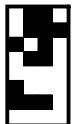


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Day Program Facility Review		Standard	Yes	No	N/A	Standard Gained	Weight	Comments
22	•Location of all exits	13A.2:2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
23	•Location of alarm boxes (pull station)	13A.2:3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
24	•Location of fire extinguishers	13A.2:4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
25	Are emergency numbers posted by each telephone?	13A.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
26	Are emergency cards available in a central location so that they are portable in emergencies?	13A.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
27	Fire Safety Review							
28	<i>Are fire drills:</i>							
29	•Conducted monthly with individuals served present	13B.1:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
30	•Varied as to accessible exits	13B.1:2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
31	<i>Does the documentation of Fire Drills include the following:</i>							
32	•Date	13B.1:3a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
33	•Time of drill	13B.1:3b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
34	•Length of time to evacuate	13B.1:3c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
35	•Number of individuals served participating	13B.1:3d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
36	•Problems noted (See work Instructions)	13B.1:3f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
37	•Signature of person in charge	13B.1:3g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
38	Are fire extinguishers serviced annually?	13B.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
39	Are fire extinguishers examined quarterly with documentation that they are adequately charged?	13B.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
40	Are non-wired (battery-operated) smoke detectors examined quarterly with documentation that they are operable?	13B.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
41	Does the site have a fire alarm system appropriate to the population served?	11.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
42	Are the required safety inspections current:							
43	•Insurance (Please indicate date)	13B.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
44	•Fire (Please indicate date)	13B.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
45	•Department of Community Affairs (Please indicate date)	13B.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	



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46	Rules Review							
47	Does the program have rules? (Yes or N/A)	15.2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	d	
48	If the program has rules, are the rules respectful of the rights of the individuals?	15.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
49	Activity Schedule Review							
50	Does the program site have an activity Schedule?	16.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d	
51	Does the activity schedule reflect varied activities?	16.5:2/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
52	Was the activity schedule being implemented at the time of the review?	16.5:4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
	Were individuals engaged in active programming?	16.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
54	Required Staff/Client Ratios Review							
55	Is the day service program in compliance with the following staff/client ratios (Conduct observation)? (i.e., (1) Adult Day Services- the total program ratio is no more than six individuals served to one direct service staff (2) Adult Day Services, Special Needs- the total program ratio is no more than three individuals served to one direct service staff (3) Adult Day Services, Crew Labor- the total program ratio is no more than five individuals served to one direct service staff	16.10:1, 16.10:2, 16.10:3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
56	Is a supervisor available on site or an on site "in charge" person designated during hours of operation?	16.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
57	Health/Medical Review							
58	Are liquids available and accessible for individuals throughout the day to prevent dehydration?	19.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
59	Does the day program site have a first aid kit which includes <i>all</i> of the following:	19.21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
60	•Antiseptic	19.21:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d	
61	•Rolled gauze bandages	19.21:2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d	
62	•Sterile gauze bandages	19.21:3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d	
63	•Adhesive paper or ribbon tape	19.21:4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d	
64	•Scissors	19.21:5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d	
65	•Adhesive bandage (Bard-Aids)	19.21:6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d	
66	•Standard type or digital thermometer	19.21:7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d	



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67	Compensation Review							
68	Does the service provider have a current State or Federal Certificate to Pay Wages Below the Minimum?	25.2:3a/b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
69	Financial Review							
70	Where the service provider holds an individual's funds, does the service provider maintain a record of all purchases made with the personal funds of service recipients that have been entrusted to them? (does not include one time funds)	26.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
71	Does the service provider maintain financial records for the current year and two years prior? (Effective 1/2008)	26.1:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
72	Does the service provider maintain receipts for all purchases over \$5.00?	26.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
73	Other Required Records Review							
74	Is attendance recorded daily?	28.1:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
75	Does the Service provider maintain completed Adult Services Monthly Reports on site?	28.1:2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
76	Is the Policy & Procedure Manual available on site for the Day Program staff to review?	7.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
77	Unusual Incidents Review							
78	Are Unusual Incident Reports and Follow Up reports maintained separate from the individual record?	21.2:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	



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