

Georgia Department of Human Resources Division of Aging Services Requirements for Non-Medicaid Home and Community Based Services

Section 300

Individual Service Requirements

§302 Adult Day Care/Day Health Requirements

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Overview of Adult Day Care and Adult Day Health Services

Adult day services provide supports for elderly individuals, (and their families, if present), who do not function fully independently, but who do not need 24-hour nursing care. Participants may have:

- some degree of physical disability;
- a social impairment;
- mental confusion;
- need for some assistance with activities of daily living which fall short of the need for placement in and institution; or
- returned from a recent hospital or institutional stay.

Adult day services are comprehensive and are based on participants' individual needs. They are family-focused, when families are involved. They are outcome-oriented with a goal of enhanced independence. The programs provide safe group environments with coordinated health and social services aimed at stabilizing or improving self-care. Qualified staff implement best practices in service delivery. Adult day services may prevent, postpone or reduce the need for institutional placement.

Programs providing adult day services generally fit into two distinct types. The *basic social model* program primarily provides activities which alleviate social isolation among older adults, fostering socialization and feelings of belonging. Services provided traditionally focus on recreational and social activities, and opportunity for community involvement. These programs target elderly adults whose physical condition is relatively stable and who perform the activities of daily living with a high degree of independence. Generally participants in social model programs do not need *daily medical supervision*, and only need *minimal supervision and assistance* with activities of daily living.

Programs which provide health and rehabilitative services, in addition to recreational and social services, are identified as adult day health or *medical model* programs. The goal of services provided through these programs is rehabilitation or maintenance of each person's highest level of functioning and independence. The clients served through these programs need physical assistance and a more structured environment. These programs provide supervision by medical personnel and health-related services on a daily basis. Staff routinely monitor a variety of medical conditions. In many instances, programs offer therapy services, when needed, based on an individual plan of care.

These requirements provide guidance on operating day care and day health programs which fit both basic models, or which may be a combination of the two, depending on the characteristics of the participants. The combined programs can be provided within the same center facility. Individualized care is provided to meet the specific needs of each participant, but program activities may be blended, if appropriate, to include individuals with various limitations, or segregated based on discrete client characteristics. Staffing patterns and ratios will vary accordingly.

These requirements have been drawn from many sources, including the laws, regulations and standards of other state aging programs, the "best practice" models of the National Council on the Aging's National Adult Day Services Association, the program guidelines of a number of local programs operating across the country.

§302.1 Purpose and Goals

The purpose and goals for adult day care/day health services¹ funded through non-Medicaid resources include:

- (a) to provide program and service requirements which differentiate social model programs from medically-oriented programs.
- (b) to provide guidance for the delivery of non-traditional models of daycare, such as mobile daycare.
- (c) to create a broader spectrum of service resources for community-dwelling elderly and their caregivers.
- (d) to create cost-effective models of service delivery, which take into account the needs of the individuals being served and their caregivers, through streamlined requirements.
- (e) to provide maximum flexibility for AAAs to expand needed services, while continuing to protect the health, safety and well-being of consumers.
- (f) to efficiently and effectively target resources so that persons most in need receive assistance.

§ 302.2 Scope.

These requirements apply to all adult day care/day health activities and services provided through contracts executed by an Area Agency on Aging or its subcontractors, and supported by non-Medicaid Home and Community Based Services funding, including Older Americans Act funds, State general revenues, other funding granted or appropriated through the Division of Aging Services for use in providing services, or other funds pooled with such funds to meet the costs for services under the Older Americans Act. *These requirements do not apply to Adult Day Health Services provided through the Community Care Services Program.*

The Division will consider written requests for exceptions or waivers to program requirements, which if strictly applied would be clearly impractical for the operation of the program. Such requests will be considered on a case-by-case basis.

§ 302.3 Target Group

- (a) The target group for this service is persons 60 years of age or older (and collaterally their spouses/caregivers) who:
 - (1) are experiencing some degree of impairment in their physical and/or cognitive functioning regarding the performance of activities of daily living and instrumental activities of daily living; and who
 - (2) lack access to, or do not desire to participate in such services offered through other funding sources or programs; *or*

¹ The term "day care" will be used throughout these requirements in the general sense. See §302.8 for a description of the various models of service delivery.

- (3) Adults of any age (and collaterally their spouses or caregivers) who are known to have, or who exhibit symptoms of Alzheimer's Disease, or related disorders, also may be appropriate candidates for adult day services provided through State Funds for Alzheimer's Services. *These program requirements supercede requirements for day care services provided through State Alzheimer's funding, issued by the Division in 1991.*
- (b) Providers of both social and medical model services funded by non-Medicaid resources will serve only participants whose needs, while at their centers, do not exceed center resources, and will not serve those who would be more appropriately served in another setting.
- (c) Each center shall develop and maintain written policy defining appropriate and inappropriate participants.
- (d) Basic social model centers shall not provide services to persons who:
 - (1) are bed bound or do not have the stamina or strength to attend the center, due to extreme frailty or fatigue.
 - (2) have emotional or behavioral disorders which are so severe in nature as to cause them to be destructive to themselves or others, or who are disruptive in a group setting, unless the center has the capacity, through adequate and qualified staffing, to appropriately manage the behaviors.
 - (3) would not benefit from the activities and services offered at the center, due to significantly higher levels of physical and cognitive functioning. Center staff shall make referrals through the Area Agency on Aging to more appropriate programs, such as a senior center, nutrition program or volunteer programs.

§302.4 Program Outcomes

The primary goal of adult day care/day health is to provide an intermediate level of care between full-time home care and full-time nursing home care, thereby delaying the need for more costly options of hospitalization and nursing home care. Through periodic monitoring activities and analysis of data reported in the AIMS, analysis of area plans and other documentation provided by the AAAs, the Division will determine the extent to which the following broad program outcomes have been or are being achieved:

- (a) Participants will maintain or increase their independence, resulting in their ability to remain in their homes or the community.
- (b) Participants and their caregivers, when present, will experience an improved quality of life.

- (c) Caregivers, when present, will experience relief from the responsibilities of caregiving, including the ability to retain a job outside the home, if appropriate.
- (d) Participants will be able to remain in their homes, or in the community, longer. Institutional placement is delayed.
- (e) Caregivers and participants are satisfied with the services provided.

§302.5 Access to Services

Area agencies on aging shall receive requests for and screen all applicants for adult day services provided by their subcontract agencies with aging program funding. They will maintain and manage waiting lists for the services, as necessary. Sources of referrals include older persons themselves, physicians, hospitals, case managers, family members, friends or other service providers. Services will be provided in a variety of settings outside the participants' homes.

§302.6 Service Provider Eligibility

- (a) Providers must specify the type or types of day care services to be provided, based on the target population(s) to be served, and must respond to the Request for Qualifications/Proposals issued by the Area Agency on Aging.
- (b) Enrolled providers of CCSP Adult Day Health Services are eligible to be funded by the AAA to provide non-Medicaid adult day care/day health services, but must use the Division's Uniform Cost Methodology to establish a unit cost for reimbursement for the non-Medicaid funded program. CCSP providers must also respond to the AAA Request for Proposal as part of the Area Plan development and contracting process.

§302.7 Program Characteristics

Services and activities shall be identified by the following characteristics:

- (a) The provider has identified the target population to be served by the program and:
 - (1) through comprehensive client assessment, an initial level of functioning is determined for each client.
 - (2) the level of functioning will be used to determine each client's daily activity schedule, also taking into account each client's personal interests and past experiences.
 - (3) each client's daily schedule is made up of diverse activities which maintain, restore or improve his/her functioning.

- (b) Daily program activities are designed for each participant and provide the basis for individual and program outcome measurement.²
- (c) The provider collects outcome data which are used to validate current assessments of clients' level of functioning, i.e., whether the scheduled activities in each client's individual care plan are appropriate for his/her level of functioning.
- (d) The provider analyzes outcome data and modifies or adjusts individual activity plans accordingly.
- (e) Based on the preceding criteria, the services/activities are flexible, according to each participant's abilities, interests and needs.
- (f) Clients have choices about which, if any, of the available services they will use.
- (g) Staff assist elderly persons and/or their family caregivers to act on their own behalf.

§302.8 Service Delivery Models

- (a) Adult Day Care: Community based programs that provide *non-medical care*, primarily social and recreational activities, to persons aged 60 and over, in need of limited personal care assistance, supervision or assistance essential for sustaining the activities of daily living; or for the protection of an individual on less than a 24-hour basis. Services are provided on the basis of individual plans of care. Participants in this model of care will demonstrate minimal impairments in functioning and cognition, based on assessments using the Determination of Need-Revised (DON-R) and the Folstein Mini-Mental Status Examination (MMSE).
- (b) Adult Day Support: Community based programs that provide *non-medical care* to meet the needs of functionally impaired elderly (age 60+) adults, according to individual plans of care in a structured, comprehensive program that will provide a variety of social, psycho-social and related services in a protective setting on less than a 24-hour basis. Participants in this model of care will demonstrate moderate impairments in functioning and cognition, based on assessments using the Determination of Need-Revised (DON-R) and the Folstein Mini-Mental Status Examination (MMSE).
- (c) Adult Day Health Care: Community based programs that provide social, rehabilitative and minor health services to physically and/or mentally functionally impaired elderly (age 60+), for the purpose of restoring or maintaining optimal capacity for self care. These

² The Adult Day Care Therapeutic Activity Manual, Norman and Horton, Aspen Publications, Gaithersburg, Maryland, 1996, is the preferred resource for activity planning and developing outcome measures for basic day care programs. Programs serving people with dementia may use dementia-specific measures or modify existing measures.

programs provide services through individual plans of care and target elderly persons who could be at risk of institutional placement if intervention is not provided. These may be persons who are ineligible for or do not wish to participate in the CCSP, but whose need for assistance is greater than that of participants in the basic adult day care program. Participants in this model of care will have moderate to substantial degrees of impairments in functioning and cognition, based on assessments using the Determination of Need-Revised (DON-R) and the Folstein Mini-Mental Status Examination (MMSE).

- (d) Alzheimer's Day Care³: Community based programs that provide day care for persons in the various (mild, moderate to severe) stages of Alzheimer's disease or related dementias, regardless of age. Cognitive impairment levels of participants are established through the administration of the Folstein Mini-Mental Status Examination (MMSE). Functional impairment levels are assessed using the DON-R. The programs also provide support and educational services for family caregivers and the community at large. These centers identify the psycho-social, emotional, functional, and cognitive needs of participants and assist them, through individual plans of care, to function at the highest degree possible.

§302.9 Program

§302.9.1 Administrative Requirements

- (a) Hours and days of operation.
- (1) Each facility shall establish core hours and days of operation during which day care services are available and which reflect the needs of the communities and client/caregiver populations identified as target groups.
 - (2) Facilities shall operate fewer than 24 continuous hours per day, when providing day care services.
 - (3) Providers shall document their efforts to expand core hours and days of service to meet the needs of the communities in which they provide services, based on customer surveys and market analyses.
- (b) Program description. The adult day care/day health program shall have a written description of the following:

³ AAAs may contract for services to persons of any age who have a form of dementia, using State Alzheimer's funding, local funds or grant resources. Older Americans Act, Social Services Block Grant, and state Community Based Services funds are used to provide services to persons aged 60 and older.

- (1) A definition of the program goals; the days and hours of operation; a description of the services provided or made available to participants; a description of the target population to be served by the program, including age groups and specific day care needs;
- (2) A description of any limitations of the program for providing services to individuals with special care needs;
- (3) The program's policy for fees for service⁴, and private pay services including the daily charge; any additional fees for specific services, goods, or supplies that are not included in the daily charge (e.g. transportation, bathing assistance, personal care assistance, etc.); and the method for notifying participants or their representatives of any changes or adjustments in fees.
- (4) The program's policy and procedures for accepting voluntary contributions from or on behalf of participants, including safeguards to prevent denial of service for non-contribution.⁵
- (5) The procedure for informing participants' families/caregivers, of any major change in general functioning or medical condition;
- (6) The procedures for documenting any incident occurring at the program site which would affect the health, safety or welfare of participants.
- (7) The procedure for implementing universal precautions.⁶
- (8) A statement of how the program will handle situations when a participant arrives at the site with a communicable illness or begins to display symptoms of such an illness while at the site.
- (9) An explanation of how emergency medical situations will be handled at the site, including how participants and caregivers are informed of the procedures. The facility must:
 - (A) stock and maintain in a single location first aid supplies to treat burns, cuts and poisoning. Staff shall assure that supplies with shelf dates are replaced in a timely manner to avoid expiration.

⁴ The Area Agency may allow Adult Day Care/Day Health providers to cost share services funded through the Older Americans Act, § 315, "Consumer Contributions" (2000 amendments). Providers shall use the most current DAS Fee Scale.

⁵ See note 3, except the use of the DAS Fee Scale, while encouraged, is not required.

⁶ Universal precautions are measures taken to prevent transmission of infection from contact with blood or other body fluids or materials containing blood or other body fluids, as recommended by the U.S. Public Health Service (USPHS) Centers for Disease Control, and adopted by the U.S. Occupational Safety and Health Administration (OSHA) as 29 CFR 1910.1030

- (B) make arrangements for emergency care and/or transfer to an appropriate place for treatment, including, but not limited to physician's office, clinic or hospital.
 - (C) have a procedure in place to provide immediate notification to the client's physician, next of kin/responsible party, or agency who place the client in the facility of any accidents or injuries.
 - (D) describe and document each accident, injury, or illness, including a statement of final disposition.
- (10) A policy and procedures to assure that no staff member, volunteer, visitor or any other person may be on the premises of the center during the hours of operation if the person exhibits symptoms of illness, communicable disease transmitted by normal contact, or behavior which gives reasonable concern for the safety of the participants and others.
- (11) A procedure for following up on any unexplained absences of participants.
- (12) A statement of smoking restrictions for the facility, and precautions to be taken for non-smoking participants, if appropriate.
- (13) A procedure for obtaining a signed authorization from the participant or caregiver, if applicable, allowing the release of any information about the participant to a third party.
- (14) A description of the criteria for voluntary and involuntary discharge of a participant from the program, and the time frame for notifying the participant and/or caregiver prior to an involuntary discharge.
- (15) A procedure for investigating and resolving complaints made by participants, family or other caregivers, or other interested persons about the services provided by the adult day care program, including providing information to such persons about appropriate local, county and/or state agency contacts.
- (A) Staff shall inform new participants or their representatives in writing of the facility's complaint procedures within 10 calendar days of services beginning.
 - (B) Staff shall date-stamp all written complaints received and maintain accessible records of the complaint and resolution.

- (C) Designated administrative staff shall assure that facility staff register and evaluate all complaints brought to their attention within five business days of receipt of the complaint.
- (c) The adult day care program shall maintain an organizational chart, illustrating the lines of authority and communication within the program.
- (d) Program staff shall provide written information about the program, described in §302.9.1(b) and (c) to all applicants, and to other interested parties upon request.
- (e) Program participants and/or their caregivers, if any, shall receive at least 30 days notice, in written form, prior to any changes in the program elements described in (1) above which would have a direct effect on the participants.
- (f) Participant rights. The program shall post and/or distribute to participants and caregivers a written document of the following rights accorded to the participants. The materials shall be made available to individuals in the language(s) they best understand and shall include, at a minimum:
 - (1) The right to be treated with respect and dignity;
 - (2) The right to be free from physical or verbal abuse or mistreatment;
 - (3) The right to participate in the development of one's service plan, with support from staff or caregiver, as needed;
 - (4) The right to refuse to participate in any particular activity;
 - (5) The right to privacy and confidentiality;
 - (6) The right to be fully informed of all the services provided or available and the charges, if any, of each service;
 - (7) The right to be informed of the reason for discharge and the procedure for appealing that decision;
 - (8) The right to initiate a complaint and be informed of the complaint resolution process;
 - (9) The right to a clean and safe environment while at the program facility.
- (g) Written agreements. The program shall initiate and maintain written agreements which describe:

- (1) Administrative or participant care services which are provided for the adult day care program by any outside agency or organization; and
 - (2) Collaborative relationships with other agencies which share space or program staff within a multi-use facility.
- (h) Disclosure of the provision of specialized services for persons with Alzheimer's disease and related disorders.⁷
- (i) Record Maintenance
- (1) Personnel records. The facility shall keep personnel records in a central location in the facility, for five years, according to record retention requirements.
 - (2) Participant attendance records. The facility will maintain a record of daily attendance and transportation to and from the facility, including the time each person began receiving/ participating in services each day and the time s/he left the facility's care. If transportation is provided by the facility, the driver's transportation records will also document times of arrival and departure. The facility also will document arrival and departure times for participants not using facility-provided transportation.
 - (3) Transportation records. The facility driver(s) shall maintain accurate daily transportation and mileage records, and records of expenses for purchases of gas and oil.
 - (4) The program shall maintain and retain in a secure place participant records, according to state record retention requirements, for at least five years upon discharge/termination from the program.
 - (5) Staff shall date-stamp all written complaints received and maintain accessible records of the complaints and resolution.

§302.9.2 Participant Enrollment Procedures

- (a) The applicant, and caregiver, if applicable, shall be informed of the length of any "trial period" required by the adult day care program to determine its ability to serve the individual and the individual's desire to participate in the program.

⁷ Any program or facility which advertises, markets or offers to provide specialized care, treatment or therapeutic activities for one or more persons with a probable diagnosis of Alzheimer's Disease or a related dementia is required to complete the Alzheimer's Disclosure Form and provide copies of this information to anyone who requests information about placement in or care, treatment or therapeutic activities from the program. (O.C.G.A. 31-8-181).

- (b) Staff shall provide clients or their representatives with written notice of the program's complaint procedures within ten calendar days of the initiation of service.
- (c) The adult day care program shall obtain and document upon acceptance into the program any additional, relevant participant and caregiver information as may be required by the Division of Aging Services non-Medicaid Home and Community Based Services program. Program staff shall have access to and maintain in an approved method and medium the following information at a minimum:
 - (1) The participant's full name, address, telephone number, date of birth and living arrangement;
 - (2) The name, address and telephone number of the participant's primary caregiver(s);
 - (3) The name, address and telephone number of at least one family member or significant other designated as the emergency contact, if different from the primary caregiver;
 - (4) The name, address and telephone number of the participant's primary care physician; and
 - (5) The name, address and telephone number of the referring or coordinating agency and case manager, if applicable.
- (d) The program shall maintain all participant information on site, either in manual or electronic formats approved by the Division.
- (e) The participant, or responsible party, shall sign a statement acknowledging receipt of a written description of the services to be provided, the cost of those services and a statement of participant's rights. The facility will maintain the original signed copy in the client record and provide a signed copy to the client/her representative.
- (f) Health Statement. The program must obtain a statement signed by a licensed physician, physician's assistant, or registered nurse, within 90 days prior to enrollment, or within 30 days after enrollment which includes:
 - (1) An indication that the participant is free from any communicable disease that would be detrimental to other participants and staff, including tuberculosis;
 - (2) A list of current diseases, chronic conditions, and drug, food or other allergies;
 - (3) A statement of any restrictions in the participant's ability to participate in program activities;

- (4) The names of all prescribed, over-the-counter and alternative medications including dosages, currently being used by the participant.
- (5) Program staff shall assure that any participant discovered to have a communicable condition of any duration is referred immediately for treatment.
{Also see §302.9.1(b)(7), (8) and (9).}

§302.9.3 Participant Assessment and Service Plan Development

- (a) If the AAA or other case management agency staff have assessed participants prior to admission to the day care program by, that agency shall provide to the day care program a copy of the comprehensive assessment for use in service planning. If no assessment has been completed prior to admission, the day care program staff shall conduct the comprehensive assessment, using the instruments specified by the Division of Aging Services, prior to developing an individualized plan. Staff members conducting assessments shall have the expertise, experience and/or training relevant to the client population being served.
- (b) Staff shall complete the service plan to meet the person's identified needs and implement the plan within 30 days of admission and include in the manner specified by the Division:
 - (1) comprehensive information about the participant's functional abilities and disabilities, strengths and weaknesses, personal habits, preference and interests, likes and dislikes, medical condition and any other information helpful to developing the service plan, such as a life review. The Folstein Mini-Mental Status Exam (MMSE) is the instrument which will be used to assess cognitive functioning. The core assessment instrument for functional capacity and unmet need for care is the Determination of Need-Revised (DON-R) and, along with the MMSE, is the primary source of information for service planning. The NSI-DETERMINE Checklist also is used when appropriate to determine nutritional status and unmet dietary needs.
 - (2) a statement of the services and activities the program will provide in order to meet the needs and personal interests identified, linked to the key functional areas identified in §302.4(1).
 - (3) documentation of the participant's usual travel arrangements to and from the site, the usual times for arriving and leaving, and any plan for using transportation services.

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- (c) Staff shall review the individualized service plan every six months, or more often if warranted by changes in functional status, cognitive status, health condition, or preferences and update accordingly. Staff shall document any changes in the participant's record.
- (d) Staff shall document participant progress toward attaining and maintaining service plan goals for each participant, including using any indicators and criteria which may be established by the Division.
- (e) Staff shall conduct comprehensive reassessments of each participant at least annually or more often as changes in condition indicate.
- (f) The program shall establish processes and mechanisms which foster regular, timely communications among staff, and with the participant and caregiver about the participant's daily capabilities, interests, general well-being, and response to the service plan.

§302.9.4 Program Services

- (a) The range of services provided or arranged by the program shall be based on the written description of the program under §302.4, "Program Characteristics," and shall include at least the following:
 - (1) activity programming which takes into consideration individual differences in health and functioning, lifestyle, ethnicity, religious affiliation, values, experiences, needs, interests, abilities and skills;
 - (2) nutrition services, including education and counseling for participants and caregivers, when appropriate;
 - (3) assistance and supervision (including the use of visual cues with persons with dementia) as needed with activities of daily living, such as walking, grooming, toileting, eating; and
 - (4) exercise or physical activity appropriate to each person's functional status, and rest.
- (b) The services provided by the program as part of implementing individualized service plans shall:
 - (1) involve participants to the maximum extent possible in the planning and implementation of the activities;
 - (2) include individual and group activities that encourage creativity, social interaction, physical exercise; and
 - (3) provide opportunities for indoor and outdoor activities, including outings to points of interest and involvement in the community, to the extent that their physical and cognitive conditions permit them to participate.

- (c) Additional services may be arranged for or provided by the adult day care program and may include, but are not strictly limited to the following, depending on the interests and needs identified for the target population to be served:
- transportation
 - social services⁸
 - personal care
 - medication administration assistance
 - nursing services
 - health monitoring
 - physical therapy
 - occupational therapy
 - speech therapy

§302.9.5 Meal Requirements

- (a) The program shall assure that an appropriate, nutritious meal is provided to each participant in attendance at the program for 5 or more hours, with lunch service occurring between the hours of 11:00 a.m. and 1:00 p.m.
- (b) Meals served by the facility shall be suitable in quantity and quality to provide at least one-third (1/3) of an adult's daily nutritional requirements (if only one meal is served) as established by the Recommended Dietary Allowances, and must be served according to menus developed by a qualified dietician.
- (c) Special diet meals, including texture modifications, ordered by the client's physician, and developed by a dietician, must be labeled with the client's name and type of diet.
- (d) The facility shall make available nutritious, appropriate snacks for those participants who may need and want them (morning and afternoon, at a minimum, depending on hours of operation and attendance.)
- (e) Menus must be planned and posted at least two weeks in advance. Each menu must be dated and maintained on file. Staff may use the Division's Nutrition Services requirements in developing menus.
- (f) Programs may purchase meals meeting the dietary requirements from agencies which provide meals for the non-Medicaid Home and Community Based Services Program, in accordance with Older Americans Act Nutrition Program requirements.
- (g) Programs may qualify for U.S.D.A reimbursement for meals which meet the RDA requirement and which are served to eligible individuals, either through the provider's status as a contractor of the area Agency on Aging or through a working agreement with the AAA per DAS policies on USDA reimbursement (PI 151, 1/2001).

⁸ Examples of social services include opportunities for community interaction, cultural enrichment activities, and educational and recreational activities provided in a planned program to meet the interests and needs of the participants.

§302.9.6 Administration of Medications

- (h) Programs shall arrange for or provide dietary counseling and nutrition education for clients and their caregivers, using the services of appropriate professionals from the field of dietetics and adult nutrition.
- (a) The adult day care program shall have a written policy for medication management and shall designate specific staff to be authorized and trained to assist with the administration of medications. The policy shall address the program's role in the supervision of self-administered medications and/or staff administered medications.
- (b) Administration of medications.
 - (1) **Clients who choose not to or who cannot self-administer their medications must have their medications administered by a person who holds a current license under state law which authorizes the licensee to administer medications. (See §309.9.6(5), "General medication management procedures")**
 - (2) All medication prescribed to clients must be dispensed through a pharmacy or by the client's treating physician or dentist.
 - (3) Physician samples may be given to a client provided the medication has specific dosage instructions for the individual client.
 - (4) Each client record must contain a medication profile, including but not limited to a listing of any known allergies to medications, current medications (including OTCs), with pharmacy name(s), strength, dosages, frequency, directions for use, route of administration, prescription numbers, and dates of issuance by each pharmacy.
- (c) Assistance with self administration. Licensed nursing staff may provide assistance to individuals who are incapable of self-administering medications independently, including and limited to:
 - (1) providing reminders to take medications at prescribed times;
 - (2) opening containers or packages and replacing lids;
 - (3) pouring prescribed dosages of liquid and solid medications according to medication profile record;
 - (4) returning medications to the proper locked areas;
 - (5) obtaining medications from a pharmacy;

- (6) listing on the individual client's medication record profile the medication name, strength, dosage, amount received, directions for use, route of administration, prescription number, pharmacy name, and date each medication was issued by the pharmacy.
- (d) Self-administration
- (1) Staff shall assure that the prescribing practitioner will review and update the participants' medications list no less than annually.
 - (2) Clients who are able to administer their own medications must be assessed at least once a month by licensed nursing staff to determine their continued ability to self-administer their medications/treatments. Staff will document the assessment in the client record.
 - (3) Clients who choose to keep their medications locked in a central medication storage area may be permitted access or entrance to the area for the purpose of self-administering their own medication and/or treatment regimen. A facility member must remain in or at the storage area the entire time the client is present.
- (e) General medication management procedures.
- (1) Each client who takes medication or treatment at the day care program facility must have in his/her record written orders from the prescribing practitioner(s) for each such medication or treatment.
 - (2) Each client record must contain documentation of known drug, food and contact allergies and adverse reactions. Nursing staff shall have access to and use the most current edition of the Physician's Desk Reference (PDR) or equivalent professional pharmaceutical reference in assessing potentially adverse drug reactions.
 - (3) The program director, activities director, or nursing staff shall report immediately to the client's physician and responsible party any unusual reactions to medications or treatments.
 - (4) When the program staff supervises or administers medications, the actual administration of medications must be documented in the participant's permanent record, including the name of the medication, dosage, method of administration, date and time administered, and the name of the staff member who administered the medication.

Staff must keep a written record of occasions when the client does not receive or take medications/ treatments as ordered/ prescribed.

(f) Storage.

- (1) The facility must provide a locked area for all medications, including over-the-counter drugs. All medications shall remain in the original labeled containers.
- (2) Acceptable methods of storage include, but are not limited to:
 - (A) central storage area;
 - (B) medication cart.
- (3) The medication room or cabinet storage area must have a separate, permanently attached cabinet, box or drawer with a lock to store drugs covered by Schedule II of the Controlled Substances Act of 1970.
- (4) Each participant's medication must be stored separately from other clients' medication within the storage area.
- (5) Refrigerators used for medication storage must be located in designated and locked storage areas. Medication requiring refrigeration must be stored in a refrigerator used only for medicine storage, or in a separate and locked storage box in a refrigerator.
- (6) Poisonous substances and medications labeled "For external use only" must be stored separately from other medications within the locked storage area.

(g) Disposal

- (1) Medications no longer being used by the clients for the following reasons must be kept separate from current medications and are to be disposed of only by registered pharmacists licensed to practice in the state of Georgia:
 - (A) medications discontinued by order of the physician;
 - (B) medications which remain after a client has died;
 - (C) medications which have passed the expiration date.

- (2) Healthcare professionals who administer injections, or perform other procedures involving the drawing of blood, shall dispose of sharps in appropriate sharps disposal systems or containers, in accordance with O.C.G.A. 13-12-13, and any applicable guidelines issued by the Centers for Disease

Control and Prevention, the National Institute of Occupational Safety and Health (NIOSH), the Occupational Safety and Health Act (OSHA), and any other governing rules and regulations. *(Also see Appendix 302-A for sharps disposal guidelines.)*

- (3) Medications kept in a central storage area are to be released to discharged clients when the clients or a responsible party have signed a receipt for the medications.

§302.9.7 Transportation

- (a) Adult day care programs providing transportation for participants must assure that providers of transportation carry liability insurance and have a valid operator's license in the appropriate class.
- (b) Vehicles used must have safe tires (1/8 inch tread minimum) and properly functioning headlights, tail lights, directional signals, windshield wipers, brakes, heat and air conditioning, and seat belts (if a passenger car). The program must maintain documentation of annual inspections and routine maintenance and service.

§302.10 Personnel

§302.10.1 Personnel Administration

- (a) The administrator shall develop and maintain written personnel policies and provide them to each employee. The content shall address the program's/organization's policies on:
 - (1) annual and sick leave
 - (2) educational opportunities
 - (3) pay practices
 - (4) employee benefits
 - (5) grievance procedures
 - (6) performance and evaluation procedures
 - (7) criteria for advancement
 - (8) termination procedures
 - (9) authority for hiring and terminations
 - (10) use of any work test or probationary period
 - (11) staff participation in reviews of personnel practices
 - (12) maternity leave
 - (13) military leave
 - (14) civic leave (jury duty and court attendance)
- (b) The administrator shall establish a performance review and evaluation process which will be used by all appropriate supervisory personnel at least annually, and following any probationary period.

- (c) The administrator shall assure that for each full time and part time position there is a current, written job description which includes:
- (1) qualifications of education, experience and personal traits required;
 - (2) to whom employee is responsible;
 - (3) duties and responsibilities;
 - (4) salary ranges.

See §302.10.3, "Staff Positions," for specific guidance on responsibilities and minimum qualifications.

§302.10.2 Required Staff Information

- (a) The adult day care program shall maintain on site a file on each employee which is available to the Area Agency on Aging staff, Division staff and any other appropriate state or federal staff who may monitor the program. Programs which are operated from a central office at several branch locations may, with the AAA's approval, maintain staff files at the central office, with the understanding that such files shall be made available in a prompt and timely manner for the purpose of monitoring or evaluation. Each file shall include at a minimum, the employee's name, address, date of birth, educational status, previous work experience and letters of reference; the name, address, telephone number of person(s) to be notified in an emergency; and any documentation or training, certification, licensure, etc. At a minimum, emergency contact information for each employee is maintained at each site if primary files are housed in a central office.
- (b) Criminal Records Checks. The contracting organization complete a criminal records check for each employee, including the administrator, according to Department of Human Resources policies. Staff may begin work assignments prior to the processing of the records check, but shall be subject to immediate termination if the information in the report indicates that s/he has been convicted of for any of the crimes which render individuals ineligible for employment, or has falsified any information related to prior convictions.⁹
- (c) Letters of Reference. The administrator also shall obtain at least three letters of reference or the names of individuals with whom a reference interview can be conducted, including at least one former employer, if any, for each prospective employee. The individuals providing reference information must be knowledgeable of the applicant's background and qualifications, and may not be related by blood or marriage. If the position

⁹ O.C.G.A. § 35-3-38, §49-2-14 and §31-7-350 *et seq.*, Criminal Code of Georgia (O.C.G.A., Title 16), Code of Federal Regulations 42, IV, §483.420(d)(iii), Rules of the Georgia Crime Information Center Council, DHR Human Resource/Personnel Policy #504

being recruited is that of the administrator, these requirements accrue to the employing agency.

- (c) Staff Health Status. All employees working directly with participants shall have had a health examination within six months prior to beginning work or within 30 days of beginning work.
- (1) The report shall certify that the person is in good health, including freedom from communicable diseases that are detrimental to the participants, (including tuberculosis), and otherwise fit for employment. The reports shall be signed by a licensed physician, physician's assistant or registered nurse.
- (2) If staff cannot produce evidence of acceptable health status, the administrator may commence, continue, terminate, or reassign employment status, based on an assessment of whether the employee's work tasks would pose a significant risk to the health of the employee, co-workers, or the public, or whether the employee is unable to perform the normally assigned job duties.

§302.10.3 Staff Positions

Each program shall be operated with adequate numbers of qualified staff, according to the target population(s) and models of programming provided. The program may contract for certain staff services, including activities director, as long as all program requirements ordinarily fulfilled by employees are met. The characteristics of the participants will determine the number and types of staff required. If a mixed model of programming is proposed, the staffing required for the highest level of care will be assured. Positions include:

- (a) Program Administrator
- (1) The program administrator shall be at least 21 years old and shall be responsible for directing programmatic activities and, in most cases, managing the physical facility.
- (2) The program administrator shall be knowledgeable about the specific disabilities/conditions of the persons being served by the adult day care program, including knowledge of:
- (A) the physical and psychological aspects of aging and disabilities, including dementia disorders;
- (B) the types of functional deficits which result from the disabilities;
- (C) the types of services the program must provide to meet the participants' needs resulting from the functional

impairments associated with the disabilities.

- (3) Knowledge of these areas shall be demonstrated by the following or their equivalents:
 - (A) A Bachelors's degree from an accredited four-year college or university, with at least one year of experience in working with people in a human services program; *or*
 - (B) 60 semester hours, or an associate degree from an accredited college or university, with three years experience in working with people in a human services program; *or*
 - (C) licensure or certification in a health or human services profession, with one year of experience in a human service or medically-related program; *or*
- (4) The activities director may fulfill the function of program administrator if s/he meets all qualifications.
- (5) The facility shall have a policy regarding the delegation of responsibility in the administrator's absence, not to exceed ten working days.
- (6) Anyone hired prior to the effective date of these requirements, who has served continuously in the capacity of director may be considered qualified as the program/facility director.

(b) Activities Director

- (1) The activities director must have:
 - (A) a Bachelor's degree from an accredited college or university, plus one year experience in working with the elderly or people with disabilities/dementia, or in a human services program; *or*
 - (B) 60 semester hours from an accredited college or university, plus two years experience in working with the elderly or people with disabilities/dementia, or in a human services program; *or*
 - (C) completed a formal training program for activities directors, plus two years experience in working with the elderly or people with disabilities/dementia *or*

- (D) licensure or certification in a health or human services profession, with one year of experience in a human service or medically-related program.¹⁰
 - (E) two years experience in a social or recreational program within the last five years, one year of which was full-time in a patient activities program in a health care setting.
- (2) Anyone hired prior to the effective date of these requirements, who has served continuously in the capacity of activities director, may be considered qualified as the activities director.
- (c) Nursing staff. If the program components and services offered include nursing services, the facility nurse must be either a registered nurse or a licensed practical nurse.
- (1) The RN must have and maintain a current license from the Georgia Board of Nursing. and must practice in compliance with the Georgia Registered Professional Nurse Practice Act (O.C.G.A. 43-26-1) and rules and regulations of the Board of Nurse Examiners.
 - (2) The LPN must have and maintain a current license from the Georgia Board of Nursing and must practice in accordance with the Georgia Practical Nurses Practice Act (O.C.G.A.43-26-2) and rules and regulations of the Georgia Board of Examiners of Licensed Practical Nurses. {See §302.10.3(6)(b) regarding Registered Nurse Consultants.}
 - (3) If the program administrator also is the facility nurse, and leaves the facility to perform other duties related to the provision of the day care program, another licensed nursing professional must fulfill the duties of the facility nurse during his/her absence.
- (d) Day care assistants
- (1) Assistants must be at least 18 years old, and may also perform the duties of bus drivers, aides, cooks, custodians, porters, housekeepers and laundry workers.

¹⁰ Persons meeting this criterion for qualification may include Registered Nurses; Registered Occupational Therapists; Certified Therapeutic Specialists; Certified Activities Professionals; or persons who have completed the Georgia Nursing Home Association's (GNHA) 36-hour Activities Directors course. All such persons must maintain licensure, certification or registration according to the requirements of the organization conferring the credentials.

(2) All assistants who serve as drivers must have a current Georgia operator's license, which is appropriate for the class of vehicle used to transport clients, and must maintain current Adult Cardio Pulmonary Resuscitation (CPR) certification.

(3) If an assistant prepares or serves food in the facility, s/he must observe and meet all state and local health requirements for food service sanitation.

(e) Food Service personnel. If the facility serves meals prepared on site, it must have sufficient, qualified food service staff to prepare meals and snacks, and who meet all state and local requirements for food service sanitation.

§302.10.4 Staff Responsibilities

(a) Program Administrator. The administrator is responsible for:

(1) managing the adult day care program and the facility, including preparation and management of the annual budget, if applicable;

(2) training and supervising facility staff;

(3) monitoring the facility building and grounds to ensure compliance with all codes and requirements;

(4) developing or overseeing the preparation of clients' individual plans of care.

(5) maintaining all financial and client records;

(6) developing relationships with community groups and agencies for identification and referral of clients;

(7) maintaining communication with clients' family members or responsible parties;

(8) assuring the development and maintenance of individual plans of care; and

(9) if s/he serves as a nurse consultant during the same workday period, s/he is fulfilling her/his responsibility as director.

(b) Activities director. The activities director is responsible for:

(1) planning and directing the daily program of activities, including physical fitness exercises or other recreational activities;

(2) recording the client's social history;

(3) assisting with the client's related support needs;

- (4) assuring that the identified related support services are included in the client's individual plan of care; and
 - (5) signing and dating monthly progress notes about social and related support services provided.
- (c) Facility nurse. The facility nurse is responsible for:
- (1) assessing the clients' nursing and medical needs, if appropriate to the population being served.
 - (2) developing or contributing to the development of clients' individual plans of care;
 - (3) obtaining physicians' orders, when appropriate, for medication and treatments to be administered;
 - (4) determining whether clients have appropriately taken, applied or used self-administered medications;
 - (5) entering, dating and signing monthly progress notes on any medical care provided;
 - (6) administering medication and treatments;
 - (7) providing health education to clients and caregivers;
 - (8) maintaining the medical portions of client records.
- (d) Day Care Assistant. The assistant is responsible for:
- (1) providing personal care services (assistance with activities of daily living [ADLs]);
 - (2) assisting the AD with recreational activities;
 - (3) providing protective supervision (observation and monitoring).
- (e) Food service personnel. Food service personnel are responsible for:
- (1) preparing and/or serving meals and snacks;
 - (2) maintaining the kitchen area and utensils in a safe and sanitary condition.
- (f) Other staff positions. The facility may engage the services of the following types of staff, with associated responsibilities.

- (1) Dietician consultant. The dietician consultant will be a Registered Dietician, licensed to practice in Georgia, who will plan and/or review menus and will:
 - (A) approve in advance and sign each snack and meal menu;
 - (B) review menus monthly to assure that any substitutions made are appropriate;
 - (C) develop any special diets specified by physicians for individual clients.

- (2) Registered Nurse consultant. In facilities in which nursing services are provided by a LPN, a registered nurse consultant must provide on-site consultation not less than four hours per week and will:
 - (A) document the consultation provided.
 - (B) provide the consultation at the facility during the hours the clients are present;
 - (C) review care plans and recommend changes, as needed;
 - (D) assess clients' health conditions;
 - (E) consult with the LPN in solving problems involving client care and services planning;
 - (F) counsel clients, and caregivers, on health needs;
 - (G) train, consult and assist the LPN in maintaining proper medical records;
 - (H) provide in-service training for direct service staff.

§302.10.5 Staffing Patterns and Ratios

- (a) The administrator shall plan for and fill staff positions according to the goals of the program and the manpower needed to develop and direct the activities which meet the program goals.

- (b) At least one staff member age 18 or over shall be on the premises at all times participants are present.

- (c) In addition to administrative staff, there shall be a minimum of one direct service¹¹ staff person for each eight non-severely¹² impaired participants at the day care site.
- (d) In addition to administrative staff, there shall be a minimum of one direct service staff person present for each four severely impaired¹³ participants at the day care site.
- (e) The day care program shall provide sufficient staff time and staff expertise to implement the program and to develop participant service plans.
 - (1) The administrator shall work a minimum of 40 hours per week, performing duties related to the provision of adult day care.
 - (2) The activities director shall work a minimum of 40 hours per week, unless working through a consulting contract. In that event, the administrator is responsible for assuring that adequate and appropriate staff are available to fulfill all duties of the activities director noted in §302.10.4 (b).
- (f) The program shall document daily staffing patterns through time cards, time sheets, or other appropriate methods used for payroll purposes.
- (g) Volunteers who meet the same standards, requirements and training as employees, and who have signed a written job description, may be counted as part of the staff-to-participant ratio.

§302.10.6 Staff Training

- (a) The adult day care program shall have and implement a written plan for providing orientation and training to staff members in order to meet the requirements of this section.
- (b) Orientation. All adult day care staff who interact with participants, and volunteers who are included as part of the staff-to-participant ratio, must complete an orientation within the first two weeks of employment. Content shall include, but not be limited to:
 - (1) An explanation of participant rights;
 - (2) An explanation of the adult day care program policies, including the client population served;

¹¹ Direct service staff are defined as those employees of a day care program, including the administrator, licensed nurses, activities director and assistants who are involved in the provision of services to individual participants. Programs may employ staff to provide business support services only, such as bookkeeping and billing, office management, etc. These positions are not used to provide care and services to participants.

¹² "Severely impaired" means any impairment leading to a participant's inability while at the program to perform any three or more activities of daily living (ADLs), for example, mobility in the center, dressing, eating, toileting, grooming, etc. *the impairment may be physical or cognitive in nature.* The severely impaired participant is unable to perform these ADLs at the day care site unless staff prompt the behavior, and/or provide assistance and supervision.

¹³ See note 8.

- (3) Training in recognizing and responding appropriately to medical and safety emergencies, including adult CPR certification and first aid;
 - (4) Orientation to health care delivery, including safe body functions and mechanics; personal care techniques and procedures;
 - (5) An explanation of established emergency and evacuation procedures, including proper use of fire extinguishers;
 - (6) An explanation of the program's procedures related to universal precautions, prior to exposure to potentially infectious materials;
 - (7) Identification and reporting of suspected abuse, neglect, and/or exploitation of participants. (See §302.13.)
- (c) Training. Within 90 days of employment, all employees who provide care to participants shall have received a minimum of 18 hours of training in the following areas, if the areas are relevant to their job responsibilities:
- (1) Information about the needs and abilities of the participants served;
 - (2) The physical and psychological aspects of each participant's disabilities;
 - (3) The techniques used in providing personal care to participants, for example, bathing, grooming, walking, feeding, etc.
 - (4) The interpersonal communications skills needed to related to participants including, but not limited to:
 - understanding the philosophy of independent living;
 - respecting participant rights, needs and uniqueness;
 - respecting age, cultural and ethnic differences;
 - confidentiality;
 - (5) Substitute staff.
 - (A) Staff employed as substitutes on an infrequent basis are not required to complete 18 hours of initial training;
 - (B) Substitute consultant staff, if any, must complete 3 hours of orientation.

- (C) Substitutes for direct service staff used on a regular basis¹⁴ must complete all training requirements of this section.
- (d) Continuing education.
 - (1) After the first year of employment, all employees who have direct care or program activity responsibilities, including the program administrator shall complete three hours of continuing education quarterly or 12 hours in total annually.
 - (2) Educational topics shall be pertinent to the general job responsibilities of each staff member.
 - (3) Hours of continuing education may include in service training, outside workshops, lectures, or training provided through audio/video, or Internet interactive technology.
 - (4) The trainers shall be persons known to have expertise in the topics presented and may include staff members.
 - (5) The program administrator shall assure that appropriate staff maintain current Adult CPR and Basic First Aid certifications.
- (e) The program administrator shall document the initial training and continuing education completed by each staff member, including dates, times, and topics of training.
- (f) The adult day care program shall provide orientation, training and supervision to program volunteers.

§302.11 Environment

§302.11.1 Sanitation¹⁵

- (a) Food Service
 - (1) Individuals who prepare or serve meals at the site shall wear clean clothing and wash their hands before and after each handling of food, and after using the toilet.
 - (2) Day care participants who assist in preparing/serving food shall be directly supervised by staff.

¹⁴ Regular substitute staff are those persons with whom the provider agency has an “on-call” or other ongoing agreement for covering scheduled and unscheduled staff absences or shortages.

¹⁵ In meal preparation and service, the cleaning of dishes, equipment and work areas, and in the storage and disposal of waste, all staff shall observe all applicable DHR Rules and Regulations governing food safety, and any applicable local health ordinances, when engaged in the storage, preparation and distribution of food.

(Chapter 290-5-14 found at http://www.ph.dhr.state.ga.us/publications/food_service/index.shtml)

- (3) All kitchen utensils and food contact surfaces used in preparation, storage, and food service shall be thoroughly cleaned and sanitized after each use.
- (4) Single-service utensils may not be reused.
- (5) All utensils and dishes shall be scraped and pre-washed under running water.
- (6) Facilities providing site prepared meals must provide a three compartment sink and use the following three step procedure for manual dishwashing:
 - (A) Wash in water of at least 110° Fahrenheit (43° Celsius.);
 - (B) Rinse by immersing dishes and utensils in clean, hot water to remove soap/detergent; and
 - (C) Sanitize by immersing dishes and utensils for at least two minutes in a solution of sanitizer acceptable under DHR Rules and Regulations for Food Service.¹⁶
 - (D) Sinks must be large enough to permit the complete immersion of utensils and equipment; each compartment must be supplied with hot and cold potable water.
 - (E) A two-compartment sink will be acceptable only where single-service tableware is used.
- (7) For mechanical washing of dishes and utensils in residential dishwashers with a temperature setting of at least 110° Fahrenheit (43° Celsius.) the following shall apply:
 - (A) Wash and rinse dishes and utensils in the dishwasher; and
 - (B) remove from dishwasher and sanitize by submerging dishes and utensils for at least two minutes in a solution of sanitizer acceptable under DHR Rules and Regulations for Food Service.
- (8) For mechanical washing of dishes and utensils using a commercial dishwasher, the following shall apply:

¹⁶ A sanitizing solution may be prepared by mixing one Tablespoon of chlorine bleach for every gallon of clean water, or for smaller cleaning jobs, one teaspoon of bleach with one quart of clean water.

- (A) Wash in water of at least 130° Fahrenheit (54° Celsius) for at least 20 seconds, using an effective cleaning agent;
 - (B) Rinse and sanitize at 180° Fahrenheit (82° Celsius.) for 10 seconds or more, using automatic rinse injector; and
 - (C) Have readily visible temperature gauges in the wash compartment of all mechanical dishwashers and the rinse tank of an immersion-type dishwasher.
- (9) All dishes and utensils shall be air-dried in racks or baskets or on drain boards, unless a dishwasher which performs this step, is used.
- (b) Food Storage.
- (1) All food and drink shall be stored in a safe and sanitary manner. No food or drink shall be stored on the floor.
 - (2) All perishable foods shall be covered and refrigerated at or below 40° Fahrenheit (4° Celsius) and stored in a sanitary manner.
 - (3) Freezing units shall be maintained at or below 0° Fahrenheit (-18° Celsius). Foods to be stored in a freezer shall be wrapped in appropriate materials or containers and identified with the storage date and contents.
 - (4) Each refrigerator and freezer shall have an accurate thermometer inside the unit.
- (c) Food preparation kitchens must have separate handwashing fixtures, providing hot and cold water, soap and individual towels (preferably paper). Where a kitchen area is used only to serve food prepared elsewhere and cooking equipment is used only to warm food, prepare hot drinks, or provide similar limited food service, separate handwashing sinks in the kitchen area are not required.
- (d) General Conditions. The grounds, building, and furnishings shall be free from litter, clean and safe, and in good repair.
- (1) Waste, trash and garbage must be removed from the premises at regular intervals, in accordance with state/local practices.
 - (2) All outside refuse containers must have tight fitting lids which are left in closed position.
 - (3) Containers must be maintained in clean and serviceable condition.

- (4) Floors must be maintained in good condition and cleaned regularly.
 - (5) Walls and ceilings must be structurally sound and maintained, cleaned, repaired and/or painted when needed.
- (e) Toilet rooms and fixtures be accessible, shall function properly and shall be maintained in a sanitary and odor free condition.
- (1) At least of one toilet is available for every 15 participants or fraction thereof. If separate toilets for staff and volunteers are not provided, they are included in the count. If urinals are provided, they are counted as one-half toilet.
 - (2) There shall be a minimum of one lavatory for every two toilets, or fraction thereof.
 - (3) The floor area of each toilet room shall measure a minimum of 15 square feet per installed toilet. For each additional plumbing fixture, there will be an additional eight square feet.
 - (4) Multiple toilet rooms shall have individual stalls with doors which can be closed.
 - (5) All toilets must be equipped with grab bars.
 - (6) Lavatories must provide hot and cold water, soap and either warm air dryers or a sanitary source of individual paper towels. Each toilet room shall be equipped with waste receptacles which are emptied and cleaned regularly, but not less than weekly.
 - (7) Exposed lavatory pipes must be covered with an appropriate form and amount of insulating material.
 - (8) Doors to all toilet rooms must be equipped with locks which can be opened from the outside, in case a participant experiences difficulty and needs staff assistance.
- (f) Bathing units. A minimum of one bathing unit must be provided in facilities which provide assistance with personal care and bathing.
- (1) The bathing unit must not interfere with the use of restrooms by other participants.
 - (2) Each tub or shower must be in an individual room or enclosure which provides for the private use of the fixture, for bathing, drying and dressing.

- (3) Tubs/showers for participant use must have non-slip bottoms or floor surfaces, either installed or applied to the surface.
- (g) Odor control. All bathrooms, toilet rooms, and other odor producing rooms, or areas where soiled materials are handled, must be mechanically ventilated to the exterior. Windows may not be the sole source of ventilation.
- (h) Pest control. The facility must make every effort to guard against insects, rodents, and any other condition that would affect a sanitary environment.
 - (1) A pest control program must be provided by qualified center staff or by contract with a licensed pest control company, using the least toxic and flammable chemicals available.
 - (2) The facility shall maintain documentation of routine pest control work performed.
- (a) The center shall have a standard telephone (not a pay telephone) on the premises which is immediately accessible during the center's hours of operation. A list of emergency telephone numbers shall be posted at each telephone.
- (b) Stairs, walks, ramps and porches shall be maintained in a safe condition.
 - (1) All stairways must have handrails made of substantial materials properly installed.
 - (2) Elevators must be maintained in safe, operating condition and be inspected annually.
 - (3) Newly constructed ramps must not exceed 1:12 slope.
 - (4) Ramps, walks, and steps must be of slip-resistant texture and be smooth and uniform without irregularities in the surfaces.
- (c) If the center uses animals as a part of the program activities, any such animals shall be tolerant of people on the premises, and vaccinated against rabies, if appropriate. Documentation of immunizations for all animals shall be maintained at the center.
- (d) Participants shall have access to a supply of safe drinking water at all times.

§302.11.2 Safety and Accessibility ¹⁷

¹⁷ The physical plan safety requirements are designed to assure the safety of adults receiving day care services. Adult day care facilities shall conform to all applicable state laws and local ordinances pertaining to occupancy. When local laws, codes and ordinances are more stringent than DAS requirements, the more stringent requirements will govern. All adult day care facilities will comply with the provisions and requirements concerning accessibility for individuals with disabilities, including the Adults with Disabilities Act of 1990 (P.L. 01-336; Title 42, USC Ch. 126); Title 28 CFR Part 35; Title 8, O.C.G.A., "Buildings and Housing."

- (e) Each adult day care program shall develop and maintain a current, written emergency response plan (for each site where services are provided), with procedures for responding to fires; tornadoes and other weather-related emergencies; missing participants; injuries; and other emergencies. The day care site must:
 - (1) Conspicuously post the evacuation plan throughout the facility;
 - (2) Inform all staff of their duties during an emergency; and
 - (3) Practice and maintain documentation of quarterly fire and annual tornado drills, noting the amount of time required for staff and participants to complete the drills.

**§302.11.3 Fire Protection
and Personal Safety**

- (a) Fire safety is to be observed at all times
 - (1) The adult day care program shall maintain written documentation of annual fire safety inspections, as well as any other inspection reports required by local authorities.
 - (2) The building must be kept in good repair:
 - (A) Electrical, heating and cooling systems shall be maintained in a safe manner.
 - (B) Electrical appliances must be used in a manner that prevents overloaded circuits.
 - (C) Extension cords in excess of 6 feet in length must be secured to prevent falls.
 - (3) Natural gas fuel.
 - (A) For new construction of facilities using natural gas systems, an initial test of gas line pressure from the meter shall be conducted.
 - (B) For existing facilities, pressure tests must be conducted whenever there are major renovations or additions which require an interruption of gas service.
 - (C) All gas heating systems will be checked for proper operation and safety prior to the heating season each year, by a qualified individual.

- (b) Fire extinguishers and smoke detectors.
- (1) The day care facility shall have at least one 2A, 10-B-C fire extinguisher per 1,500 square feet of space, or multipurpose extinguishers with acceptable alternative ratings as approved by local fire inspection officials.
 - (2) If square footage indicates the need for only one extinguisher, it shall be located near the kitchen, if food is prepared on site.
 - (3) Each fire extinguisher shall be maintained in operable condition at all times, inspected once a year by a qualified person, and shall bear a label indicating condition and date of last inspection.
 - (4) Each facility shall be equipped with automatic single station Underwriters Laboratory (UL) rated products of combustion type smoke detectors, operated by house current or hardwired/installed. Staff shall consult local fire safety authorities to determine the appropriate number and placement of the detectors. Where selected equipment uses battery backups, they shall be an approved minimum ten year life battery.
 - (5) All staff members shall be instructed in the proper use and maintenance of the fire extinguisher(s) and smoke detectors.
- (c) Stored Items. Items in storage must be neatly arranged and placed to minimize fire hazard.
- (1) Gasoline, volatile materials, paint and similar flammable products may not be stored in a building housing clients, unless such storage is approved by the local fire marshal.
 - (2) Accumulations of extraneous materials and refuse is not permitted.
 - (3) Adequate and secure space shall be provided for storing participants' coats and other personal items while in attendance at the center.
- (d) Smoking. The program shall establish and conspicuously post smoking regulations.
- (1) Staff must supervise all participants while smoking.
 - (2) Ashtrays of non-combustible materials and safe design must be used.
 - (3) Curtains, draperies, blinds, and/or shades in public spaces and individual rooms where smoking is permitted must be flame retardant.

- (4) Metal waste baskets of substantial gauge, or any UL approved containers, must be provided in all areas where smoking is permitted.
- (e) Unless local fire safety authorities provide a written waiver, each site shall have a fire alarm system or working smoke detectors in all activity rooms, rest areas, sleeping rooms, and hallways. Staff shall test such devices monthly and maintain a record of the testing.
- (f) Building exits.
 - (1) Exit access corridors must be not less than six feet clear width and kept free of obstructions.
 - (2) Each floor of any multi-story facility occupied by participants must have access to two remote exits.
 - (3) Exit doors must swing in the direction of egress for programs serving 20 or more people per day.
 - (4) Exit doors must be equipped with hardware which opens with a single motion.
- (g) Windows.
 - (1) Every room or space normally used by participants, other than bathrooms or any room with attended individual clients, must have at least one outside window available for emergency rescue or ventilation.
 - (2) Each outside window must be able to be opened from the inside without the use of tools and must provide a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.
 - (3) The bottom of the window opening must be not more than 44 inches above the floor.
 - (4) In rooms located higher than three stories above grade, the openable clear height, width and area of the windows may be modified to the dimensions necessary to provide ventilation alone.
 - (5) Windows must be equipped with screens which are in good repair.
 - (6) Exceptions to requirements for openable windows:
 - (A) Buildings protected throughout by automated sprinkler systems;
 - (B) Where the room or space has a door leading directly to the outside of the building.

- (h) Water temperatures.
 - (1) The water heating system connected to all fixtures used by clients must deliver warm water no hotter than 120° Fahrenheit at the fixture.
 - (2) Hot water for other sanitary uses must be provided at the temperatures required for the appliance or fixture served, or for the operation involved.

**§302.11.4 Building,
Furnishings and Equipment** ¹⁸

- (a) Each day care facility shall be designed and constructed in such a way that is accessible and functional in meeting the identified needs of the adult population it serves. Buildings shall be of standard wood frame, brick, block or veneer construction.
- (b) The day care program shall provide at least 35 square feet for each ambulatory participant and at least 50 square feet of usable floor space for each participant requiring assistance with walking, exclusive of kitchen/food service areas, passageways, doorways, bathrooms, toilets, stairways, lockers, offices, storage areas, staff rooms, furnace rooms, parts of rooms occupied by stationary equipment, and outdoor space.
- (c) The facility shall provide sufficient furniture and equipment for use by participants, which provide comfort and safety, and are appropriate for an adult population with physical limitations, visual and mobility limitations and cognitive impairments.
 - (1) Furnishings and equipment are arranged in a manner that does not obstruct exits and movement within the facility.
 - (2) The facility is furnished to provide seating for each participant and table space sufficient to seat all participants for dining at one time. Dining areas and furnishings shall be arranged to accommodate participants using wheelchairs, when present.
 - (3) Textiles/other materials used in furnishings are stain and moisture-resistant and easily cleaned.
- (d) An area for rest, other than areas used for personal care assistance, shall be provided with a sufficient number of reclining lounge chairs or beds to accommodate the needs of the participants.
 - (1) If a room or rooms with beds are provided, there must be not less than 80 square feet of usable space per bed, and not least than 60 square feet for each bed in a room with multiple beds.

¹⁸ There shall be no occupancies or activities which would adversely affect the safety of the participants in the building or on the premises of the facility.

- (2) A bed room shall be not less than 8 feet in its smallest dimension unless otherwise approved.
- (e) The facility shall be equipped with a serviceable washer and dryer.
- (f) Climate control. During winter heating months, room temperatures shall be maintained at not less than 70° Fahrenheit; during summer cooling months, room temperatures shall be maintained at a setting which assures the health, safety and comfort of the participants.
- (g) The facility must have an office space in a central location for staff to use when recording and maintaining participant files, either manually or electronically.
- (h) Lighting.¹⁹ Facilities shall be planned and constructed to provide as much natural lighting from windows as possible, using shades, blinds or draperies to control/prevent glare.
 - (1) Illumination for dining areas shall provide for a minimum of 50 footcandles of ambient light.
 - (2) Illumination for activity areas, such as craft rooms, shall provide for a minimum of 100 footcandles of ambient light.
 - (3) Illumination for bathrooms shall provide for a minimum of 30 footcandles of ambient light.
 - (4) Illumination for food preparation areas shall provide for a minimum of 50 footcandles of ambient light.
 - (5) Light sources, both installed fixtures and table and floor lamps, shall be incandescent and non-glare in design and installation.
 - (6) Tile floors shall be finished to prevent glare and maintained with non-glare polishes/waxes.
 - (7) Overall lighting design and installation shall provide for consistency of lighting levels throughout the facility, particularly in transition areas from exterior to interior and between rooms, particularly in hallways.
- (i) Transmission of sound shall be controlled through acoustical ceiling materials; carpeting in appropriate areas, if participants' mobility would not be reduced; upholstered furnishings; partitions between activity areas; and isolation of rooms/areas in which noisy activities take place (e.g. kitchens, mechanical rooms etc.).

¹⁹ Ambient light levels are minimum averages measured at 30 inches above the floor in a horizontal plane. Task light levels are absolute minimums.

- (j) Outdoor space. The facility must have a safe, secure and suitable outdoor area for the relaxation and recreation of participants.
 - (1) The area must be connected to, be a part of, be controlled by and be directly accessible from the facility.
 - (2) The area must be enclosed by a wall or fence or located in a courtyard; be supervised by staff to prevent clients from wandering; and be large enough to conduct activities.
 - (3) At least 20 percent of the outdoor space square footage must provide shade.
 - (4) The area must be properly furnished with safe, clean furniture and equipment, appropriate for outdoor use.

- (k) Existing buildings.
 - (1) Must meet all local requirements pertaining to the use of the building as an adult day care facility.
 - (2) Must be of recognized permanent type construction, as distinguished from movable buildings or construction. {See also §302.11.4(a)}
 - (3) Must have electrical and mechanical systems which are safe and in working order, as evidenced by a fire marshal, city or county building official having jurisdiction or a report from a registered professional engineer.
 - (4) DAS will consider written requests for waivers of requirements for existing facilities, which if strictly applied would be clearly impractical for the continued operation of the program. Modifications or deviations from requirements will be allowed only to the extent that reasonable life safety is assured against the hazards of fire, explosion, structural or other building failure.

§302.12 Mandatory reporting of suspected abuse, neglect, or exploitation.

All adult day care center staff are mandated reporters according to state law²⁰ and shall be familiar with and shall be able to recognize situations of possible abuse, neglect, exploitation or likelihood of serious physical harm involving persons who attend the center. Center staff are responsible for reporting suspected abuse, neglect or exploitation to the appropriate law enforcement agency, prosecuting attorney, or county department of family and children services.

²⁰ O.C.G.A. 30-4, "Protection of Disabled Adults and Elder Persons"

§302.13 Provider Quality Assurance and Program Evaluation

Revised 7/2002

- (a) Adult day care programs shall develop and implement an annual plan to evaluate and improve the effectiveness of the program's operation and services to ensure continuous improvement in service delivery.
- (b) The evaluation process shall include:
 - (1) a review of the existing program.
 - (2) satisfaction survey results from staff, participants, families and referral sources;
 - (3) program modifications made that responded to changing needs of participants;
 - (4) proposed program and administrative improvements.
- (c) The program shall prepare and submit to the Area Agency on Aging a written report which summarizes the evaluation findings, improvement goals, and implementation plan. The report shall be submitted no later than the end of the first quarter of the new fiscal year (October 31).

§302.14 Fiscal Management

Contractors providing adult day care services shall practice sound and effective fiscal planning and management, financial and administrative recordkeeping and reporting. Contractors will use the Division's Uniform Cost Methodology on an annual basis to analyze, evaluate and manage the costs of the program.

§302.15 Quality Assurance and Compliance Monitoring

The AAA shall monitor providers of adult day care services for compliance with these and any other applicable requirements and evaluate program effectiveness, including client and program outcomes, at least annually.

§302.16 Laws and Codes

- (a) Each adult day care site must be operated in compliance with all federal, state and local laws/codes that govern the operation of the facility, including, but not limited to space; heating, ventilation and air conditioning (HVAC); plumbing; lighting systems; fire safety; sanitation; insurance coverages for facility, staff and participants; and wage and hour requirements.
- (b) Each day care site must comply with requirements of the 1991 Federal Americans with Disabilities Act (ADA), and the Federal Occupation, Safety and Health Administration (OSHA.)

Appendix 302-A
Sharps Disposal Guidelines

Sharps Disposal Guidelines —

The purpose of these guidelines is to lower the risk for needle stick injury and infection to both staff and the public, including daycare center participants.

1. Immediately after use, place sharps, such as needles and lancets, in a container designed for sharps disposal, or in a thick, puncture-proof, opaque container, such as a bleach or detergent bottle, or a coffee can with a lid. Be sure that the container can be tightly sealed.
2. Label the container to remind of the need for caution in handling the contents.
3. Keep the container safe, away from children and animals.
4. Throw out needles and syringes. Do not try to remove, bend, break or recap needles.
5. When the container is three-quarters full with needles, add bleach to sterilize. Mix one teaspoon of household bleach to 2 cups of water.
6. If using a household bottle or can, when ready for disposal, make sure the lid is tightly sealed.
7. Reinforce the sealed lid with heavy-duty tape. If using a coffee can, make sure the plastic lid is covered with tape to prevent needle punctures.
8. Wrap the container in a brown bag or newspapers and mark it *DO NOT RECYCLE*.
9. Place in the garbage bin for regular garbage collection.