obstructed egress route can be as obvious as chained, padlocked exit doors or as subtle as furniture or other objects that would create a "choke point" if multiple clients and staff were attempting to escape at the same time. If a door appears to be an exit it must be unlocked, unblocked, and marked as an exit. If a door is not being used as an exit, it must not appear as an exit. The best way to determine if a door appears to be an exit is to ask yourself if you would run towards it if the building was on fire; if the answer is yes, then it appears to be an exit. All potential exits must be evaluated as part of a center's annual fire safety inspection.

The use of the exit must be consistent; a center cannot use it as an exit sometimes and then close it off at other times. Changes to the means of egress must be cleared by local fire safety authorities. To do otherwise would be confusing to staff and clients in the event of an emergency.

Centers may lock a door to protect the clients from unauthorized entrance from the outside, as long as the door is not locked while exiting from inside the center. In other words, the door can be locked to keep people out, but not to keep people in.

Locks/Devices that do not impede egress

- Locks that prevent people from entering the center but do not prevent people from leaving (such as security locks that prevent unauthorized access to the center from the outside).
- Doors that require a keypad code to open, but will immediately open in the event of an emergency. Verification of this is required.
- Alarms or other signaling devices that alert staff persons that there has been a breach in the exit path or door.

Locks/Devices that impede egress and are not permitted

- Key-locking devices, including key-operated deadbolts
- Locking devices requiring a card to be swiped

Delayed Locking Devices - A delayed locking device is one that opens after a time-delay of any length. The most common devices of this type are those that require pressure on a "panic bar" for 15-20 seconds. Use of these doors are permitted if:

1. There is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the system (to ensure compliance with § 11.81).
2. There is a statement specific to the center from the manufacturer, lock service company or an architect who has inspected the lock verifying that the electronic or magnetic locking system will shut down and that all doors will open easily and immediately when there is a signal from an activated fire alarm system, heat or smoke detector, and/or power failure to the home (to ensure compliance with § 11.81).

Fire Drills and Evacuation

Conducting fire drills is very important. If drills are not practiced regularly and accurately, injuries and fatalities may result if an actual fire occurs. There are four key points to remember about fire drills:

1. It's very important that clients and staff take treat every alarm as if it was a real fire, because it *may well be real*. Assuming that an alarm is sounding because of a drill or malfunction can be a deadly mistake. It is for this reason that fire drills must be unannounced. If people know in advance that a drill will be held, they will:
 - Be prepared to take action, when in a real fire they would not be ready to act.
 - Evacuate more slowly than they would in the event of a real fire
 - Be tempted to ignore the alarm, which they would certainly not do in a real fire.
2. A fire can start at any time. As a result, centers must know that staff and clients can evacuate under the worst possible conditions. While it may seem unkind to conduct fire drills during inclement weather or at specific times of the day, practicing under such conditions is the best test of a center's ability to safely evacuate clients – and offers the peace of mind that comes with knowing that the center has taken every possible step to protect client and staffs' lives.
3. No two fires are alike. Fires can start anywhere in the center or in an adjoining building. When practicing evacuation during fire drills, centers must vary the location of the fire and the exit routes used to ensure that staff and clients are prepared to respond to different fire scenarios.
4. Make sure your fire/emergency policy is up to date and reflects both your actual evacuation plan and is updated based on experience learned from drills.
5. For a fire drill to count as a drill, it must include a full evacuation to the emergency evacuation location.

Scheduling the Drill - In order to be "unannounced," fire drills must be held without any notice to the clients or to staff persons, other than the staff person responsible for setting off the alarm/detector and recording the results and the director. The Department recommends that the center director develop a schedule of fire drills for the training year to help ensure the drills are held on different days of the week, at different times of the day, not routinely held when additional staff persons are present and not routinely held at times when client attendance is low. Only the person(s) responsible for setting off the alarm/detector and recording the results should be informed of the drill; the drill is no longer "unannounced" if staff responsible for evacuating clients know that a drill will occur or is occurring. If the center is equipped with an alarm that is connected to the local fire department or 24-hour monitoring service, remember to put the system on "test" or otherwise inform first responders that a drill will be held.

Conducting the Drill / Evacuation - Simply put, a drill is conducted by placing a "simulated fire" somewhere in the center, sounding the alarm, and evacuating clients and staff. Remember that all persons in the center must participate in each fire drill, meaning that all everyone in the center must respond to the alarm and evacuate outside the building or to the designated fire safe area.

Some centers have fire safe areas, usually separated from other parts of the building by fire safe doors. Centers are required to provide the Department with verification of the fire safe areas and the amount of times clients and staff can remain there.

Accounting for clients and staff after they arrive at the designated meeting places is essential. Communication between internal fire-safe areas is required so that all persons can be accounted for. For example, imagine a center located within a larger facility serving 40 clients and other residents that is equipped with 3 fire safe areas. If the fire alarm sounds, the 40 clients will evacuate to one of the three areas. Without a communication system, there is no way to verify that all clients have successfully evacuated.

Recording Drill Data - Remember to fully document fire drills in accordance with regulation § 11.88 which requires that specific information about fire drills be recorded, as follows:

- Date. This means the month, day and year in which the fire drill was conducted.
- Time. This means the time of day, including designation of AM / PM or 24-Hour time format.
- The amount of time it took for evacuation. See "Timing the Drill" above.
- The exit route used. This means all exit routes used except for the route that is "blocked" by the simulated fire.
- The day of the week. This means Monday, Tuesday, and so forth.
- Problems encountered. This can include residents who refused to evacuate, a staff person who failed to

accurately perform his/her duties, or any other events that impacted the evacuation. Problems should be recorded in detail, as awareness of problems will allow the center to remedy them.

- Whether the fire alarm or smoke detector was operative.
- The number of clients evacuated. (recommended)
- The number of staff persons participating. (recommended)

When a Client Refuses to Evacuate - Clients occasionally refuse to evacuate during fire drills. This may be due to personal choice, mental illness, a behavioral disorder, or some other reason. There are several steps a center can take to ensure client cooperation and remain in regulatory compliance:

1. Explain the importance of fire drills during the admission process. Remind both clients and their designated persons that drills are not meant to be a nuisance – they are meant to save lives.
2. Make participation in fire drills part of the center's rules.
3. Determine why the client isn't evacuating. In some cases, a treatable condition such as a previously-unidentified hearing ailment or Arsonphobia (fear of fire) may be the cause of the refusal. Consider discharge for chronic refusal. Posing a danger to oneself and repeated, documented violation of the center's rules are grounds for discharge pursuant to § 11.110. Refusal to evacuate during a fire poses a threat to oneself, and documentation of refusal to evacuate during more than one drill is sufficient documentation of rule violation. While no one wants to discharge an otherwise-cooperative client, continued noncompliance with this regulation may lead to licensing enforcement action.

Plans of Correction: Developing, Implementing, and Verifying Compliance

In order for the Department to issue any license, centers must submit or agree to an acceptable plan of correction (POC). But what makes a plan of correction acceptable? Each inspection, licensing inspection report, and POC is unique. The specific details of a violation of any individual regulation differ from center to center and from inspection to inspection.

As a result, there is no single POC that can be universally applied to all situations. Nevertheless, developing an acceptable POC always includes the following steps:

- 1. Review the benefit(s) of the regulation** - Compliance with a regulation is difficult if not impossible unless the center understands why the regulation was written in the first place. In some cases, the reason for the regulation is obvious while in other cases the reason for the regulation may not be as clear.
- 2. Review the violation of the regulation** - If the center is writing a plan of correction, then that means the center received a license inspection summary report. Before writing a plan of correction, the center should carefully review the Department's findings for Frequency, Seriousness, Potential of Recurrence, and Repeat Status.
 - **Frequency** means the number of actual events that led to the issuance of a violation. Were 5 medical evaluations past-due, or only one? Was the care plan review overdue for all clients last year, or only a small number of clients affected? More events are typically indicative of the need for a detailed, targeted POC and a period of time to pass with no additional events of the citation to ensure that the planned correction was successful.
 - **Seriousness** means the seriousness of the citation. For example, a center may be in violation of § 11.67 because a chair in a program area was torn and in poor condition (less serious), or because a shower of sparks issued from a light switch when the switch was activated (more serious). The greater the severity of the violation, the more steps the center must take to demonstrate full compliance.
 - **Potential for recurrence** means the likelihood that the circumstances resulting in a citation will occur. For example, if a center is missing a grab bar in a single toilet area and subsequently installs the bar (and checks every other toilet area to ensure that bars are present), then the potential for recurrence of that violation is low. Conversely, a center with a medication violation that administers multiple medications to numerous clients several times per day presents a high potential for recurrence. POC detail and length of time required to demonstrate compliance increase as the potential for recurrence increases.
 - **Repeat status** means whether a citation of the same regulation was previously found. Repeated violations will require more detailed POCs and may require more time to elapse before full compliance can be determined. Repeated violations may lead to a provisional license or even non-renewal of a license if there is an on-going pattern of repeated citations (§11.281(a)(5)).
- 3. Fix the immediate problem** - The license inspection summary (LIS) report will always cite a specific problem, such as a broken chair or water that is too hot. The first step towards compliance is fixing exactly what the Department found. Unfortunately, many centers stop there, which prevents the Department from accepting the plan.
- 4. Determine the root cause of the violation** - If the Department found that the water in a bathroom area was too hot, the center will of course adjust the settings on the hot water heater - *but centers must determine how the settings were too high in the first place to prevent the problem from happening again.* This process is called a "root cause analysis." Was the water too hot because the maintenance person does not know the maximum allowable temperature, or because a repairperson accidentally changed the setting while performing routine maintenance? The importance of this step cannot be understated.

Plans of Correction: Developing, Implementing, and Verifying Compliance continued

5. Prevent future occurrences - Once centers understand what caused the problem, they can develop a long-term plan that includes changing practice, teaching, and ongoing monitoring.

- **Changing practice** means developing a new way to do business without violating a regulation. If the water was too hot because the water heater was malfunctioning and the heater was replaced to fix the immediate problem, the new hot water heater needs to be regularly checked to ensure that it is functioning properly in order for the home to avoid future violations.
- **Teaching** means making sure that everyone involved with regulatory compliance is aware of their roles and responsibilities, especially if the center's business practice has changed. Teaching will primarily involve staff, but clients and/or families may need to be instructed about changes as well. For example, if some clients had overdue physical examinations, both clients and responsible parties will need to be reminded of the importance of having the physical examination completed timely.
- **Ongoing monitoring** means verifying that the center is in compliance with both the regulation and the new business practice created to maintain compliance. Ongoing monitoring may need to be completed for a limited period of time or for the duration of the center's operation depending on the specific violation.

6. Designate responsibility and specific target dates for correction - It's critical that a specific person or persons be accountable for compliance. A general promise that water temperature will be monitored will not be effective – someone must be responsible for doing the monitoring, and must be rewarded or reprimanded based on the quality of his/her job performance. Moreover, specific dates by which correction tasks will be completed are required in order to effectively monitor plan completion and, ultimately, determine full compliance.

7. Get help! Remember, centers are not without technical assistance resources when developing a plan of correction. The center may contact their regional licensing representative for help in developing a POC. The most successful centers are those that ask for help.

8. Writing the Plan of Correction – The written plan must address, at a minimum the following for each citation noted on the inspection summary:

- a. A concise plan to correct each area of non-compliance
- b. The person(s) responsible for the implementation and continued compliance of the plan
- c. The date the plan was completed
- d. The method(s) implemented to ensure the violation will not occur again
- e. An indication that supporting documentation is attached, if applicable. Examples of supporting documentation include, but are not limited to: (1) staff in-service trainings, (2) policy, procedure and form revisions, (3) physical examination forms, (4) photographs, (5) work orders and receipts.

Can centers dispute a finding on the Licensing Inspection Summary? While citations cannot be appealed, centers may discuss disagreements with their inspector and may document disagreement with a citation (just not on the written plan of correction). Centers must provide a plan to correct each citation in addition to any statement(s) disputing the report's findings. Remember, the Department may not issue any kind of license without an approved plan of correction. Some centers have expressed concern that the Department will use the plan provided as evidence that the violation existed – in other words, that providing a plan is an "admission of guilt." The department cannot do this, since the law requires you to produce a plan.

Be professional! The approved plan of correction is posted on the Department's website to be viewed by the general public. The Department understands that sometimes a center will not agree with a citation. The plan of correction is not the place to vent frustrations or disagreements. If you want to voice your disagreement, do it separately from the plan of correction. In most cases a plan of correction will be returned if it contains unprofessional language. How do you want the public to see your plans of correction? What would look better to the public, seeing a professional and comprehensive plan of correction, or a plan filled with frustrated commentary?

Do not use names. As the plan of correction is posted online, we request that centers refrain from writing staff or client names. The Department will refer to staff and clients on the license inspection summary as Client#1, Client #2, Staff #1, Staff #2, and so forth. It is ok to use titles for staff. Plans of correction that contain client and staff names will be returned.

Clearly, it is in the center's best interest to fully implement the POC, because failure to implement a POC is evidence of continued noncompliance, and *by law, the Department must issue a provisional license if a center is not in complete compliance with all regulations! Depending on the circumstances the Department may also deny, revoke or refuse to renew the license.*

When a center submits a POC, the center should assume that the POC is acceptable and begin implementing the plan. Meanwhile, each POC is reviewed first by the regional licensing representative, then the Chief of the Division of Licensing to determine if it is acceptable. If the plan is significantly unacceptable for one or more regulations, the Department will contact the center by phone or letter to inform the center of the unacceptable plan. The licensing representative will reject the POC and issue a letter to the center explaining which plans were rejected and explain what is still needed for the plan to be accepted. A new deadline for submitting a revised POC will be established.

When a license inspection summary is issued to the center, the center is informed by the letter accompanying the report to submit evidence of compliance with the plan along with the POC. The more evidence a center submits, the easier it will be to determine compliance and issue a license. Examples of evidence include:

- **Documentation produced by the center.** This evidence type includes new written policies, sign-in sheets showing attendance at staff trainings, client care plans or medical reports, maintenance logs, and any other internal documents.
- **Documentation produced by an external source.** This evidence type is extremely reliable, as it is generated by impartial third parties. Examples include bills and invoices for equipment, materials, or labor; written statements or letters from professionals who participated in the plan's implementation (such as fire-safety experts or outside training sources); and documents confirming future appointments (such as medical appointments or on-site repair work).
- **Photographic and video evidence.** Pictures and videos are good sources of evidence that the center has made repairs or improvements to the physical site and grounds.

Some kinds of evidence are not useful to demonstrate compliance. Evidence that is not useful includes:

- **Statements of support from client, family members, or public officials.** While feedback from the community is valuable to the center, it does not serve as evidence of regulatory compliance.
- **Promises to comply.** Written statements from the director where a promise is made to comply with the regulation is not factual evidence.
- **The plan of correction alone.** Some centers believe that submitting a plan to correct violations is sufficient to demonstrate compliance. This is not the case. Following the plan leads to compliance, so evidence of following the plan is required.

It is strongly recommended that centers contact their licensing representative after submitting a plan of correction to verify that the plan was received, to verify that the plan was acceptable, and to ask what information is needed to demonstrate full or adequate compliance with the plan.

In summary, when managing plans of correction, centers should:

- Develop a strong plan of correction using the steps above
- Submit solid evidence of both immediate and long-term compliance

PART 3:

Appendices

APPENDIX A: Reportable Incidents

Reportable incidents and conditions include (§ 11.3):

- (1) Criminal infractions.
- (2) Injury, trauma or illness of a client requiring treatment at a medical facility.
- (3) Abuse or suspected abuse of a client.
- (4) Violation or suspected violation of a client's rights in § 11.9.
- (5) A client who is missing and presumed to be at risk.
- (6) Misuse or suspected misuse of client funds or property.
- (7) Outbreak of a communicable disease as defined in 28 Pa.Code § 27.2 (relating to specific identified reportable diseases, infections and conditions). See Appendix C for a list of communicable diseases.
- (8) An incident involving a fire department or circumstances requiring police action.
- (9) A condition, except for snow or ice conditions, that results in closure of the facility for more than one scheduled day.
- (10) Neglect or suspected neglect of a client.

The above criteria are reportable if they occur at the center.

Report orally to your licensing representative or Harrisburg (717-214-6716) within 24 hours of occurrence the following:

- (1) Abuse or suspected abuse
- (2) Incident involving a fire department or police action

All unusual incidents must be reported in writing to the Division of Licensing within 3 working days of the incident. Submit all incident reports to the Division of Licensing via email to ADLC-UIReport@pa.gov

Do not send any incident reports using an online encryption program that requires the Division of Licensing to create a login and password. If using one of the online encryption systems like Zixcorp, deactivate the requirement to create a login or password.

Contact your licensing representative when in doubt if something is reportable.

APPENDIX B: Examples of Applicable Laws

Note that this list is not exhaustive and other laws, ordinances, and regulations may also apply to the home pursuant to 55 Pa. Code § 2600.18.

- (1) 35 P.S. § 10225.101, et. seq., known as the Older Adult Protective Services Act. (governed by Department of Aging)
- (2) Act 28 of 1995, 18 Pa. C.S.A. §2713, known as the Neglect of Care-Dependent Persons Act. (governed by Department of Aging)
- (3) Act 171 of 2002, 35 P.S. § 10226.101 – 10226.107, known as the Elder Care Payment Restitution Act. (governed by Department of Aging)
- (4) Pennsylvania Human Relations Act (43 P.S. § 951 – 962.2). (governed by Human Relations Commission)
- (5) Age Discrimination Act of 1975 (42 U.S.C.A. § 6101 - 6107). (governed by Human Relations Commission)
- (6) Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. § 2000d - 2000d-4a). (governed by Human Relations Commission)
- (7) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794)
- (8) American with Disabilities Act of 1990 (42 U.S.C.A. § 12101 - 12514). (governed by Department of Labor and Industry)
- (9) 6 Pa.Code Chapter 15, known as the Protective Services for Older Adults regulations. (governed by Department of Aging)
- (10) 25 Pa.Code Chapter 109, known as the Safe Drinking Water Act. (governed by Department of Environmental Protection). Any personal care home that obtains water from a private well (not on public water) and that serves 25 or more individuals daily (including the number of daily staff on all three shifts, all residents, and all other household members) at least 60 days of the year is required to obtain a permit from DEP.
- (11) 28 Pa.Code Chapter 27, known as the Communicable and Non-communicable Diseases regulations. (governed by Department of Health)
- (12) 35 P.S. § 637.1 – 637.11, known as the Clean Indoor Air Act regulations.

APPENDIX C: Serious Communicable Diseases as defined in 28 Pa.Code § 27.2

The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:

Animal bite.	Hemorrhagic fever.
Anthrax.	Lead poisoning.
Arboviruses.	Legionellosis.
Botulism.	Measles (rubella).
Cholera.	Meningococcal invasive disease.
Diphtheria.	Plague.
Enterohemorrhagic E. coli.	Poliomyelitis.
Food poisoning outbreak.	Rabies.
Haemophilus influenzae invasive disease	Smallpox.
Hantavirus pulmonary syndrome.	Typhoid fever

The following diseases, infections and conditions are reportable within 5 working days after being identified by symptoms, appearance or diagnosis:

AIDS.	
Amebiasis.	
Brucellosis.	
CD4 T-lymphocyte test result with a count of less than 200 cells/ μ L or a CD4 T-lymphocyte percentage of less than 14% of total lymphocytes (effective October 18, 2002).	
Campylobacteriosis.	
Cancer.	
Chancroid.	
Chickenpox (varicella) (effective January 26, 2005).	
Chlamydia trachomatis infections.	
Creutzfeldt-Jakob Disease.	
Cryptosporidiosis.	
Encephalitis.	
Giardiasis.	
Gonococcal infections.	
Granuloma inguinale.	
Guillain-Barre syndrome.	
HIV (Human Immunodeficiency Virus) (effective October 18, 2002).	
Hepatitis, viral, acute and chronic cases.	
Histoplasmosis.	
Influenza.	
Leprosy (Hansen's disease).	
Leptospirosis.	
Listeriosis.	
Lyme disease.	
Lymphogranuloma venereum.	
Malaria.	
Meningitis (All types not caused by invasive Haemophilus influenza or Neisseria meningitis).	
Mumps.	
Pertussis (whooping cough).	

Psittacosis (ornithosis).
Rickettsial diseases.
Rubella (German measles) and congenital rubella syndrome.
Salmonellosis.
Shigellosis.
Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease.
Streptococcal invasive disease (group A).
Streptococcus pneumoniae, drug-resistant invasive disease.
Syphilis (all stages).
Tetanus.
Toxic shock syndrome.
Toxoplasmosis.
Trichinosis.
Tuberculosis, suspected or confirmed active disease.
Tularemia.

28 Pa.Code § 27.21 specifies the Pennsylvania Department of Health reporting procedures for communicable and non-communicable disease.

- ▶ Reporting of these diseases and conditions is required only if there is a written diagnosis by a physician and only if the initial diagnosis occurred after the resident moved into the home.
- ▶ Reporting of cancer is required only if the cancer was diagnosed by a physician after the client was admitted and if there are more than two cases of the same type of cancer diagnosed within the past year. It is important to look for any environmental causes of cancer and contact health authorities and/or DEP.
- ▶ It is not necessary to report the name of the staff person who is responsible for a specific medication error as long as the center documents the staff name in the center's written documentation as required in § 11.144.
- ▶ An outbreak of MRSA is not required to be reported as per the Department of Health's list of reportable diseases; therefore, MRSA cases or outbreaks are not required to be reported to the Department.

If it is suspected that there is a risk to the health and safety of other clients due to an outbreak of a reportable disease, the regional licensing inspector should consult with the Division Chief. The supervisor should immediately contact the local health department and report the incident. The inspector should remind the provider to follow universal precautions as well as any instructions provided by the local health department. If the local health department cannot be reached, the supervisor should contact the State Department of Health, Division of Infectious Disease Epidemiology at: (717) 787-3350.

HIPAA (Health Insurance Portability and Accountability Act) does not preclude the center from sending these reports related to the health or condition of an individual resident, including a death certificate, to the Department. As a state licensing (oversight) agency, the Department is permitted free and full access to resident information.

APPENDIX D: Inspection Procedures and Methodology

Licensing is a comprehensive practice. To properly assess a center's operation and service to clients, inspectors must do more than check individual items for compliance or noncompliance. The inspector must consider how the regulations interact within the center to produce the best possible outcome for clients. While inspection procedures may vary based on the type of inspection or circumstances related to a specific center or event, inspectors will generally apply the procedures described in this narrative when conducting an inspection.

General Information

- Division of Licensing staff will wear or carry their Commonwealth ID badges in a conspicuous place at all times while on-site for the benefit of center staff and clients
- Division of Licensing staff will perform their duties in a dignified, respectful, and professional manner

Entering the Center

Upon entering the center, inspectors will ask to meet with the center director. If the director is not available, inspectors will ask to meet with the director's designee, and will suggest that the designee notify the director, owner, or operator of their presence. Inspectors will then request to conduct an entrance conference with the director or designee.

Conducting the Entrance Conference

An entrance conference is a meeting between the Licensing Representative and the provider at the beginning of the inspection. During an entrance conference, the Licensing Representative will explain what will occur during the inspection and what is expected of the provider.

Points to Discuss During an Entrance Conference:

1. The inspector shall introduce themselves to the director and appropriate staff.
2. Discuss how the inspection will be structured for the day. For example, the inspector plans to inspect the policies/procedures, client records and medications in the morning and inspect the physical site, fire safety information and staff records in the afternoon.
3. The center director will be asked for the required materials listed on the OADLC Inspection Checklist. If materials were not gathered, the center operator will be reminded that the checklist instructs centers to gather materials prior to the Department's arrival.
4. Review application paperwork. Confirm the center name, legal entity name, client enrollment information, whether the center received a complaint of discrimination, if civil rights paperwork was submitted to another agency, and the center director's email address. Ensure the forms are signed and consistent. Confirm that the fee/check is made out to the Commonwealth of PA and is for the correct amount.

5. The inspector shall have an exit conference at the conclusion of the inspection, but the exact time may change depending on the availability of materials, staff, etc.
6. The center director may invite other staff to the exit conference, as long as staff to client ratios are maintained.
7. The inspector shall explain that staff and clients may be formally or informally interviewed.
8. The inspector shall discuss upcoming projects (if any) and update the center on new Department memos or bulletins (if applicable). The inspector will ask the director if he/she has received the memos or bulletins from the department.

Conducting the Inspection

There is no set order regarding what regulatory areas are examined in which order. Inspections involve reviewing significant amounts of documentation, conducting a physical site inspection, observing activities and meals, interviewing clients and staff, reviewing medications, transportation, and other areas as necessary.

Adult day licensing renewal inspections are announced inspections. The center knows we are coming. When the inspection is scheduled, the licensing representative will send an confirmation email to the center director and include a checklist of information that is to be gathered and available to the inspector that day.

Occasionally we encounter situations where some item required to verify compliance cannot be located. The licensing representative shall inform the center director immediately of the outstanding or missing item. If the missing item cannot be located before the inspector completes the exit conference and concludes the inspection, it will lead to a regulatory citation for that missing item if it was required to verify compliance.

Conducting the Exit Conference

If the inspection will last more than one day, inspectors will conduct a partial exit conference with the director/designee at the end of each day on-site. Inspectors will explain the progress of the inspection, including what has been and what remains to be done and when the inspectors will return to complete the inspection.

Inform the center director that they can include any staff they wish to attend the exit conference. Provide a sign in sheet to verify who attends the exit conference.

During the final exit conference, inspectors will:

1. Provide their contact information for themselves and the Division Chief. Instruct the center to contact the inspector with questions and instruct the center to contact you're the Division Chief if an issue cannot be resolved.
2. Discuss all possible citations. Provide the applicable regulation number(s) and explain why the center received the citation. Give examples of acceptable supporting documentation.

3. Explain your supervisor will review the LIS prior to issuance. As a result, citations may vary slightly.
4. Explain each client or staff person who will be referenced on the LIS will be identified by a number for confidentiality as Plans of Correction (POC) are posted online. Provide the corresponding number. For example – Helen Jones will be Client #1, Mike Smith be Staff #1, etc. Inform the center that a POC will be rejected if names or initials appear on the document.
5. Discuss the plan of correction procedure.
 - a. Explain the LIS and cover letter will be issued electronically to the director and that a read receipt will be attached to ensure delivery. The center has 10 calendar days from the date the LIS is issued to submit an acceptable POC.
 - b. Explain the cover letter includes directions for completing a POC and examples of supporting documents.
 - c. Explain future completion dates will not be accepted. Examples of exceptions include an extensive physical site renovation, a policy/procedure revision that requires board approval, or in instances when the center is waiting on outside parties to return paperwork. In those cases, the center may submit a plan stating the expected completion date and a copy of bid proposals or a draft policy/procedure respectively.
 - d. Instruct the center to reference the corresponding regulation number in Column #4 of the LIS and to reference the corresponding regulation number on supporting documents.
 - e. Remind the center that the plan of correction is a public document that will be posted online and is a direct reflection of the center.
 - f. Instruct the center to review the approved POC with staff.
6. Provide constructive, verbal recommendations. For example – creating/revising a provisional hire policy, establishing an advisory committee, etc.
7. Provide technical assistance as needed.
8. Provide an opportunity for staff to ask questions. Remind staff they may contact you after the conference with additional questions.
9. Discuss the possibility of a provisional license, if applicable. Explain your supervisor will make the final decision.

Important – The inspector shall address issues affecting the immediate health and safety of clients with the center director upon discovery.

APPENDIX E: Adult Day Care Center Self-Inspection Worksheet

This tool is similar to the licensing scoresheet that inspectors use to measure compliance during inspections. To complete a self-inspection of your adult day center, use the inspection procedures described in Appendix D. Circle the appropriate finding after each regulation. Describe any violations found on the "Findings" page.

C = Compliant V = Violation NM = Not Measured NA = Not Applicable

GENERAL PROVISIONS		16e	C	V	NM	NA	Incident record retention				
		17a	C	V	NM	NA	Reporting of deaths				
1	C	V	NM	NA	Purpose	17b	C	V	NM	NA	Reporting of deaths
2a	C	V	NM	NA	Applicability	17c	C	V	NM	NA	Reporting of deaths
2b	C	V	NM	NA	Applicability	18a	C	V	NM	NA	Criminal history check
2c	C	V	NM	NA	Applicability	18b	C	V	NM	NA	Criminal history check
2d	C	V	NM	NA	Applicability	18c	C	V	NM	NA	Criminal history check
2e	C	V	NM	NA	Applicability	18d	C	V	NM	NA	Criminal history check
2f	C	V	NM	NA	Applicability	18e	C	V	NM	NA	Criminal history check
3	C	V	NM	NA	Definitions	19a	C	V	NM	NA	Discrimination
4a	C	V	NM	NA	Admission criteria	19b	C	V	NM	NA	Civil Rights Policies
4b	C	V	NM	NA	Admission criteria	20a	C	V	NM	NA	Grievance procedures
4c	C	V	NM	NA	Admission criteria	20b	C	V	NM	NA	Grievance procedures
4d	C	V	NM	NA	Admission criteria	21a	C	V	NM	NA	Emergency procedures
5a	C	V	NM	NA	Waivers	21b	C	V	NM	NA	Emergency procedures
5b	C	V	NM	NA	Waivers	22	C	V	NM	NA	Insurance Coverage
5c	C	V	NM	NA	Waivers	23	C	V	NM	NA	Survey Questionnaire
5d		STAFFING									
6	C	V	NM	NA	Service Goals	31a	C	V	NM	NA	Staff requirements
7	C	V	NM	NA	Nondiscrimination	31b	C	V	NM	NA	Staff requirements
8a	C	V	NM	NA	Responsible party	32a	C	V	NM	NA	Staff responsibilities
8b	C	V	NM	NA	Responsible party	32b	C	V	NM	NA	Staff responsibilities
8c	C	V	NM	NA	Responsible party	33a	C	V	NM	NA	Orientation training
8d	C	V	NM	NA	Responsible party	33b	C	V	NM	NA	CPR & First Aid certification
9a	C	V	NM	NA	Client Rights	33c	C	V	NM	NA	Training curriculum
9b	C	V	NM	NA	Client Rights	33d	C	V	NM	NA	Policy guidelines
9c	C	V	NM	NA	Client Rights	33e	C	V	NM	NA	Training records
11	C	V	NM	NA	Application	33f	C	V	NM	NA	Curricula modification
12	C	V	NM	NA	Appeals	34a	C	V	NM	NA	Director/Administrator
GENERAL REQUIREMENTS		34b	C	V	NM	NA	Dir./Admin. responsibilities				
13a	C	V	NM	NA	Admin. & organization	34c	C	V	NM	NA	Dir./Admin. qualifications
13b	C	V	NM	NA	Admin. policies	35a	C	V	NM	NA	Nurse
14a	C	V	NM	NA	Occupancy permit	35b	C	V	NM	NA	Nurse qualifications
14b	C	V	NM	NA	Withdrawn permit	36a	C	V	NM	NA	Activities coordinator
14c	C	V	NM	NA	Renovation approvals	36b	C	V	NM	NA	Act. Coord. qualifications
15	C	V	NM	NA	Abuse, neglect, exploitation	37a	C	V	NM	NA	Prog. Assist./Aide
16a	C	V	NM	NA	Usual Incident Policies	37b	C	V	NM	NA	Prog. Assist./Aide qualif.
16b	C	V	NM	NA	Responsible Party	38a	C	V	NM	NA	Volunteers training
16c	C	V	NM	NA	24 hr. Oral notice	38b	C	V	NM	NA	Volunteers qualifications
16d	C	V	NM	NA	Reporting criteria	38c	C	V	NM	NA	Volunteers physical exams
		39a	C	V	NM	NA	Staff-client ratio				
		39b	C	V	NM	NA	Staff-client ratio Location				

39c	C	V	NM	NA	Staff-client independence	FIRE SAFETY
39d	C	V	NM	NA	Staff-client supervision	81 C V NM NA Unobstructed egress
39e	C	V	NM	NA	Director absence	82a C V NM NA Evacuation procedures
PHYSICAL SITE						82b C V NM NA Evacuation post procedure
51	C	V	NM	NA	Special accommodations	83 C V NM NA Fire safety inspection
52a	C	V	NM	NA	Indoor Floor & Other Space	84 C V NM NA Flammable & combustible
52b	C	V	NM	NA	Co-located	85 C V NM NA Portable space heaters
52c	C	V	NM	NA	Sufficient Space	86a C V NM NA Fire alarm audible
53a	C	V	NM	NA	Poisons Locked	86b C V NM NA Fire alarm visual & hearing
53b	C	V	NM	NA	Poisons Separate from food	86c C V NM NA Fire alarm inoperable
54	C	V	NM	NA	Sources of heat	86d C V NM NA Fire alarm fire monitoring
55a	C	V	NM	NA	Sanitation	87a C V NM NA Fire ext. per floor
55b	C	V	NM	NA	Sanitation infestation	87b C V NM NA Fire ext. 5,000 sq. ft.
55c	C	V	NM	NA	Sanitation garbage removal	87c C V NM NA Fire ext. kitchen
55d	C	V	NM	NA	Sanitation trash receptacle	87d C V NM NA Fire ext. UL or FMS approval
55e	C	V	NM	NA	Sanitation outdoor trash	87e C V NM NA Fire ext. accessible
55f	C	V	NM	NA	Sanitation approval	87f C V NM NA Fire ext. annual inspection
56	C	V	NM	NA	Ventilation	88a C V NM NA Fire drills evacuation
57	C	V	NM	NA	Lighting	88b C V NM NA Fire drills record
58a	C	V	NM	NA	Surfaces good repair	88c C V NM NA Fire drills alternate routes
58b	C	V	NM	NA	Surfaces hazard free	88d C V NM NA Fire drills alternate times
59a	C	V	NM	NA	Running water	88e C V NM NA Fire drills alarm set off
59b	C	V	NM	NA	Running water temperature	89a C V NM NA Exit signs
59c	C	V	NM	NA	Water testing	89b C V NM NA Exit signs access
60a	C	V	NM	NA	Indoor temperature 70°F	89c C V NM NA Exit signs letters
60b	C	V	NM	NA	Indoor temperature 80°F	90a C V NM NA Fire safety training clients
61	C	V	NM	NA	Telephone	90b C V NM NA Fire safety training clients
62	C	V	NM	NA	Emergency & advocacy #'s	90c C V NM NA Fire safety training clients
63a	C	V	NM	NA	Screens, windows & doors	91a C V NM NA Smoking safety procedures
63b	C	V	NM	NA	Screens, windows & doors	91b C V NM NA Smoking safety procedures
64a	C	V	NM	NA	Handrails & railings	PROGRAM COMPONENTS
64b	C	V	NM	NA	Handrails & railings porch	101a C V NM NA Intake screening completed
65	C	V	NM	NA	Nonskid surfaces	101b C V NM NA Intake screening client file
66a	C	V	NM	NA	Landings	101c C V NM NA Intake screening admission
66b	C	V	NM	NA	Landings wide as stairs	101d C V NM NA Intake screening ineligible
66c	C	V	NM	NA	Landings 3 feet long	102a C V NM NA Client physical exam
67a	C	V	NM	NA	Furniture & equipment	102b C V NM NA Client physical exam signed
67b	C	V	NM	NA	Furniture & equipment	102c C V NM NA Client med. report contents
68	C	V	NM	NA	Storage of belongings	103a C V NM NA Enrollment agreement
69	C	V	NM	NA	Bathrooms	103b C V NM NA Enrollment agreement
70a	C	V	NM	NA	First aid privacy area	103c C V NM NA Enrollment agreement
70b	C	V	NM	NA	First aid bed, chair or cot	104a C V NM NA Individual care plan
70c	C	V	NM	NA	First aid accessible	104b C V NM NA Individual care plan
70d	C	V	NM	NA	First aid contents	104c C V NM NA Individual care plan
70e	C	V	NM	NA	First aid manual	105a C V NM NA Care plan review & revision
71	C	V	NM	NA	Elevators	105b C V NM NA Care plan review & revision
72	C	V	NM	NA	Exterior conditions	105c C V NM NA Care plan review & revision
						106 C V NM NA Implementation of care plan
						107a C V NM NA Copies individual care plan

107b	C	V	NM	NA	Copies individual care plan	144	C	V	NM	NA	Medication errors						
107c	C	V	NM	NA	Copies individual care plan	145	C	V	NM	NA	Adverse reactions						
108	C	V	NM	NA	Coordination of care	146a	C	V	NM	NA	Medication administration						
109	C	V	NM	NA	Service documentation	146b	C	V	NM	NA	DPW medical course						
DISCHARGE POLICY																	
110a	C	V	NM	NA	Written policy discharge	147a	C	V	NM	NA	Self-administration of meds						
110b	C	V	NM	NA	Written policy elements	147b	C	V	NM	NA	Schedule reminder prompts						
110c	C	V	NM	NA	Written policy procedure	147c	C	V	NM	NA	Medication refusals						
110d	C	V	NM	NA	Written policy referral	147d	C	V	NM	NA	Medication special condition						
111a	C	V	NM	NA	Notification 30 days	147e	C	V	NM	NA	Self-administer qualification						
111b	C	V	NM	NA	Notification threat client/s	NUTRITION											
112a	C	V	NM	NA	Interim intermediate action	151a	C	V	NM	NA	Dining area						
112b	C	V	NM	NA	Interim intermediate action	151b	C	V	NM	NA	Dining area clean & sanitary						
113	C	V	NM	NA	Record of discharge	151c	C	V	NM	NA	Dining area tables/chairs						
CENTER SERVICES																	
121	C	V	NM	NA	Service goals	151d	C	V	NM	NA	Dining area multi-purpose						
122	C	V	NM	NA	Assurance of service quality	152	C	V	NM	NA	Food provided by center						
123	C	V	NM	NA	Housekeeping/maintenance	TRANSPORTATION											
123-1	C	V	NM	NA	Personal care	161	C	V	NM	NA	Transportation						
123-2	C	V	NM	NA	Nursing services	162	C	V	NM	NA	Applicability						
123-3	C	V	NM	NA	Social services	163	C	V	NM	NA	Safety equipment						
123-4	C	V	NM	NA	Therapeutic activities	164	C	V	NM	NA	Staffing (vehicle)						
123-5	C	V	NM	NA	Nutrition & therapeutic diets	165	C	V	NM	NA	Driver of vehicle						
123-6	C	V	NM	NA	Emergency care participants	PROTECTIVE DEVICES											
124	C	V	NM	NA	Specialized services	171a	C	V	NM	NA	Prohibited practices						
HEALTH																	
131	C	V	NM	NA	Client exam & med. report	171b	C	V	NM	NA	Protective devices 3 months						
132a	C	V	NM	NA	Staff physicals	172	C	V	NM	NA	Protective device records						
132b	C	V	NM	NA	Physical signed & dated	173	C	V	NM	NA	Access and notification						
132c	C	V	NM	NA	TB & communicable disease	174a	C	V	NM	NA	Staff training						
132d	C	V	NM	NA	TB certification	174b	C	V	NM	NA	Staff procedure training						
133a	C	V	NM	NA	Communicable disease	174c	C	V	NM	NA	Staff training documentation						
133b	C	V	NM	NA	Communicable disease	CLIENT RECORDS											
133c	C	V	NM	NA	Communicable disease	191a	C	V	NM	NA	Emergency info access						
134	C	V	NM	NA	Emergency medical plan	191b	C	V	NM	NA	Emergency info content						
MEDICATIONS																	
141a	C	V	NM	NA	Storage of medication	192a	C	V	NM	NA	Individual record						
141b	C	V	NM	NA	Locked medications	192b	C	V	NM	NA	Individual record entries						
141c	C	V	NM	NA	Locked refrigerated meds	193	C	V	NM	NA	Contents of Records						
141d	C	V	NM	NA	Storage conditions	194a	C	V	NM	NA	Record location						
141e	C	V	NM	NA	Discontinued medications	194b	C	V	NM	NA	Record location current						
141f	C	V	NM	NA	Discharged medications	194c	C	V	NM	NA	Record location non-current						
141g	C	V	NM	NA	Medication sufficient lighting	194d	C	V	NM	NA	Record location						
142a	C	V	NM	NA	Labeling of medications	195a	C	V	NM	NA	Record retention						
142b	C	V	NM	NA	Labeling of medications	195b	C	V	NM	NA	Record retention						
143a	C	V	NM	NA	Res. equip – good repair	195c	C	V	NM	NA	Record retention transfers						
143b	C	V	NM	NA	Poisons original containers	196	C	V	NM	NA	Record policy						
143c	C	V	NM	NA	Poisonous materials-storage	197a	C	V	NM	NA	Access locked records						
						197b	C	V	NM	NA	Access client resp. party						
						197c	C	V	NM	NA	Access denied						
						197d	C	V	NM	NA	Access Ombudsman						
						198	C	V	NM	NA	Release of information						

GENERAL LICENSING PROVISIONS					
211	C	V	NM	NA	Purpose
212	C	V	NM	NA	Applicability
213	C	V	NM	NA	Additional definitions
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LEGAL ENTITY					
221	C	V	NM	NA	Responsibility
222	C	V	NM	NA	Corporations & partnerships
223	C	V	NM	NA	Responsible person
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APPLICATION					
231	C	V	NM	NA	Application form
232	C	V	NM	NA	Reapplication
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INSPECTION					
241	C	V	NM	NA	Annual inspection
242	C	V	NM	NA	Announced inspections
243	C	V	NM	NA	Other inspections
244	C	V	NM	NA	Access
245	C	V	NM	NA	Search warrants
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FEES					
251	C	V	NM	NA	Payment of fees
252	C	V	NM	NA	Amount of fees
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NEGATIVE SANCTIONS					
261	C	V	NM	NA	Issuance
262	C	V	NM	NA	Plan of correction
263	C	V	NM	NA	Regular license
264	C	V	NM	NA	Provisional license
265	C	V	NM	NA	Interim license
266	C	V	NM	NA	Preparation of license
267	C	V	NM	NA	Posting of license
268	C	V	NM	NA	Restrictions on the license
269	C	V	NM	NA	Change in ownership
270	C	V	NM	NA	Notification of change
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APPEALS					
291	C	V	NM	NA	Decisions appeal options
292	C	V	NM	NA	Written request for appeal
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SUBCHAPTER B. STATEMENT OF POLICY					
401	C	V	NM	NA	Advisory committees
402	C	V	NM	NA	Specialized services
403	C	V	NM	NA	Additional services
404	C	V	NM	NA	Program staff training
Recommendations					

LINCENSURE

SETTLEMENT PROVISIONS TO BE MEASURED

C V NM _____

*Additional pages to be added as needed.

FINDINGS

Regulation	Comment