

ADMINISTRATIVE POLICY AND PROCEDURE MANUAL
SECTION FOR LONG-TERM CARE REGULATION

Effective: 2/23/07
Revised: 2/23/07

SECTION VIII
POLICY #800.00

Adult Day Care Licensure

Policy approved by: _____ Date: _____

Administrator, Section for Long-Term Care Regulation

POLICY: Adult Day Care (ADC) Licensure Requirements

As required by Section 660.403, RSMo, the Missouri Division of Regulation and Licensure (DRL) Section for Long-Term Care Regulation (SLCR) shall review applications for ADC programs to ensure the applicant has completed the application process; and SLCR shall conduct the inspections needed to license ADC programs that meet the minimum standards for insuring the health and safety of the participants.

19 CSR 30-90.010 DEFINITIONS

1. **Applicant** means any person, corporation, partnership, association or organization which has submitted an application to operate an ADC program, but has not yet been approved and issued a licensed or provisional license by SLCR.
2. **Program director** means the individual person responsible for the on-site general administration of the ADC program.

PROCEDURE

1. **Application Process**
 - The applicant applying for an ADC program license must request an application packet from the SLCR Licensure and Certification Unit.
 - SLCR Licensure and Certification Unit will send a packet to the applicant. The packet consists of an Application for Licensure to Operate an Adult Day Care Program (Form MO-580-2738 (2/07) provided by SLCR (See Attachment A) and instructions for the applicant to submit a fee and floor plan with the application form.
 - Central office staff shall review the application for completeness, determine if the floor plans meet the standards for approval and inform the regional office manager or his or her designee that the application for a license has been filed.
2. **Initial Inspection Process**
 - Regional office staff shall 1) receive a written confirmation of the approved application from central office; 2) contact the program director/ designee to confirm that the program is ready to be inspected; and 3) schedule the inspection with the program director/ designee.

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- Regional office staff shall conduct the initial inspection as soon as possible, but no later than within three weeks of contact with the operator or program director.
- The initial inspection process shall include a licensure inspection for compliance including the decision-making and exit conference procedures as outlined under Policy #801.00, as applicable.
- If the ADC is newly built, regional office staff shall assure that any requirements, placed on the building by the Engineering Consultation Unit Manager or his/ her designee are met prior to or at the time of the initial inspection.
- When it has been determined that the program is in compliance with all regulations, the program shall be issued a regular license not to exceed two years.

3. Licensure Program Inspections

- Regional office staff shall conduct at least two inspections of each licensed ADC program per fiscal year. Inspections must be scheduled on dates that ensure one inspection is conducted for each half of that fiscal year. At least one of these inspections shall be unannounced.
- Every effort must be made to reduce predictability in the inspection process, including scheduling the inspections in a different month than was done the previous year.

4. Re-licensure

- For re-licensure, an inspection shall be conducted within ninety (90) days prior to the expiration date of the current license.

5. Provisional Licenses

- As required by **Section 660.403 (6), RSMo**, SLCR may issue a provisional license to an ADC program that is not currently meeting all requirements for a license but which demonstrates the potential capacity to meet full requirements for license; except that no provisional license shall be issued unless the Engineering Consultation Unit Manager or his/ her designee is satisfied that the operation of the ADC program is not detrimental to the health and safety of the participants being served. The provisional license shall be nonrenewable and shall be valid for the period designated by SLCR, which period shall not exceed six months from the date of issuance.
- When the program director/ designee has determined that the program meets all provisions of the regulations, he or she shall contact the SLCR regional manager

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or SLCR regional manager's designee to arrange a revisit to review for compliance.

- Upon issuance of a regular license, a day care program's provisional license shall immediately be null and void.

6. Change of Operator

- When an application is received for a change in operator, the Licensure and Certification Unit will issue a new regular license after verifying the following:
1) The Licensure and Certification Unit has an approved application; 2) SLCR staff have conducted a licensure inspection of the program within the prior ninety (90) days and found the program in compliance; and 3) There are no outstanding deficiencies or complaint investigations that are likely to result in noncompliance.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG TERM CARE REGULATION
APPLICATION FOR LICENSE TO OPERATE AN ADULT DAY CARE PROGRAM

RETURN COMPLETED APPLICATION AND APPLICATION FEE TO: Division of Regulation and Licensure Adult Day Care Licensure Program/Fee Receipt Unit P.O. Box 570 Jefferson City, MO 65102-0570		DO NOT WRITE IN THIS SPACE ☐ New Facility ☐ Renewal ☐ Change of Owner													
IN ACCORDANCE WITH THE REQUIREMENTS OF SECTIONS 660.400 THROUGH 660.420 RSMO (2000) AND 19CSR 30-90.080, AN APPLICATION IS HEREBY MADE FOR LICENSURE TO ESTABLISH, CONDUCT OR MAINTAIN AN ADULT DAY CARE PROGRAM AS: (CHECK ONE) ☐ Free Standing Adult Day Care Program ☐ Associated Adult Day Care Program List Name of Associated Organization: _____		PROVISIONAL LICENSE NO.	ISSUED												
		REGULAR LICENSE NO.	ISSUED												
		EFFECTIVE DATE	EXPIRATION DATE												
PROGRAM CAPACITY		DATE FEE RECEIVED	AMOUNT												
		CHECK/MONEY ORDER NUMBER													
1. FEE SCHEDULE – CHECK LICENSE CAPACITY REQUESTED ☐ 8 or Fewer - \$25.00 ☐ 9 through 16 - \$50.00 ☐ 17 through 24 - \$75.00 ☐ 25 or more - \$100.00															
2. NAME OF ADULT DAY CARE PROGRAM		TELEPHONE NUMBER ()	COUNTY (OR CITY OF ST. LOUIS)												
ADDRESS OF ADULT DAY CARE PROGRAM															
3. IF A CHANGE OF OWNERSHIP, FORMER NAME OF ADULT DAY CARE PROGRAM															
4. TYPE OF PROVIDER OF THE ADULT DAY CARE PROGRAM (CHECK ONE) <table border="0"><tr><td>Governmental</td><td>Not-For-Profit</td><td>Proprietary</td></tr><tr><td>☐ City</td><td>☐ Religious Organization</td><td>☐ Individual</td></tr><tr><td>☐ County</td><td>☐ Corporation</td><td>☐ Partnership</td></tr><tr><td>☐ State</td><td>☐ Other: _____</td><td>☐ Corporation</td></tr></table>				Governmental	Not-For-Profit	Proprietary	☐ City	☐ Religious Organization	☐ Individual	☐ County	☐ Corporation	☐ Partnership	☐ State	☐ Other: _____	☐ Corporation
Governmental	Not-For-Profit	Proprietary													
☐ City	☐ Religious Organization	☐ Individual													
☐ County	☐ Corporation	☐ Partnership													
☐ State	☐ Other: _____	☐ Corporation													
5. NAME OF PROVIDER		TELEPHONE NUMBER ()	COUNTY (OR CITY OF ST. LOUIS)												
ADDRESS OF PROVIDER															
6. NAME, ADDRESS AND PERCENTAGE OF OWNERSHIP OF ANY INDIVIDUAL OR ENTITY WHO OWNS AN INTEREST OF FIVE PERCENT (5%) OR MORE IN THE LAND, STRUCTURE(S), MORTGAGE OR OTHER OBLIGATION, OR LEASE ON WHICH AN ADULT DAY CARE PROGRAM IS BEING CONDUCTED. INDICATE WHETHER THIS OWNERSHIP INVOLVES LAND, STRUCTURE(S), MORTGAGE OR LEASE.															
7. NAME OF ADULT DAY CARE PROGRAM DIRECTOR															
8. HAS THE PROGRAM, PROVIDER DIRECTOR OR ANY CORPORATE OFFICERS, DIRECTORS OR HOLDERS OF FIVE PERCENT (5%) OR MORE STOCK OR OWNERSHIP EVER BEEN CONVICTED OF A MISDEAMOR RELATING TO THE OPERATION OF AN ADULT DAY CARE PROGRAM, LONG-TERM CARE FACILITY OR OF ANY FELONY? ☐ Yes ☐ No If yes, list the person's name and type of conviction: _____															
9. Fire Safety and Facility Physical Requirements (for all initial licensure applications only): For Free Standing Adult Day Care Programs submit a diagram of the building that houses the adult day care program. This diagram shall be labeled to show exits; fire extinguishers; smoke detectors and room use, such as dining, crafts, quiet room, therapy or offices. This diagram shall give exact measurements of the area to be used for the adult day care program. For Associated Adult Day Care Programs submit a diagram of the designated space for the adult day care program. This diagram shall show the portion set aside for the adult day care program including office space; dining area; quiet area; craft area; general adult day care meeting area or therapy. This diagram shall give exact measurement of the area used for the adult day care program and also show the locations of exits or entrances for day care; fire extinguishers; and other fire safety features, such as pull stations and smoke detectors.															
10. IS AN ALZHEIMER'S SPECIAL CARE UNIT/PROGRAM A PART OF THIS CENTER? ☐ Yes ☐ No If yes, then it is required MO Form 580-2637 (2-07), Alzheimer's Special Care Services Disclosure Form, be submitted with this application.															

11. The fee must be submitted with this application. Enclose a check or money order ONLY payable to the Missouri Department of Health and Senior Services.

I hereby affirm that I, as an individual, or the operating corporation or partnership for which I sign, have adequate financial resources to properly construct, equip and operate the adult day care program referred to in this application, and hereby authorize the division to obtain information from third parties verifying this.

I further affirm that I have read, understand and agree to abide by the provisions of sections 660.400 through 660.420, RSMo (2000), and the Adult Day Care Program Licensure rules of the Division of Regulation and Licensure – specifically, 19 CSR 30-90.010 through 19 CSR 30-90.080.

I further affirm that I understand that I am eligible for a license only if the program and the provider are in compliance with the law and the regulations thereunder, and that a license may be revoked at any time that the facility, provider or operator fail to comply with such laws and rules.

I further affirm under the penalties of perjury, that all documents and information required by the division to be filed pursuant to this application are true and correct to the best of my knowledge and belief and that all required documents are either included with the application or are currently on file with the division.

MUST BE SIGNED IN THE PRESENCE OF NOTARY	APPLICANT'S SIGNATURE		DATE
	PRINT OR TYPE NAME		TELEPHONE NUMBER ()
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

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SECTION VIII
POLICY #801.00

LICENSURE INSPECTIONS
FOR ADULT DAY CARE PROGRAMS

Policy approved by: _____ Date: _____

Administrator, Section for Long-Term Care Regulation

POLICY: Inspection Procedures in Adult Day Care Centers

The Missouri Division of Regulation and Licensure (DRL) Section for Long-Term Care Regulation (SLCR) is required by Section 660.407, RSMo, to conduct at least two inspections per year of Adult Day Care (ADC) programs, at least one of which shall be unannounced to the operator or provider. SLCR staff shall document the inspection process using the Adult Day Care Inspector Notes Worksheets. At the completion of the process, SLCR staff shall also prepare, review and submit the completed inspection packet to the Central Office Licensure and Certification Unit.

19 CSR 30-90.010 DEFINITIONS

Program director means the individual person responsible for the on-site general administration of the adult day care program.

PROCEDURE

1. Off-Site Preparation

- A. The Off-Site Preparation shall include a review of the files for the following:
- Copy of the last inspection report.
 - Any complaints to be investigated. (Refer to Complaint Policy #803.00).
 - Copy of the floor plan, as applicable.
 - Information showing whether or not the program site is located within an organized municipality with local fire codes.
 - Computer generated map and/or directions to the program site.
 - Names of participants included for review at last inspection (might be listed on the inspection report).
 - Information that the program is either freestanding or associated with a long-term care facility.
- B. SLCR regional staff shall assemble the following forms, documents, and equipment:
- ADC Inspection Report (Form MO-580-2655 (2/07) (See Attachment A).
 - Inspection Report Continuation (Form MO-580-2656 (2/07) (See Attachment B)
 - ADC Inspection Checklist (Form MO-580-2657 (2/07) (See Attachment C).
 - ADC Inspector Notes Worksheets (See Attachment D).

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- A copy of the current employee disqualification list.
- Appropriately calibrated thermometer(s) and other equipment, as applicable.
- Copy of the adult day care state regulations.

2. Entrance Conference

- A.** Upon arrival at the program site, regional office staff shall ensure that he/she is wearing a Department of Health and Senior Services (DHSS) identification badge. The badge shall be worn throughout the inspection process.
- B.** Upon arrival, regional staff shall introduce him/herself to the program director/designee, and request the number of participants currently at the site, the number of participants enrolled in the program, and the names of staff /volunteers currently on duty. The entrance conference shall include the following:
- A brief explanation of the purpose of the inspection and brief description of the procedure and expected time frames;
 - A brief summary of the areas included in the inspection, i.e. tour, participant care, activities and rights reviews, including record review; inspection of kitchen area and food service, as applicable; environment, fire safety and general sanitation reviews.
- C.** Regional office staff shall provide the program director/designee the inspection check list (See Attachment C) and ask him/her to assemble the listed information for SLCR review as follows:
- Personnel records for both paid and volunteer staff, as applicable, including employee disqualification list and criminal background checks, documentation that staff are free of communicable disease, and current certifications in first aid and CPR;
 - Names and social security numbers of all program employees and volunteers who may have contact with participants;
 - A list of names of all volunteers utilized by the program who have recurring contact with participants and little opportunity for supervision (e.g. a van driver, manicurist, therapy assistant);
 - Copies of contacts with agencies that provide outside services such as physical and occupational therapy (for the purpose of EDL/CBC review this would include agencies providing staff who have direct contact with participants);
 - Menus of meals planned for the current week and a record of meals actually served in the past four weeks;
 - Schedule of planned daily, group activities and records of activities actually conducted during at least the last four weeks;
 - Daily attendance log for participants;

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- Current program site inspection reports from the local health authority including catered food services and local fire department (as applicable); and
- A copy of the written emergency disaster plan for assuring safety of participants, staff and volunteers in case of fire or other disaster, including the written planned schedule for periodic checks for fire extinguishers and for smoke detector batteries, as applicable, and a copy of written plan for fire/ disaster drills and any available documentation.

In addition, regional office staff shall request the following information be assembled for review if the information will not be available within individual participant records:

- Copy of information given to participants/families on admission to the program, including information regarding discontinuing services and resolving grievances;
- A list of participants' date of entry into the program, the days of the week that each participant typically uses the services of the program site and the payment source; and
- Emergency medical plan

D. Regional office staff shall inform the program director/designee that following a brief tour, SLCR staff will select specific participant records for review.

3. Program Site Tour

- A. Regional office staff shall begin touring the program site as soon as possible after the entrance conference. The tour should be appropriate to the size of the site.
- B. Regional office staff should greet as many participants as appropriate.
- C. Regional office staff shall tour all participant-use areas of the program site and note participants with special/high care needs for possible inclusion in the review sample.
- D. At the conclusion of the tour, regional office staff shall select a participant sample that includes, if available, a newly admitted (within the last four weeks, if possible, or since the last inspection) participant. The sample should also be representative of the number of participants enrolled in the program and any identified concerns. The sample size shall be:
- Twenty five per cent (25%) of the participant enrollment averaged to the nearest whole number, **modified as follows:**
 - If the average is less than three, a minimum of three (3) participants shall be selected, **if three are available; or**
 - If the average is greater than eight, a maximum of eight (8) participants shall be selected; **or**

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- A sample appropriate to investigate a specific focused area.

4. Program Site Inspection

Regional office staff shall document on the ADC Inspector Notes Worksheets the observations, interviews and record review which include the date, time and place and persons involved in the observations, interviews and notes taken from the record review. These notes become part of the official inspection packet. The inspection shall include the following areas:

A. Physical Environment and General Sanitation

Regional office staff shall conduct a review of the physical plant to ensure a safe, functional and sanitary environment for participants. During the tour and throughout the inspection, regional office staff will make observations of the physical environment to determine if the program site complies with the physical plant requirements in **19 CSR 30-90.070**. Regional office staff shall follow up on any observations of potential violations with interviews and review of pertinent records.

B. Fire Safety

In order to ensure compliance with fire safety regulations in **19 CSR 30-90.070**, regional office staff shall inspect the following fire safety equipment/issues:

- Fire alarm systems, as applicable;
- Sprinkler systems, as applicable;
- Smoke detectors;
- Fire extinguishers;
- Exit requirements;
- Emergency lighting, as applicable;
- Range hoods, as applicable;
- Documentation of the local fire authority's most recent review; and
- Other requirements, as applicable.

Regional office staff shall interview program staff regarding safety equipment and ask staff to describe how it works and what he/she would do in an emergency situation. The fire safety portion of the inspection shall include review of fire drill records and emergency procedures and interviews of staff/volunteers to assess their familiarity with procedures and equipment, as well as their training in response to emergencies. Documentation of required inspections (i.e. smoke detectors and fire extinguishers checked monthly) shall be reviewed. Regional office staff shall also review the written plan for assuring the safety of participants, staff and volunteers, developed by the program staff in consultation with state

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or local fire authorities, to ensure the plan complies with the standards set forth in **19 CSR 30-90.070 (2) (D)**.

C. Participant Care Review

Regional office staff shall review participant records and care in order to determine if the program site is meeting the participant care standards as set forth in **19 CSR 30-90.050**. Specifically, regional office staff must determine if the program is meeting the needs of its participants. Regional office staff shall observe and talk with participants and interview staff. Regional office staff shall review each sampled participant's record to ensure it includes at least the following:

- Written plan which assures transportation to a hospital or other type of facility providing emergency care;
- A written, signed agreement granting permission to transport the participant for emergency care to a designated facility;
- Emergency telephone contact numbers;
- Written medical assessment and physician's orders written prior to first day of program participation and signed by the physician within five working days of the first day of participation;
- Written plan of care developed within five contact days following the entry of the participant into the adult day care program. The plan shall be based on the functional, social, medical and psychological needs of the participant. The plan shall identify the regularly scheduled days for attendance, including arrival and departure time. The plan shall be reviewed at least every six months and modified as necessary;
- Monthly documentation regarding the participant's functional and psychosocial status;
- Documentation regarding any accident, injury or illness and emergency procedures taken, as applicable; and
- Regional office staff shall review sampled participants' care plans to determine if the program is providing for the participants' needs in accordance with the plan of care.

D. Medication Handling and Storage

- Regional office staff shall determine if there is a safe and effective system for handling and storing participants' medications. Participant care review shall include determining whether the sampled participant is responsible for handling his or her own medications or if the adult day care provider is responsible for storing and administering the participant's medications.

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- Regional office staff shall review each sampled participant's medication orders and determine if the participant has medication ordered during the time he or she uses the services of the program.
- Regional office staff shall review, as applicable, for appropriate medication administration documentation and talk with the resident, as appropriate, and program staff to review the participant's medication needs. A licensed nurse is required to dispense medications and receive physician's phone orders. If the program does not employ a full time nurse, SLCR staff must determine if a nurse is available at all times and on site when required.
- The medication review shall include if the medication storage is safe and secure, to ensure the participant's physician medication orders are followed, a review of the written record of medications administered, and an observation of the medication administration, when possible.

E. Kitchen Sanitation and Dietary

Regional office staff shall determine whether or not program staff prepares meals on the premises. Regional office staff shall review the kitchen and food storage and preparation area, as applicable, and determine if staff are meeting required sanitation requirements. If meals are prepared off-site, regional office staff shall obtain information showing where food is prepared and catered and document that information. Regional office staff shall also determine if program staff are following physician's dietary orders for sampled participants and assuring the availability of meals and supplemental snacks in accordance with individual care plans. Regional office staff shall document such information on inspection notes worksheets.

F. Record Keeping

Regional office staff shall review personnel records or other records and talk with staff regarding training and certification as applicable to determine if training and certification requirements are met in regards to participant care and emergency response.

G. Participants Rights

Regional office staff shall verify that the program is protecting the rights of its participants as set forth in **19 CSR 30-90.050 (9) – (11)**.

- Regional office staff shall speak with selected participants in order to determine if he/she perceives any problems with participants' rights or treatment by staff during the hours he/she uses the services of the program.
- Regional office staff shall observe the interaction between staff and participants.
- Regional office staff shall interview program staff regarding his/her knowledge of participants' rights.

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- Regional office staff shall review information given to participants/families on admission to the program including criteria for discontinuing services and resolving grievances.

5. Decision Making

- Regional office staff shall review inspection findings to determine any regulatory violations. Regional office staff shall maintain an ongoing dialog with program site staff regarding findings.
- As needed, Regional office staff shall consult with the Regional Manager or his/ her designee, who will contact the Engineering Consultation Unit Manager or designee, if necessary, regarding regulatory violations.
- Regional office staff shall prepare any participant and/or staff rosters, as applicable for the Exit Conference.

6. Exit Conference

Regional office staff shall notify the ADC program director as far in advance as practicable of the expected time of the Exit Conference and keep the program director/ designee informed of any schedule changes. The following items, as applicable shall be discussed during the exit conference:

- A. If deficiencies are cited:** Regional office staff shall restate the purpose of the inspection visit and the date of the process, and
- State the regulatory grouping of the noncompliance and reason for the citation.
 - Inform the program director/designee that he/she will receive a letter and a Statement of Deficiencies from the regional office within ten (10) working days of the Exit Conference. (See Compliance Policy #804.00)
 - Explain that the letter will state the outcome of the inspection and request the director submit a plan of correction including time frames of that action.
 - If the program director disagrees with any item voiced during the exit conference, this should be discussed immediately for clarification. If he/she still disagrees with inspection findings, regional office staff shall inform the program director that concerns may be discussed with the regional office manager/designee.
- B. If no deficiencies will be recommended:** Regional office staff shall restate the purpose of the inspection/date and inform the program director that regional office staff will not be citing deficiencies. Regional office staff will also inform the program director/ designee that within ten (10) days of the Exit Conference, regional office staff will notify the

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program director/ designee by letter that no deficiencies were cited as a result of the inspection.

- C. Regional office staff will complete and sign the Inspection Report Form and request that the program director/designee also sign the Inspection Report Form. Regional office staff will leave a copy of the ADC Inspection Report Form with the program director/designee.
- D. If deficiencies are cited, regional office staff shall document deficiencies on the DHSS forms in the ASPEN database.
- E. An event ID will be created in the ASPEN database for each inspection regardless whether or not violations are cited.

7. Notification of Inspection Results

SLCR regional staff or Central Office staff, as applicable, will ensure that the completed and signed ADC Inspection Report Forms, ADC Inspector Notes Worksheets and other applicable forms are forwarded to the Licensure and Certification Unit in the inspection packet within thirty (30) days of the completion of the process (See Policy #804.00).

8. Revisits

A post -inspection revisit shall be completed to verify that deficiencies cited during a prior inspection or complaint investigation are corrected. Regional office staff will input the revisit findings into the appropriate fields in the ASPEN database.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG TERM CARE REGULATION
INSPECTION REPORT

DATE	
TIME IN	TIME OUT
County	

NAME OF ADC PROGRAM		
ADDRESS		
DIRECTORS NAME		DESIGNATED ASSISTANT
TYPE OF FACILITY ☐ FREESTANDING ☐ ASSOCIATED		HOURS OF OPERATION
TYPE OF PROGRAM ☐ SOCIAL ☐ MEDICAL ☐ OTHER _____		DAYS OF OPERATION
MAXIMUM NUMBER OF PARTICIPANTS		TOTAL PARTICIPANTS ENROLLED
COMPLIANCE WITH LAWS AND REGULATIONS ☐ YES ☐ NO ☐ OTHER		PARTICIPANTS PRESENT
COMPLIANCE AT REVISIT ☐ YES ☐ NO		
DEFICIENCIES		
STAFFING (19 CSR 30-90.040)		
PROGRAM POLICIES & PARTICIPANT CARE REQUIREMENTS & RIGHTS (19 CSR 30-90.050)		
RECORDKEEPING REQUIREMENTS (19 CSR 30-90.060)		
FIRE SAFETY CENTER AND BUILDING PHYSICAL REQUIREMENTS (19 CSR 30-90.070)		
EXIT INTERVIEW (PERSONS PRESENT) 1. 2. 3.		
COMMENTS		
SIGNATURE OF DIRECTOR/DESIGNEE		DATE
SIGNATURE OF ADC COORDINATOR		DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG TERM CARE REGULATION
INSPECTION CHECKLIST

NAME OF ADC PROGRAM	DATE	
PLEASE ASSEMBLE THE FOLLOWING FORMS FOR REVIEW	NEEDED	REC'D
1. Personnel records for both paid and volunteer staff for review, as applicable , including information regarding Employee Disqualification List and Criminal Background Checks (EDL/CBC), documentation that staff are free of communicable disease, and current certifications in first aid and CPR.		
2. Names and social security numbers of all Program employees who may have contact with residents.		
3. A list of the names of all volunteers utilized by the Program who have recurring contact with participants and little opportunity for supervision (i.e. a van driver, manicurist, therapy assistant).		
4. Copies of any contracts with agencies that provide outside services. (For the purpose of the EDL/CBC review, this would include agencies providing staff who have direct contact with participants.)		
5. Menus of meals planned for the current week and a record of meals actually served in the past four weeks.		
6. Schedule of planned daily, group activities and records of activities actually conducted.		
7. Daily attendance log for participants.		
8. Current facility inspection reports from the local health authority, local fire department (as applicable) including catered services.		
9. A copy of the written plan for assuring safety of participants, staff and volunteers in case of fire or other disaster, including the written planned schedule for periodic checks for fire extinguishers and for smoke detector batteries, as applicable, and a copy of written plan for fire/disaster drills and any available documentation.		
THE FOLLOWING INFORMATION WILL ALSO BE NEEDED IF THIS INFORMATION IS NOT AVAILABLE WITH-IN THE PARTICIPANT RECORDS.	NEEDED	REC'D
1. Copy of information given to participants/families on admission to the Program, including information regarding discontinuing services and resolving grievances.		
2. A list of participants' date of entry into the program, the days of the week that each participant typically uses the services of the Program site and the payment source.		
3. Emergency Medical Plan		
NOTES		

SECTION FOR LONG-TERM CARE REGULATION

Effective: 12/01/02
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POLICY #802.00

SECOND INSPECTIONS FOR ADULT DAY CARE PROGRAMS

Policy approved by: _____ Date: _____

Administrator, Section for Long-Term Care Regulation

POLICY

The Missouri Division of Regulation and Licensure (DRL) Section for Long-Term Regulation (SLCR) is required by Section 660.407, RSMo, to conduct at least two inspections per year of Adult Day Care (ADC) programs, at least one of which must be unannounced to the operator or provider. One of these inspections must be a full inspection. The other inspection may be a full inspection or an abbreviated inspection conducted as an independently scheduled procedure or in conjunction with a complaint investigation or a revisit to determine if previously cited deficiencies are corrected. SLCR staff shall document the inspection process using the Adult Day Care Inspector Notes Worksheets. At the completion of the process, SLCR staff shall also prepare, review and submit the completed inspection packet to the Central Office Licensure and Certification Unit.

PROCEDURE

SLCR regional office staff shall conduct at least one Second inspection of licensed ADC programs each state fiscal year using one of the following methods:

- A full inspection following the procedure set forth in Policy #801.00.
- An independently scheduled abbreviated inspection following the procedures set forth below.
- An abbreviated inspection, following the procedures set forth in below, conducted in conjunction with a complaint investigation and/ or revisit to determine if previously cited deficiencies are corrected.

When conducting an abbreviated inspection in an ADC program, SLCR regional office staff shall utilize the following procedure:

1. SLCR regional office staff shall conduct off-site preparation as detailed in item one (1) in Policy #801.00.
2. Entrance Conference
 - A. Upon arrival at the program site, SLCR regional office staff shall ensure that he/she is wearing a Department of Health and Senior Services (DHSS) identification badge. The badge shall be worn throughout the inspection process.

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- B. Upon arrival, SLCR regional staff shall introduce him/herself to the program director/designee, and request the number of participants currently at the site, the number of participants enrolled in the program, and the names of staff /volunteers currently on duty. The entrance conference shall include a brief explanation of the purpose of the inspection and brief description of the procedure and expected time frames.
3. SLCR regional office staff shall conduct a tour, interview participants and staff, observe the program site and focus on the following criteria:
- Participants appear clean, dry and free of offensive body odor;
 - Participants appear to be appropriately nourished and hydrated;
 - Clients do not appear fearful of staff or other clients;
 - Staff/Participant interactions appear appropriate and timely;
 - Staffing appears sufficient to meet the needs of the participants;
 - Medications are stored safely;
 - Participants appear to be treated with consideration, respect and dignity;
 - Participants appear to be involved with scheduled activities, if they choose to participate;
 - Temperature in the building is comfortable and participants do not voice complaints;
 - Toxic materials are not readily accessible;
 - Appropriate water temperatures are maintained; and
 - There are no apparent fire safety hazards.
4. SLCR regional office staff shall document the findings of the second inspection on the Inspection Notes Worksheet (Form MO-580-2857 (3/07)). See Attachment A.
5. If SLCR regional office staff are revisiting on previously cited deficiencies or investigating a complaint, observations and interviews (if necessary) should also focus on those areas required to determine the correction of the deficiencies or the validity of the complaint.
6. It will not be necessary to choose a resident sample unless it is required to determine the validity of a complaint, the correction of previously cited deficiencies or as follow up for potential violations.
7. SLCR regional office staff shall inspect the program site for compliance in the areas of Physical Requirement and General Sanitation. During the tour and

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throughout the inspection, regional office staff will make observations of the physical environment, including the kitchen and dining areas, to determine if the program site is a safe, functional and sanitary environment for participants. SLCR regional office staff shall follow up on any observations of potential violations with interviews and review of pertinent records.

8. SLCR regional office staff shall inspect the program site for compliance with Fire Safety Requirements. The fire safety portion of the inspection shall include the following:
 - Review of fire drill records and emergency procedures;
 - Documentation of required inspections (i.e. smoke detectors and fire extinguishers checked monthly);
 - Review the written plan for assuring the safety of participants, staff and volunteers, developed by the program staff in consultation with state or local fire authorities, to ensure the plan complies with the standards set forth in 19 CSR 30- 90.070 (2) (D); and
 - Conduct additional reviews, observations and interviews as follow up for any potential violations.
9. The following tasks are not necessary unless additional information is needed to determine the validity of a complaint, the correction of any previously cited deficiencies or as follow up for potential violations:
 - Review of participant and employee records;
 - Medication pass;
 - Meal observation; and
 - Observation of food storage, preparation and service.
10. SLCR regional office staff shall follow the procedures set forth in Policy #801.00 for conducting decision-making and the exit conference.
11. SLTC regional staff shall write "Second Inspection" on the Adult Day Care Inspection Report Form (Form MO-580-2857 (3/07)) (Attachment B) and send the signed and completed Adult Day Care Inspection Report Form with the Adult Day Care Inspection Notes Worksheets (Attachment A) and any other applicable forms to the SLCR Licensure and Certification Unit within ten days completion of the process (See Policy 804.00).

ADMINISTRATIVE POLICY AND PROCEDURE MANUAL
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SECTION VIII
POLICY #803.00

ADULT DAY CARE PROGRAM COMPLAINTS

Policy approved by: _____ Date: _____
Administrator, Section for Long -Term Care Regulation

POLICY: Investigation of Complaints in Adult Day Care Centers

All complaints related to Adult Day Care (ADC) programs shall be forwarded to the regional office manager or his/her designee for prioritization and assignment. Generally, Section for Long-Term Care Regulation (SLCR) staff shall investigate the complaints at the next scheduled inspection. However, the regional office manager or his/her designee may require more immediate time frames based on the seriousness of the allegations.

PROCEDURE

1. The Central Registry Unit (CRU) shall forward all complaints related to adult day care (ADC) programs to the regional office manager or his/ her designee on the same day the report is received.
2. The regional office manager or his/her designee shall review the complaint within one working day of receipt, determine the priority for investigation and assign the complaint to the appropriate regional office staff.
3. Complaints will be assigned priorities consistent with current SLCR policy for complaints in long-term care facilities. Regional office staff shall start and complete the investigation within the timelines set forth in the *Timelines For The Complaint Investigation Process* contained in the SLCR Complaint Manual (See Attachment A).
4. Complaints with allegations regarding the welfare of the participants while away from the program site shall be referred to the Division of Senior and Disability Services.
5. Regional office staff shall document his/her investigation on the Adult Day Care Inspector Notes Worksheets. Any deficiencies cited shall be documented on Adult Day Care Inspection Report Form (Form MO-580-2655 (2/07)).
6. Regional office staff shall forward the completed complaint packet to Central Office within thirty (30) days of the final action of the complaint investigation process.

TIMELINES FOR THE COMPLAINT INVESTIGATION PROCESS

Effective 7/1/00

A. Initial Contact/Priority Coding:

All complaints with known reports (for whom we have contact information i.e. telephone numbers, etc.) are to be initiated by contacting the reporter within 24 hours in order for the priority code to be assigned within 24 hours. If the reporter is not known, left no contact information or cannot be contacted after attempts were made, the region assigns the priority code within 24 hours to the best of their ability based on the information obtained by CRU and any other information available to the region.

B. Start of Investigation:

The investigation starts with the first investigatory contact that is NOT the reporter. This can consist of an on-site visit, a call to the facility, a call to a witness, a call to the Ombudsman OR whoever/whatever is able to provide information relevant to beginning the investigation. It should be noted that the purpose of conducting an on-site visit for Priority A and B complaint reports is to insure the safety of the residents in addition to starting the investigation. (Guidelines regarding when on-site visits are required will be developed to be contained within the policy addressing investigations.)

Priority A: On-site (if required) or the investigation started within 24 hours

Priority B: On-site (if required) or the investigation started within 10 working days

Priority C: On-site (if required) or the investigation started within 30 calendar days

Priority D: On-site (if required) or the investigation started within 60 calendar days

C. Completion of Investigation:

The investigation will be considered completed when the team has gathered sufficient evidence to determine the findings of the investigation, has made a determination of findings and has conveyed their decision to the facility. The final part of this process occurs at the time of the exit conference for the complaint, therefore, we will consider the completion date **of the investigation** to be the date of the exit conference.

Priority A: exit within 30 calendar days of receipt of complaint report

Priority B: exit within 45 calendar days of receipt of complaint report

Priority C: exit within 90 calendar days of receipt of complaint report

Priority D: exit within 90 calendar days of receipt of complaint report

D. Letters/Data Entry Timelines:

Once the finding is determined and the exit conference held, the following must be completed within 14 calendar days:

- data entry into the interim data collection system and/or ALPINE
- contact made with reporter regarding the results of the investigation

NOTE: A letter regarding the results of the investigation will be sent to all known reporters who provide an address. This letter could be a brief follow-up to telephone or face-to-face contact with reporter regarding the complaint investigation findings.

E. Documentation Timelines:

For complaint investigations which resulted in no SOD the completed hard copy packet must be mailed out of the regional office to central files within 30 calendar days after the date of exit.

For complaint investigations which resulted in an SOD or were investigated in conjunction with a complaint or survey which resulted in an SOD, the completed hard copy packet must be mailed out of the regional office to central files within 30 calendar days of the date that correction was determined and all actions (i.e. IDRs) completed.

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SECTION VIII
POLICY # 804.00

ASSURING COMPLIANCE
IN ADULT DAY CARE PROGRAMS

Policy approved by: _____ Date: _____
Administrator, Section for Long-Term Care Regulation

POLICY: Procedures to Ensure Correction of Deficiencies cited during Licensure and Complaint Investigations

The Missouri Division of Regulation and Licensure (DRL), Section for Long-Term Care Regulation (SLCR) is required by Section 660.407, RSMo, to make at least two inspections each state fiscal year of Adult Day Care (ADC) programs. At least one of the inspections shall be unannounced to the operator or provider. The Section may conduct additional inspections, announced or unannounced, as it deems necessary to carry out the provisions of sections 199.025, and 660.403 to 660.420 RSMo. When regulatory violations are cited at an inspection or complaint investigation, SLCR shall follow the procedure set forth below.

PROCEDURE

1. SLCR regional staff shall document the evidence on the Adult Day Care Inspector Notes Worksheet and the deficiencies on Adult Day Care Inspection Report (Form MO-580-2655 (2/07)).
2. Within ten working days of the exit conference, the regional office manager or his/her designee shall send a letter informing the ADC program director/designee of the outcome of the inspection and request a written plan of correction be submitted for any deficiencies cited.
3. If during an inspection or complaint investigation, regional office staff determines violations are present which present a threat of imminent danger to the health, safety or welfare of program participants, regional office staff shall notify the regional office manager or his/her designee and remain at the program site until corrective action is implemented and necessary authorities are notified (as applicable). Regional office staff shall document on the ADC Inspection Report the immediate steps taken to safeguard the participants. Regional office staff will conduct a reinspection within twenty (20) days of the exit conference in order to determine if the deficiencies are corrected.
4. If at the time of the inspection or complaint investigation, regional office staff determines violations exist which have a direct or immediate impact to the health, safety or welfare of a participant but which do not create imminent danger, regional office staff will conduct a reinspection within sixty (60) days of the exit conference in order to determine if the deficiencies are corrected.

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5. For all other deficiencies, regional office staff shall typically verify correction at the next inspection or complaint investigation.
6. If regional office staff determines that the ADC program has failed to correct previously cited violations, the regional office manager or his/ her designee shall contact the department's Engineering Consultation Unit Manager or designee to determine the appropriate remedy.



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Policy # 805.00	ADULT DAY CARE INFORMAL DISPUTE RESOLUTION CONFERENCE
Effective: 11/18/14	

POLICY

If an Adult Day Care (ADC) program wishes to dispute a proposed deficiency prior to the finalization of the Statement of Deficiencies (SOD), the program director or designee may request an administrative conference with the appropriate Section for Long-Term Care Regulation (SLCR) Regional Manager. When a program chooses to dispute a deficiency after the SOD has been finalized and mailed, the program director or designee must make a formal written request to the Regional Manager and the SLCR Regulation and Compliance Unit for an Informal Dispute Resolution (IDR) conference. SLCR staff shall verbally inform program administrative staff of these options at the time of the process exit conference. Additionally, the letter transmitting the SOD will contain instructions on how to request an IDR.

PROCEDURE

1. When SLCR staff recommends deficiencies as a result of a state inspection and/or complaint investigation, **SLCR staff shall verbally inform** the ADC program director or designee at the time of the exit conference of the following procedure for appealing or disputing any recommended deficiencies:
 - A. If the ADC program director or designee chooses to dispute recommended deficiencies **prior to the finalization of the SOD**, the director or designee may contact the SLCR Regional Manager to request a Regional Administrative Conference. The Regional Manager may resolve informally disputed deficiencies or language contained in the SOD **up to the time the SOD is finalized and mailed** to the program.
 - B. If the ADC program director or designee chooses to dispute cited deficiencies **after the SOD is finalized and mailed**, he/she shall have one opportunity to request a reconsideration of the cited deficiencies. An IDR may be held for any deficiency for which a program submits a written request.
 - C. The ADC program director or designee must submit the request for an IDR conference to the Regional Manager and the SLCR Regulation and Compliance Unit **in writing within ten (10) working days** of the receipt of the SOD. This is the same time frame the program has for submitting a plan of correction for cited deficiencies. The request for an IDR conference must be in written form, include a copy of the SOD being disputed, identify any specific deficiencies in question, and include an explanation of why the deficiencies are disputed.



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2. **Within ten (10) working days** of receipt of an IDR conference request, the SLCR Regulation and Compliance Unit will hold the IDR conference unless otherwise requested by the ADC program. The program and SLCR Regional Office must send the SLCR Regulation and Compliance Unit all documentation to be considered at the IDR conference **at least five (5) working days** prior to the IDR conference.

The IDR conference will only be rescheduled one time for failure to produce documentation within the required time frame. The rescheduled IDR conference must be held **within ten (10) working days** of the originally scheduled IDR conference.

Program failure to attend the IDR conference at the scheduled date and time will result in rejection of the request for the opportunity to dispute the deficiencies unless it is determined by the Division Director or designee that the program's inability to attend was reasonable and unavoidable.

3. The type of IDR conference will be at the discretion of the ADC program, but will be limited to a:
 - Desk review of written information;
 - Telephonic conference; or
 - Face-to-face conference held at the office of the SLCR Regulation and Compliance Unit.
4. The ADC program will determine the program personnel present at the conference and one individual must be designated as responsible for making the program's presentation. The designated program representative must present facts which dispute the information upon which the deficiency was based. All evidence utilized to dispute any deficiencies cited must address what the program did or did not do in relation to the deficient practice as identified in the SOD. **Information which does not address the disputed deficiencies will not be considered at the IDR.**

The SLCR Regulation and Compliance chairperson or designee will convene a panel of three (3) Regulation and Compliance staff persons who were not involved in the inspection.

The SLCR inspection team may attend the IDR conference. At the conclusion of the IDR conference, the panel will review the information presented, identify and obtain any additional information required to make a final determination and formulate a recommendation.

5. The panel will make a recommendation to the Division of Regulation and Licensure Director through the Regulation and Compliance Unit Chief or designee as to whether the deficiencies should be upheld, modified or deleted. The Division Director or designee will review the recommendation of the panel, make the final determination, and notify the ADC program of the final determination **within ten (10) calendar days** of the IDR conference.

If it is determined that deficiencies will be removed or modified as a result of the IDR determination, an amended SOD will be issued to the ADC program. The program will have **ten (10) working days** to submit a plan of correction for the amended SOD to the SLCR Regional Manager.



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APPROVED BY:

Section Administrator

Date