

**DEPARTMENT OF HUMAN SERVICES  
SENIORS AND PEOPLE WITH DISABILITIES DIVISION  
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411  
DIVISION 66**

**REGISTRATION AND CERTIFICATION STANDARDS FOR ADULT DAY  
SERVICES PROGRAMS**

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*(Amended 2/15/2019)*

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**411-066-0000 Statement of Purpose** *(Amended 2/15/2019)*

- (1) Adult day services are community-based group programs designed to meet the service needs of aging and people with physical disabilities in a structured non-residential setting.

(2) These rules:

- (a) Create a registry of adult day services programs and describe the process and criteria for listing on the registry.
- (b) Allow state certification for programs enrolled as a provider with the State of Oregon to provide Medicaid-funded adult day services to Medicaid-eligible individuals in home and community-based settings.  
Certification by the Department of Human Services (DHS), Aging and People with Disabilities (APD) is intended to fulfill the Centers for Medicare and Medicaid Services (CMS) requirements of "state certified" adult day service programs with the purpose of continuing eligibility criteria for Medicare beneficiaries.
- (c) Define the criteria for state certification.

Stat. Auth.: [ORS 409.050](#), [410.070](#), [410.490](#), [410.495](#), [413.085](#)

Stats. Implemented: [ORS 410.485 - 410.495](#)

#### **411-066-0005 Definitions** *(Amended 2/15/2019)*

- (1) "Activities of Daily Living (ADL)" means those personal, functional activities required by an individual for continued well-being, which are essential for health and safety. Activities include eating, dressing and grooming, bathing and personal hygiene, mobility elimination, and cognition as described in [OAR 411-015-0006](#).
- (2) "Adult Day Services (ADS) Program" means a community-based group program designed to meet the needs of adults with functional impairments through service plans as defined in (23) of this rule. These structured, comprehensive, non-residential programs provide health, social, and related support services in a protective setting for less than 24 hours per day.

- (3) "Aging and People with Disabilities (APD)" means the Aging and People with Disabilities program within the Department of Human Services.
- (4) "Area Agency on Aging (AAA)" means the Department-designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to older adults and adults with disabilities in a planning and service area. The term Area Agency on Aging is inclusive of both Type A and Type B Area Agencies on Aging as defined in [ORS 410.040 to 410.030](#).
- (5) "Background Check" means a criminal background check and abuse check under [OAR chapter 407, division 007](#).
- (6) "Case Manager (CM)" means a Department employee, or an employee of the Department's designee, that meets the minimum qualifications in [OAR 411-028-0040](#) and who is responsible for service eligibility, assessment of need, offering service choices to eligible individuals, personcentered service planning, service authorization and implementation, and evaluation of the effectiveness of Medicaid-funded home and communitybased services.
- (7) "Certification" means to certify the individual adult day services program by measuring the ability of the adult day services program to meet the DHS, APD standards set forth in these rules.
- (8) "Department" means the Department of Human Services (DHS).
- (9) "Deputy Director" means the Deputy Director of the DHS, APD program, or that person's designee.
- (10) "Exception" means an approval of a service plan granted to a specific individual that meets policy criteria allowing ADS attendance while living in an adult foster home.

(11) "Food Handler" means those persons involved in the supervision, preparation, or service of food in a restaurant or food service facility licensed under [ORS 624.020 or 624.320](#). This includes, but is not limited to:

- (a) Managers;
- (b) Cooks;
- (c) Wait staff;
- (d) Dishwashers;
- (e) Bartenders; and
- (f) Bus persons.

(12) "Group" means:

- (a) A program with 10 or more enrolled participants;
- (b) Adult day services programs just beginning, with plans to enroll 10 or more participants; or
- (c) The enrolled participants in a certified adult day services program.

(13) "Initial Screening" means a screening required by the adult day service program that is conducted to evaluate a prospective participant's service requests and needs before accepting the individual for service. The extent of the screening needs to determine the ability of the program to meet the requests and needs of a participant based on the agency's overall service capability.

(14) "Long-Term Care Facilities (LTC)" means nursing facilities, residential care facilities, assisted-living facilities, and adult foster homes.

(15) "Mandatory Reporter" means all public or private officials as stated in [ORS 124.050 - 124.095](#) are to report suspected abuse or neglect of a

child, an older adult, a person with a physical disability, or the resident of a licensed care facility to the Department or to a law enforcement agency as required by [OAR 411-020-0002](#).

- (16) "Medicaid Performing Provider Number" means the numeric identifier assigned to an entity or person by the Department, following enrollment to deliver Medicaid-funded services as described in these rules. The Medicaid Performing Provider Number is used by the rendering provider for identification and billing purposes associated with service authorizations and payments.
- (17) "Participant" means a person who is eligible and is receiving services in an adult day services program.
- (18) "Person-Centered Service Plan" means the details of the supports, desired outcomes, activities, and resources required for a participant to achieve and maintain personal goals, health, and safety, as described in [OAR 411-004-0030](#). The case manager completes the person-centered service plan. The person-centered service plan is the Medicaid Plan of Care.
- (19) "Provider Enrollment Application and Agreement" refers to the conditions and agreements for being enrolled as a provider with the DHS, APD and to receive a provider number.
- (20) "Rate Schedule" means the Medicaid reimbursement rate schedule maintained by the Department in [OAR 411-027-0170](#).
- (21) "Registry" means the registration database of all adult day services programs maintained by DHS, APD.
- (22) "Representative" is a person either appointed by an individual to participate in service planning on the individual's behalf or an individual's natural support with longstanding involvement in assuring the individual's health, safety, and welfare.
- (23) "Service Plan" means a written, individualized plan for the delivery of services by the ADS, developed by the ADS in conjunction with the

individual or the individual's legal representative, DHS, or AAA case manager. The service plan:

- (a) Reflects the individual's capabilities, choices, and if applicable, measurable goals, and managed risk issues; and
- (b) Defines the division of responsibility in the implementation of the services.

(24) "Subject Individual (SI)" means an individual from whom the authorized agency, districts, and qualified entities conduct a criminal records check.

Stat. Auth.: [ORS 409.050](#), [410.070](#), [410.490](#), [410.495](#), [413.085](#) Stats.  
Implemented: [ORS 410.485 - 410.495](#)

#### **411-066-0010 Registration** *(Amended 2/15/2019)*

(1) All ADS programs that voluntarily provide APD with the information described in section (2) of this rule shall be placed on APD's ADS registry.

(2) Information on the registry must include, but is not limited to:

- (a) The name and address of the ADS program.
- (b) A checklist to determine the extent the ADS program is voluntarily complying with the standards set forth in [OAR 411-066-0020](#).

Stat. Auth.: [ORS 409.050](#), [410.070](#), [410.490](#), [410.495](#), [413.085](#)  
Stats. Implemented: [ORS 410.485 - 410.495](#)

#### **411-066-0015 Certification** *(Amended 2/15/2019)*

ADS programs that enroll with APD to provide services must be certified.

(1) INITIAL CERTIFICATION.

- (a) To receive APD Adult Day Service certification, which is required to become a DHS Medicaid-enrolled provider, an ADS program must complete all of the following certification process steps:
  - (A) Contact APD to schedule an initial on-site visit.
  - (B) Provide a cover letter detailing qualifications as an ADS.
  - (C) In preparation for the on-site inspection, the ADS will Complete the ADS certification self-assessment which demonstrates the program meets the standards for adult day services in [OAR 411-066-0020](#).
  - (D) Participate in a follow-up on-site inspection by APD.
- (b) APD must complete an on-site certification assessment visit, citing standards ([OAR 411-066-0020](#)) as "met" or "unmet".
  - (A) If all standards are met, APD shall certify the ADS program.
  - (B) If any of the standards are unmet, the application for certification shall be denied.
    - (i) The ADS program may bring the unmet standards into compliance and request APD complete a follow-up site certification assessment.
    - (ii) A request for a site certification reassessment must be made within 30 calendar days after denial. If the request for the site certification reassessment is more than 30 calendar days, the ADS program shall be required to resubmit the information in (1)(a)(B) - (D) of this rule.
  - (C) If the denial is upheld after a site certification reassessment, the ADS program may request an informal conference in writing within 10 business days of receipt of the denial

notice. Within 10 business days of receipt of the request for an informal conference, the Deputy Director shall review all material relating to the denial of the certification.

- (i) The Deputy Director shall determine, based on a review of the material, whether to uphold the denial.
- (ii) If the Deputy Director does not sustain the decision, certification shall be granted immediately.
- (iii) The decision of the Deputy Director is subject to a contested case hearing under [ORS 183.413 to 183.470](#), if requested within 90 days.

(c) APD may perform an unannounced on-site certification review any time during the certification period to ensure quality and safety standards continue to be met.

(2) MEDICAID PROVIDER ENROLLMENT. The ADS program must be an enrolled Medicaid provider in order to be eligible to receive payment from the Department for claims in connection with services provided by the ADS. The criteria for Medicaid provider enrollment and issuance of a provider number include, but are not limited to:

- (a) Meeting all program-specific requirements.
- (b) Providing a copy of the ADS program's current certification.
- (c) Current business registration and assumed business name (ABN), if applicable, with the Oregon Secretary of State's Corporation Division.
- (d) Completing an Adult Day Services Medicaid Provider Enrollment Application and Agreement (PEA) upon enrollment and renewal and meeting all Medicaid provider enrollment requirements.
- (e) Maintaining the insurance requirements as defined in the PEA.



(3) **MAINTAINING CERTIFICATION.** Certification for an ADS program may continue for up to two years, or longer as defined below, from the effective date, if the ADS program complies with the standards for certification as established in [OAR 411-066-0020](#).

(a) ADS programs wanting to renew certification and Medicaid provider enrollment must:

(A) Complete an ADS certification self-assessment demonstrating the program meets these rules. ADS certification self-assessments received by DHS APD prior to the ADS certification expiration date may allow the ADS certification to remain in effect at the discretion of APD until a final recertification decision is issued.

(B) Participate in a follow-up on-site inspection by APD.

(b) APD must complete an on-site certification assessment form after the visit, citing standards ([OAR 411-066-0020](#)) as "met" or "unmet".

(A) If all standards are met, APD shall notify the ADS program that certification shall be renewed.

(B) If any of the standards are unmet, the application for certification shall be denied.

(i) The ADS program may bring the unmet standards into compliance and request APD complete a follow-up site certification assessment.

(ii) A request for a site certification reassessment must be made within 30 calendar days after denial. If the request for the site certification reassessment is more than 30 calendar days, the ADS program shall be required to resubmit the information in (1)(a)(B) – (D) of this rule.

(iii) Depending upon the nature of the inadequacy, APD may perform a follow-up inspection to confirm compliance.

(iv) APD may immediately suspend certification for threat to the participant's health, safety, welfare, or failure to comply with the standards.

(C) If the site reassessment result is not accepted in full, or the follow-up inspection reveals non-compliance, APD may deny, revoke or refuse to renew the certification and provider enrollment. The ADS program shall be notified in writing of the decision.

(D) If the denial or revocation is upheld after reviewing the site reassessment results, or follow-up inspection, the ADS program may, submit a written request for an informal conference within 10 business days of receipt of the notice. Within 10 business days of receipt of the request for the informal conference, the Deputy Director shall review all material regarding the denial or revocation.

(i) The Deputy Director shall determine, based on a review of the material, whether to uphold the denial or revocation.

(ii) If the Deputy Director does not sustain the decision, certification shall be granted immediately.

(iii) The decision of the Deputy Director is subject to a contested case hearing under [ORS 183.413 to 183.470](#) if requested within 90 days.

(c) APD may perform an unannounced on-site certification review any time during the certification period to ensure quality and safety standards continue to be met.

#### (4) TERMINATION OF MEDICAID PROVIDER ENROLLMENT.

- (a) Enrolled Medicaid providers of ADS may be denied enrollment, terminated, or prohibited from providing ADS for any of the following:
  - (A) Violation of any part of these rules.
  - (B) Violation of the protective service and abuse rules in [OAR chapter 411, division 020](#) and [OAR chapter 407, division 045](#).
  - (C) Failure to keep required certifications current.
  - (D) Failure to maintain Medicaid provider enrollment.
  - (E) Failure to provide copies of the records described in these rules to designated Department or Oregon Health Authority entities.
  - (F) Failure to comply with the Background Check rules in [OAR 407-007-0200 through 407-007-0370](#).
- (b) Enrolled Medicaid providers may appeal a termination of their Medicaid provider number based on [OAR 407-120-0360\(8\)\(g\)](#) and [OAR chapter 410, division 120](#), as applicable.
- (c) Enrolled Medicaid providers of ADS must provide advance written notice to the Department at least 30 days prior to no longer providing ADS.

Stat. Auth.: ORS 409.050, [410.070](#), [410.490](#), [410.495](#), 413.085  
Stats. Implemented: [ORS 410.485 - 410.495](#)

**411-066-0020 Standards for Adult Day Services Programs** (Amended 2/15/2019)

(1) SERVICE PLANS. ADS program participants must have a service plan that is based on individually assessed service needs and the ADS program's ability to provide services to meet the participants need. The service plan must include the following:

(a) Intake Screening. The intake screening must be completed by the ADS prior to admission to determine the appropriateness of the ADS program for the participant and that the participant's needs are within the scope of the ADS program.

Intake Screening begins with the "First Day Free" visit with the participant and his or her care manager (spouse, family member, friend, social worker or paid provider). We ask them to come to ADS to enjoy lunch and to get acquainted with us and other participants. This provides an opportunity for the participant and our staff to assess whether or not ADS is a "good fit" for both of us. We complete a full assessment in the enrollment application as defined in the following:

Application. An application or enrollment agreement must be completed and include all of the following:

ADS Application includes the requirements as listed:

(A) Applicant's personal identifying information.

(Enrollment forms)

(B) Information regarding health, safety, and emergency needs.

(Enrollment Forms)

(C) Identification of services to be provided.

(Enrollment and ADS Policies and Procedures)

(c) Assessment. A written assessment of the participant must include all the following:

(A) Functional abilities and disabilities.

(B) Strengths and weaknesses.

(C) Personal habits.

- (D) Preferences, interests, likes and dislikes.
- (E) Medical condition and medications.
- (F) Personal care.
- (G) Assistance required with activities of daily living.
- (H) A statement on the ability to live independently.
- (I) Any other information helpful to developing the service plan, such as life history.

The assessments listed in #(c) we are able to achieve from the questions that are asked in the enrollment application forms. We fill out an Assessment Form assessing physical, mental, ADL, abilities of each participant using the “First” assessment at enrollment, and then every 3 months or when physical and mental abilities notably change. (Enrollment forms include Patient Information, Policies and Authorizations, Physicians Release, POLST and Advance Directives, Participant Bill of Rights. And within Progress notes

(d) Written Service Plans. The service plan, which is based on the assessed needs, strengths, and abilities of the participant, must include realistic long and short-term objectives. The service plan must:

- (A) Specify number of days per week of attendance.
- (B) Define the services to be provided.
- (C) Explain how the service meets the assessed need.
- (D) Identify staff responsible for providing or monitoring service delivery.
- (E) Include an activity plan that is based on the interests, needs, and abilities of the participant.

More important than the written service plans are the constant, daily and weekly, adjustments that staff and care managers share. Most of our participants have disabilities or dementias that require us to be agile and flexible. We develop ways to ensure the comfort and well-being of participants, family, and each other. Objectives that work for long-term care facilities are not always applicable for those with home care or ADS care.

(e) A disclosure statement that describes the ADS program's range of care and services, including:

(A) Criteria for admission and discharge; and

(B) Fees and arrangements for payment, including insurance coverage or other payment sources.

(f) Coordination of Care. The need for coordination of care must be considered for each participant. If coordination of care is needed and the participant is receiving services from another agency or resides in a community-based care setting, the ADS service plan must be developed to acknowledge, and not duplicate, the services provided by that agency or facility.

We coordinate care with North Samaritan In-home health/outpatient; Lakeview Memory care, and private in-home care agencies such as Aging Wisely with Heartfelt Hands, and other in-home/nursing agencies that maybe working with families of our participants.

(g) Service Documentation and Reassessment.

(A) Progress notes on each participant must be written at least quarterly, reflecting a review of the service plan.

(B) Reassessing the participant's needs and reevaluating the appropriateness of the service plan must be completed not less than semiannually.

(C) A reassessment of the participant's needs and service plan must also be completed as needed when significant changes occur in the participant's functional ability, service needs, health status, or living situation.

We do an initial assessment and quarterly, or as needed with change of situation.

## (2) PARTICIPANT RECORDS.

- (a) All ADS programs must maintain a roster of all participants with dates of admission and discharge.
- (b) The ADS programs must maintain a daily attendance record, which documents the date and time the participant attends the ADS program.

The Roster records "First Day Free" visits, who enrolls, and when they are discharged and why. Daily Registration records attendance and time at ADS. Transportation is not charged or recorded in ADS hours; volunteers and staff record transportation time and mileage. Bookkeeper maintains records.

- (c) ADS programs must maintain an individual file on each participant that contains all the following information:

Our participant files contain the following:

- (A) Intake screening and application forms. ✓
- (B) Photograph of participant and statement of use, such as identification, news articles, with a signed release by the individual or representative.

Photo release and Participant Photo is part of enrollment

- (C) Medical information. The ADS program must obtain and document medical information to assist in developing a service plan. A participant's medical information must be reviewed semi-annually and the review must be notated in the participant's record.

#C medical history is collected within the "Participant Information" enrollment forms and from "Physician's Release" Form

- (i) Physician's name and contact information. ✓  
Enrollment forms
- (ii) Hospital's name and contact information. ✓  
Enrollment forms
- (iii) A list of the participant's medication. ✓  
Enrollment forms
- (iv) Advance health care directive form, if the participant has completed a directive. ✓

Front pocket of Participant folder, with Important Information Sheet, to hand to EMT

- (v) A Physician's Order for Life Sustaining Treatment (POLST), a statement that none has been signed, or a completed form developed by the ADS program to document resuscitation status.

#C medical history and information is collected within the "Participant Information" enrollment forms and from "Physician's Release" Form

- (D) Nutritional status assessment including medically prescribed dietary needs, food allergies, preferred diet (i.e. vegetarian, vegan), and cultural or religious preference.

Item (D) is found in Participant Information enrollment form, Important information form, and for food restrictions, on the refrigerator.

- (E) Person-Centered Service plan, including all information found in section (1) of this rule.

- (F) Correspondence.

Correspondence with family, caregiver, other agencies are in participant folders.

- (G) Transportation Plans. Transportation planning must:

Transportation Plans are stated within the enrollment form; changes that are made (often verbally) are recorded in driver hours or/and in progress notes.

Currently, NESS volunteers are providing transportation when necessary. The community has a growing need for transportation for elders and people with disabilities. NESS has received some grant funds to help with mileage reimbursement

- (i) Specify the arrangements for transportation to and from the ADS program; and
- (ii) Arrange for transportation enabling participants to attend ADS program-sponsored outings.

- (H) The ADS program's progress notes.

First page of participant folders.

- (I) Emergency contact information with at least two contacts (i.e. the participant's designated representative and others as indicated).

Emergency Info is in Participant Information form and on Important Information Sheet



(J) Emergency Medical Response for Participants. ADS programs must have a written procedure for handling participant medical emergencies. This documentation must include:

(i) Procedures for notification;

Emergency Info is in Participant Information form and on Important Information Sheet

(ii) Transportation arrangements; and

(iii) Provision for escorts, if necessary.

Emergency Info is in Participant Information form and on Important Information Sheet; basically says call 911 and take participant to North Samaritan Emergency Department, unless family request something els.

(3) SERVICES. The ADS program must provide the following services and supports:

(a) ADL Assistance. This includes assistance and supervision with activities of daily living.

(b)

(c) Social Services. The following social services, if identified on the service plan, must be provided to participants:

(A) Resources for mental health counseling within the community;

Lincoln County Community Health has a Lincoln City office. Details are in black notebook under resources.

Second and Fourth Fridays 10-12pm Adam Swart, Behavioral Health, Lincoln County

(B) Resources for other community services; and

(C) Advocating for the participant's human and civil rights.

Protect autonomy and follows Participants Bill of Rights posted in dining area/window.

(c) Monitoring for changes in physical health and making recommendations and providing resources within the community.

(d) Monitoring for changes in cognition and making recommendations and providing resources within the community.

- (e) Discharge planning and assisting in the transition.
- (f) Information and resources for persons who are not appropriate for adult day services.

Continued updated resources with brochures and posters.

- (g) Nutrition Services. ADS programs must screen and assess participants for nutrition needs and provide or refer for nutrition services within the community, as appropriate.

Nutritional requirements, allergies, restrictions are listed in the enrollment form. Specific needs or needs for food stamp are gently assessed with conversations.

- (h) Food Services. ADS programs must:

- (A) Provide present participants at least one meal per day if they are present at a typical mealtime.

- (i) The meal must consider the nutritional status assessment.

- (ii) The meal must meet the adult daily nutritional requirement as established by state and federal regulations.

- (iii) Menus for the coming week must be prepared and posted weekly in a location accessible to participants. The ADS must maintain weekly menus for one month.

- (B) Make nourishing snacks available to participants between meals.

Food and calendar records

- (C) Prepare and make menus available at least one week in advance to all participants.

- (i) Therapeutic Activities. ADS programs must take into consideration participant differences in age, health status, sensory deficits, needs, interests, abilities, and skills by providing opportunities for a variety of activities that encompass differing levels

of involvement. The activities may include social, intellectual, cultural, emotional, physical and spiritual activities.

Procedures Black Notebook "Activity Plans" Changes with Participant needs

(j) Health-Related Services. The ADS program must provide any health-related services as indicated on the participant's service plan. Services may include nursing consultation services, prevention education, and restorative therapy (e.g. physical therapy or occupational therapy).

Currently, NESS is limited with PT because of the small space and unwillingness of Odd Fellows to allow the parallel bars. We do what we can to encourage movement and exercise by playing games and dancing.

#### **(4) PHYSICAL DESIGN, ENVIRONMENT, EMERGENCY STANDARDS, AND SAFETY.**

(a) The facility housing the ADS program must comply with applicable state and local building regulations, zoning, fire, and health codes or ordinances.

(b) The facility must be designed in a way that it is accessible and functional in meeting the identified needs of the population it serves in accordance with the Americans with Disabilities Act as amended.

(c) Emergency standards. The ADS must:

(A) Emergency Plan. Each physical location must develop, maintain, update and enforce an emergency plan for the protection of all persons in the event of an emergency. The written emergency plan must:

(i) Address fire, natural, and human caused events identified as a significant risk for the facility and locality.

- (ii) Specify how the ADS program shall notify participants or the participant's representative of closure.
- (iii) Be posted in an accessible location and provide the locations of fire extinguishers and exit routes.

See emergency, fire, and disaster plans, blue notebook; Explained in Policies and Procedures we call or email families and participants of Closures.

(B) Follow appropriate fire and safety standards. The ADS must:

- (i) Have an onsite fire inspection by the State Fire Marshall or local fire authority and meet inspection requirements.
- (ii) Install a fire warning system.
- (iii) Provide and maintain fire extinguisher in the number and class.
- (iv) Maintain records of fire and evacuation drills. Fire and evacuation drills must be held at least once every six months.

(C) Have at least two well-identified exits available.

(D) Have written protocol regarding sick or injured participants. This protocol must be provided to participants, family, and care providers upon admission.

Sick or injured call 911. If we suspect a simple cold or flu we notify family caregiver or foster home and arrange transportation home or to physician as caregiver decides.

(E) Have emergency first aid kits which are visible and accessible to staff. Personnel trained in first aid and CPR must be on available whenever participants are present.

Small first aid kits are visible on counter by window and front door. Dixie Lorange, EMT, has purchased additional supplies for first aid and disaster/emergency preparedness (She is to deliver soon?)

(F) Must provide safe drinking water, as well as maintaining a supply of safe drinking water as part of the program's emergency disaster plan. Disposable paper cups, individual drinking cups, or drinking fountain must be provided.

(d) Excluding hallways, offices, restrooms, and storage spaces the ADS program must have:

(A) A minimum of 60 square feet of common floor space per participant.

(B) At least 80 square feet of common floor space per participant if 25 percent or more of the program participants are cognitively impaired or require the use of adaptive equipment.

(e) Cleaning and Maintenance.

(C) The physical building, premises, and all equipment must be maintained in a clean and sanitary condition, free of hazards, and in good repair.

Opening and Closing procedures include using chlorine water mix for cleaning tables, counters, arms of chairs, door knobs, any area used.

(D) In facilities serving 16 or more persons, a utility sink must be provided.

(d) Heating, cooling, ventilation, and lighting must be appropriate for the age and physical condition of the participants.

(g) Flooring must be easily cleaned and made of a non-skid material

(h) stairways must have handrails and the stairs must be covered with non-skid material

b Sufficient furniture for the entire participant population must be of sturdy construction that does not easily tip over or move when used for seating or support while walking,

c

(vi) Outside space used for outdoor activities must be safe, and accessible to indoor areas and to those with a disability. ✓

d Smoking, if permitted, must be supervised in a designated outdoor area that is adequately ventilated, and away from the main ADS program.

To Do: provide smoking shake

(vii) The facility must have an accessible bathroom with a minimum of one toilet per 10 participants. ✓

Each bathroom must: (viii) Be equipped with a sink, grab bars, and call system appropriate to the population served. ✓

No call system, however Program Assistants are required to stay near the RR doors in order to hear if assistance is needed.

(A) Function properly and be maintained in a sanitary and odor free condition.

(B) Contain an adequate supply of liquid hand soap, toilet tissue, and paper hand towels with a dispenser or an electrical hand dryer.

(m) There must be sufficient private space for:

(A) Consultation between staff and participant.

(B) The participant to rest.

(C) Personal telephone use by participants.

(D) Storage of files, records, recreational and cleaning supplies.

Space for these requirements are limited.

(n) Food Services, Standards, and Precautions. To ensure the provision of safe and sanitary food:

(A) All ADS programs serving 16 or more persons must meet the minimum requirements as outlined in the OHA, Public Health Division's Food Sanitation Rules, [OAR chapter 333, division 150](#).

(B) ADS programs serving 15 or fewer persons, or a facility that purchases meals from an outside meal source or serves prepared meals, must meet the minimum requirements in [OAR chapter 333, division 150](#) relating to the preparation, storage, and serving of food. Facilities serving 15 or fewer persons are not required to use commercial equipment.

(C) **If the ADS employee's duties include preparing and serving food, the employee must have a food handler's certificate.**

Renewals: Need Checklist for employees and volunteers to keep current food handlers certificate

(D) Garbage, Refuse, and Recycling.

(i) Garbage and refuse containers must be insect-proof, rodent-proof, leak-proof and nonabsorbent.

(ii) Garbage and refuse must be removed at least once a week from the premises or more often if needed to prevent odors and attraction of insects, rodents and other animals.

(iii) Items being recycled must be clean and pending removal, stored in a manner that does not present rodent harborage or insect breeding.

**(iv) Recycled items must be stored separately from food supplies and food preparation equipment.**

- (o) Sewage Disposal. If a community disposal system is available it must be utilized by the facility. If a septic system is utilized, it must be properly operating and meet code requirements.
- (p) Standards for Handling Soiled Items. Written procedures for the safe handling of soiled items minimizing the potential for the spread of communicable diseases must be established. Such procedures must include:
  - (A) Soiled item disposal and storage;
  - (B) Hand washing;
  - (C) Sanitizing of contaminated surfaces; and
  - (D) Preventing contamination.
- (5) Medication and nursing services. If provided by the ADS program, the ADS must:
  - (a) Designate a secured area for storing labeled medication away from the participant activity area.
  - (b) Have a written medication management policy, approved by a Registered Nurse or Pharmacist. This policy must designate which staff are trained and authorized to administer medications.
  - (c) administer medications.
  - (d) Only dispense physician approved medications.
  - (e) Meet local health department standards regarding infection control and communicable diseases.

The list of procedures for med distribution is on the door of the black cabinet, or should be... It was approved initially by Carolyn Belensky, RN. Staff should signed the back to designate they are trained to do the meds

Infection and disease control training needs to be updated with new Health Dept standards.



(6) STAFFING.

(a) Program Director. To meet certification standards, the program director must meet the following minimum qualification standards:

(A) Be at least 21 years of age; and

(B) Have a:

(i) Bachelor's degree in health care or management; or

(ii) High school diploma and have at least two years of professional or management experience within the five years prior to becoming program director.

(b) Employees and Volunteer Requirements. All employees and volunteers must:

(A) Comply with the criminal history and abuse check rules in [OAR 407-007-0200 through 407-007-0380](#). There must be written procedures to evaluate and determine employment status based on criminal findings.

(B) Background checks are to be completed every two years on all staff and volunteers.

(C) All subject individuals must self-report to the licensee any:

(i) Potentially disqualifying condition listed in [OAR 125007-0270](#).

(ii) Disqualifying condition as described in [OAR 407-0070275](#).

(iii) Potentially disqualifying condition as described in [OAR 407-007-0279 and OAR 407-007-0290](#).

(D) Be competent and have education or experience dealing with the adult day services population.

(E) Comply with standards for tuberculosis testing and hepatitis immunization specified by the local public health department.

(c) Staffing Numbers.

(A) The staff to participant ratio must be a minimum of one staff person to six participants.

(B) ADS programs serving over 50 percent of participants who require full assistance with three or more activities of daily living must have a staff to participant ratio of one to four.

We have no participants requiring full assistance; we don't have trained staff to assist with full ADL so would and limited enrollment of a person needing full assist.

(C) Volunteers may be included in the staff ratio only when they conform to the same standards and requirements:

NESS needs a volunteer coordinator in order to meet these requirements. The new Program Director/Operations Manager will need to assure these requirements.

(i) As paid staff;

(ii) Meet the job qualifications;

(iii) Have designated responsibilities;

(iv) Have a signed written job description; and

(v) Documentation of volunteers' schedule in the facility.

(D) Each ADS program located in a facility, such as a hospital, nursing facility, senior center, church, or community-based care facility, must be separate and distinct with designated staff and staff hours committed to the ADS program.

(E) To ensure adequate care and safety of participants, there must be qualified substitute staff available.

LACKING qualified volunteer staff substitutes (operations manager and clerk to be subs)

(d) Staff and Volunteer Orientation and Training. The adult day service must provide a general orientation and continued in-service training for paid staff and volunteers including, but not limited to:

(A) Program mission and philosophy.

(B) Fire, safety, and disaster planning, building evacuation, and emergency procedures.

(C) Mandatory reporting laws and signs of abuse and neglect.

(D) Standard infection control.

(E) CPR and first aid.

(F) Body mechanics and transfer techniques.

(G) Personal care.

(H) Behavioral intervention and behavior acceptance and accommodations.

(I) Understanding each participant's service plan.

## (7) ADMINISTRATION.

(a) Plan of Operation. Each ADS program must develop and implement a plan of operation that must be reviewed and, if necessary, revised annually. The plan must include:

(b) [See ADS Policies and Procedures](#)

(A) A definition of the target population.

(B) Geographical definition of the service area.

(C) Description of basic and optional services.

(D) Hours and days of operation.

(E) Admission and discharge policies and procedures.

(F) Staffing.

(G) Statement of participants' rights and grievance procedure.

(H) Rates.

(I) Procedures for reporting suspected abuse.

(J) A written policy for helping participants who wander including providing some type of identification.

(K) Emergency policies and procedures, including a policy on facility-wide medical emergencies.

(b) Discharge and Grievance Policy.

[See ADS Policies and Procedures](#)

(A) The ADS program must develop a participant discharge policy that includes at a minimum:

- (i) Timeframe for discharge;
- (ii) Criteria for discharge;
- (iii) Notification of discharge procedures;
- (iv) How to appeal a discharge; and
- (v) End of service.
- (vi) When possible, the ADS program must provide referrals or resources to the participant for services from other organizations whether the discharge was voluntary or involuntary.

(B) The discharge notification provided to the participant and representative must include:

- (i) Reasons for discharge and a discharge summary.
- (ii) A minimum of two weeks' notice while an alternative plan is being developed.
- (iii) Notice may be issued with less than two weeks when the service needs have increased to the level at which the ADS program is no longer meet the participant's needs safely or adequately.
- (iv) Advance notice when the participant presents imminent danger to other participants or themselves.

(C) A grievance policy for resolving participants' concerns or complaints about the ADS program must be developed and include, but not be limited to:

- (i) Filing process and time frames.

- (ii) A written response to the participant.
- (iii) A written record of the grievance must be on file at the facility.

(c) Program Evaluation.

Lacking although we have an initial survey offered to families and participants, which we haven't used in years.

- (A) As part of the quality assurance plan, the ADS program must develop policies and procedures for evaluating operation and services.
- (B) The plan must include a survey of employees, participants, families or services providers and referral services discussing all aspects of the ADS program.
- (C) The ADS program must use the evaluation to determine further action to ensure continuous improvement in service delivery.
- (D) A written report summarizing the annual evaluation findings must be posted for review with implementation or correction time tables. The report shall be maintained as part of the facilities permanent record and provided to the:

Lacking

- (i) ADS program's advisory committee or Board of Directors; and
- (ii) State's ADS program coordinator.

- (d) Personnel Policies and Practices. The ADS program must have written personnel policies for both staff and volunteers. ✓
- (e) General Records Policies. The ADS program must have a records policy for administrative records and participants' records. ✓
  - (A) The ADS programs must maintain administrative records including, but not limited to:

- (i) Personnel records. ✓
- (ii) Fiscal records. ✓
- (iii) Statistical reports.
- (iv) Government-related records. ✓
- (v) Contracts. ✓
- (vi) Organizational records.
- (vii) Quality improvement or quality assurance plans.
- (viii) Advisory committee minutes.
- (ix) Certificates of biennial fire and health inspections as required by local ordinances, and incident reports.  
✓ only one

(B) The ADS program must retain records for:

- (i) Clinical records, seven years. ✓
- (ii) Financial and other records, at least five years from the date of service. ✓

(f) Staff must hold personal information about participants and their families in confidence, treating all participants with respect and dignity. The ADS program must develop a written policy on confidentiality and the protection of participants' records. The policy must define procedures for the use and removal of:

- (A) Participants' records. ✓
- (B) Conditions for release of information. ✓ Disclosure

(C) Conditions that may require authorization, in writing, by the participant or their representative for the release of information, not otherwise authorized by law.

Stat. Auth.: [ORS 409.050](#), [410.070](#), [410.490](#), [410.495](#), [413.085](#)

Stats. Implemented: [ORS 410.485 - 410.495](#)