

**DEPARTMENT OF HUMAN SERVICES
SENIOR AND DISABLED SERVICES DIVISION
OREGON ADMINISTRATIVE RULES**

**Chapter 411
Division 066**

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

411-066-0000 Statement of Purpose

The purpose of these rules is to develop a registry of all adult day services programs and to establish standards of operation by which each registered adult day services program can voluntarily meet. Adult day services are community-based group programs designed to meet the needs of adults with impairments through individual plans of care. These structured, comprehensive, non-residential programs provide a variety of health, social, and related support services in a protective setting. Adult day services enable participants to live in the community by providing support to families and caregivers. An adult day services provider assesses the needs of the participant and offers services to meet those needs. Participants served attend on a planned basis.

411-066-0005 Definitions

- (1) "Activities of Daily Living (ADLs)" are tasks usually performed in the course of a normal day in an individual's life which include; eating/nutrition, dressing/grooming, bathing/personal hygiene, mobility, toileting and behavior management.
- (2) "Adult Day Services " as used in these rules means a community-based group program designed to meet the needs of adults with impairments through individual plans of care. These structured, comprehensive, non-residential programs provide health, social and related support services in a protective setting during part of a day but for less than 24 hours.
- (3) "Division" means Senior and Disabled Services Division of the Department of Human Resources.

- (4) "Group" as used in these rules, means a program with ten (10) or more enrolled participants. Group also includes programs just beginning, with plans to enroll ten (10) or more participants.
- (5) "Long Term Care Facilities" as used in these rules, are nursing facilities, residential care facilities, assisted living facilities, and adult foster homes.
- (6) "Programs" as used in these rules, means adult day services programs.

411-066-0010 Registration

- (1) All adult day services programs shall register with the Division on forms provided by the Division. The form for registration shall include, but not be limited to:
 - (a) The name and address of the program; and
 - (b) A checklist to determine the extent each program is voluntarily complying with the standards set forth in these rules.
- (2) Licensed long term care facilities providing adult day services programs are not required to register.

411-066-0020 Standards for Adult Day Services Programs

The following standards are substantially consistent with the standards developed by the Oregon Association of Adult Day Care Services, as required under ORS 410.495. Compliance with these standards by adult day services programs is voluntary.

(1) PROGRAM COMPONENTS:

- (a) Individual Plan of Care. For each participant, the program shall have an individual plan of care based on services needed and available. The individual plan of care shall include the following:
 - (A) Intake Screening. The intake screening shall be completed in order to determine the appropriateness of the program for the individual and determine that the participants' needs are within the scope of the program. The screening shall include information regarding

safety and emergency needs of the participant, general health and financial status (i.e. insurance coverage, Medicaid status, OPI).

- (B) Enrollment. An enrollment agreement shall be completed and include: identification of services to be provided; a disclosure statement that describes the center's range of care and services; admission, discharge and/or transfer criteria; fees and arrangements for reimbursement and payment; and identification of and authorization for third party payers (i.e. insurance coverage, Medicaid status, OPI).
 - (C) Assessment. An assessment shall be conducted to determine the individual's health and psycho-social status, needs in activities of daily living and ability to live independently, nutritional status, as well as the individual's history and interests.
 - (D) Individual Plan of Care. The written plan of care shall reflect the participant's strengths, needs, and abilities. It shall include realistic objectives that are both long-term and short-term. It shall also identify the services to be provided and the responsible staff. The participant, family/caregiver, and other service providers shall have the opportunity to contribute to the development, implementation, and evaluation of the plan of care.
 - (E) Coordination of Care. The need for coordination of care shall be considered for each participant. If coordination of care is needed and the participant is a client of another agency or resides in a long term care facility, a care plan shall be developed in conjunction with the services provided by that agency or facility.
 - (F) Service Documentation and Reassessment. Progress notes on each participant shall be written at least quarterly and shall reflect a review of the plan of care and the participant's status in regard to the services. Reassessing the participant's needs and reevaluating the appropriateness of the plan of care shall be done when needed, but at least semi-annually.
- (b) Participants' Records. All programs shall:
- (A) Keep a permanent registry of all participants with dates of admission and discharge.

- (B) Keep application and enrollment forms, medical history and functional assessments, nutritional status assessment, plans of care, ancillary reports, correspondence, attendance and service records, log of medication provision and treatments, transportation plans, results of physical examinations, physician's orders, if any, progress notes, current photograph of participant, emergency records, signed authorizations, advance health care directive form, and a Physician's Order for Life Sustaining Treatment (POLST) or a statement that none has been signed.

- (c) Services. All programs shall make services available relative to the needs of the participants. All adult day services programs shall make the following services available:
 - (A) ADL Assistance. This includes assistance and supervision with activities of daily living.

 - (B) Social Services. Social services shall be provided to participants and their families to help them with personal, family, and adjustment problems that interfere with the effectiveness of the plan of care. Programs shall make the following social services available:
 - (i) Counseling;
 - (ii) Arranging for other community services;
 - (iii) Advocacy for the participant's human and civil rights;
 - (iv) Assessing for indicators of mental illness or dementia and make referrals for diagnosis;
 - (v) Providing discharge planning and assisting in the transition and follow-up; and
 - (vi) Providing information and referral for persons not appropriate for adult day service.

 - (C) Nutrition Services. Programs shall screen and assess participants for nutrition needs and shall provide nutrition intervention as appropriate.

 - (D) Food Services. Adult day services programs shall provide participants with a minimum of one meal per day. The meal shall meet the adult daily nutritional requirement as established by state and federal regulations.

- (E) Therapeutic Activities. Programming shall take into consideration individual differences in age, health status, sensory deficits, needs, interests, abilities, and skills by providing opportunities for a variety of types and levels of involvement. The activity plan shall be an integral part of the total plan of care for the individual based on the interests, needs, and abilities of the participant. The activities may include social, intellectual, cultural, economic, emotional, physical and spiritual activities.
 - (F) Health-related Services. The adult day services program shall provide health care coordination, prevention and education. Services, as appropriate to the participant, may include a health assessment, nursing oversight, and restorative therapy.
 - (G) Transportation. The adult day services program shall provide, arrange, or contract for transportation to enable persons, including persons with disabilities, to attend the center and to participate in center-sponsored outings.
 - (H) Emergency Care for Participants. The center shall have a written procedure for handling medical emergencies. This document shall include procedures for notification, transportation arrangements and provision for an escort, if necessary.
 - (I) Education. Education shall be made available to the families/caregivers and participants to improve the well-being and functional level of the participants and/or caregiver.
- (2) PHYSICAL DESIGN, ENVIRONMENT AND SAFETY. The facility housing the adult day services program shall comply with applicable state and local building regulations, zoning, fire and health codes or ordinances and:
- (a) The facility shall be accessible to participants. Adult day services centers shall comply with the Americans with Disabilities Act's standards for accessibility.
 - (b) There shall be an evacuation plan for relocation of participants in an emergency.
 - (c) The facility shall have one toilet per ten participants in an accessible

bathroom. Each bathroom shall be equipped with a sink, grab bars and call bells.

- (d) There shall be a minimum of 60 square feet of floor space available per adult day services participant. (The square footage excludes hallways, offices, restrooms, and storage spaces). Programs serving participants, of which 25% or more are cognitively impaired or require the use of adaptive equipment, shall provide at least 80 square feet per participant.
- (e) The physical building, premises, and equipment shall be maintained in a clean and sanitary condition, free of hazards and in good repair.
- (f) Outside space that is used for outdoor activities shall be safe, accessible to indoor areas, and accessible to those with a disability.
- (g) Heating, ventilation, and lighting shall be adequate to protect the health of the participants and staff.
- (h) Illumination shall be adequate in all areas and glare should be avoided.
- (i) Flooring shall be easily cleaned and made of a non-skid material. Stairs must be covered with non-skid material and handrails provided.
- (j) There shall be sufficient private space for the provision of nursing services and therapy services, if provided, and staff consultation.
- (k) There shall be one room with one bed available per ten participants for participants to rest.
- (l) There shall be a telephone available for participants use.
- (m) Storage space shall be provided for files, records, recreational and cleaning supplies.
- (n) Sufficient furniture for the entire participant population shall be of sturdy construction that will not easily tip over or move when used for seating or support while walking. The furniture shall be safe and comfortable.
- (o) Each bathroom shall contain an adequate supply of liquid hand soap, toilet tissue, and paper hand towels with dispenser. Common towels are not allowed. Disposable paper cups, individual drinking cups, or inclined

jet type drinking fountains shall be provided.

- (p) Programs that store medications shall designate a secured area away from participant activity area for storing labeled medications.
- (q) Provide a Safe and Sanitary Environment. This includes food services, general maintenance and cleaning, sewage disposal, and standard precautions :
 - (A) Food Services. In order to assure the provision of safe food, the Food Sanitation Rules of Oregon's Health Division shall be the minimum requirements for all facilities serving 16 or more persons. Facilities serving 15 or fewer persons or a facility which purchases meals from an outside meal source shall be required to meet the minimum requirements of the Food Sanitation Rules of Oregon's Health Division relating to the preparation, storage, and serving of food. Facilities serving 15 or fewer individuals are not required to use commercial equipment.
 - (B) Garbage and Refuse. Garbage and refuse containers shall be insect-proof, rodent-proof, leak-proof, and non-absorbent. Garbage and refuse shall 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. Items being recycled shall be clean, and pending removal, stored in a manner that does not present rodent harborage or insect breeding. Recycled items shall be stored separately from food supplies and food preparation equipment.
 - (C) Cleaning and Maintenance. The facility shall be kept clean and in good repair. In facilities serving 16 or more persons, a utility sink shall be provided.
 - (D) Sewage Disposal. If a community disposal system is available it shall be utilized by the facility. If a private sewage disposal system is utilized it shall be properly operating and meet code requirements.
 - (E) Infection Control. Local health department standards shall be met regarding communicable diseases.

- (F) If smoking is permitted, it shall be in an adequately ventilated and supervised, designated area away from the main program.
- (G) Standard Precautions. Procedures for safely handling soiled items and minimizing the potential for the spread of communicable diseases shall be established. Such procedures shall include: soiled item disposal/storage, hand washing, sanitizing of contaminated surfaces, and preventing contamination. The participants' privacy and comfort shall be considered in developing the procedure for their incontinent care.

(r) Emergency Standards:

- (A) A program emergency plan shall be posted, providing the locations of fire extinguishers and exit routes.
- (B) Staff shall be instructed and drilled in the evacuation procedures and relocation site on their first day of employment.
- (C) Records for fire and evacuation drills shall be kept as a part of the program's plan. Fire and evacuation drills shall be held at least once every six months.
- (D) A fire warning system, which includes at least smoke detectors, but may include a sprinkler system or other alarm system, shall be installed in all adult day services care facilities to insure the safety of the participants and the staff.
- (E) At least one fire extinguisher classed as 2A-10BC shall be visible and readily accessible.
- (F) A written policy for dealing with sick or injured participants shall be developed and given to participants upon admission.
- (G) Emergency first-aid kits shall be visible and accessible to staff. Personnel trained in first aid and CPR shall be on duty whenever participants are present.
- (H) At least two well identified exits shall be available.

(3) STAFFING REQUIREMENTS. Staff shall be adequate in number and skills

to provide the services described in subsection (1)(c) of this rule.

(a) Basic Staff Requirements:

- (A) Each staff person shall be competent, ethical and qualified for the position held. Qualified means education or experience dealing with the adult day services population. Each staff member must test negative for tuberculosis per local health department requirements prior to work. Staff shall hold personal information about participants and their families in confidence, treating all participants with respect and dignity.
- (B) The staff/participants ratio shall be a minimum of one staff person to six participants (1 to 6). As the number and/or impairment level of participants increase, the staff/participant ratio will be adjusted accordingly. Programs serving a high percentage of participants who are severely impaired shall have a staff/participant ratio of one to four (1 to 4).
- (C) Each program that is located with another program in the same facility, such as a hospital, senior center or church, shall designate staff and staff hours committed to the adult day services program.
- (D) To insure adequate care and safety of participants, there shall be provisions for qualified substitute staff.
- (E) There shall be at least one staff person on duty at all times who shall be familiar with the fire, safety, and disaster plan; infection control; CPR and first aid; body mechanics/transfer techniques; mandatory reporting laws of abuse/neglect; behavior management and the needs of the participants. Staff shall have sufficient knowledge to provide essential services to the participants.
- (F) Volunteers can be included in the staff ratio only when they conform to the same standards and requirements as paid staff, meet the job qualifications and have designated responsibilities.
- (G) There shall be general orientation and continued in-service training for both paid staff and volunteers including, but not limited to:
 - (i) program mission/philosophy;

- (ii) mandatory reporting laws of abuse/neglect and indicators of abuse;
- (iii) behavioral intervention/behavior acceptance/accommodations;
- (iv) standard precautions;
- (v) participant rights;
- (vi) fire, safety, disaster plan, and emergency procedures; and
- (vii) body mechanics/transfer techniques/assistance with ADLs.

(4) ADMINISTRATION.

- (a) Plan of Operation. Each adult day services program shall develop and implement a plan of operation. The plan of operation shall be reviewed and, if necessary, revised annually. The plan shall include:
 - (A) A definition of the target population including number, age and needs of participants;
 - (B) Geographical definition of the service area;
 - (C) Description of basic services and any 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; and
 - (J) A written policy for dealing with lost or wandering participants shall be developed and some type of identification for participants who wander shall be provided.
- (b) Advisory Committee. An adult day services program shall have a body that serves as an advisory committee. Members of the advisory committee shall be representative of the community and shall include family members of current or past participants and non-voting staff

representatives. The advisory committee shall meet at least twice a year and shall have an opportunity, at least annually, to review and make recommendations on program policies such as:

- (A) The scope and quality of services and activities provided;
 - (B) Admission and discharge criteria;
 - (C) Service records;
 - (D) Quality assurance or quality improvement activities, findings, and plan of corrective action;
 - (E) Program evaluation; and
 - (F) Rates.
- (c) Discharge Policy.
- (A) The center shall develop a discharge policy that includes at a minimum:
 - (i) time frame for termination;
 - (ii) criteria for discharge;
 - (iii) notification procedures; and
 - (iv) follow-up plan.
 - (B) The discharge criteria shall include reasons for discharge and a discharge summary. Each participant and family/caregiver shall receive a minimum of two weeks' notice if the participant is to be discharged from the program, except in matters of an urgent nature.
- (d) Program Evaluation. All programs shall have and implement a quality assurance or quality improvement plan for the evaluation of its operation and services. Each center shall develop policies and procedures for monitoring continuous quality improvement and determining further action.
- (e) Personnel Policies and Practices. Every program shall have written personnel policies for both staff and volunteers.

- (f) General Records Policies. The programs shall have a records policy for administrative records and participants' records.
 - (A) The programs shall maintain administrative records which include personnel records, fiscal records, statistical reports, government related records, contracts, organizational records, quality improvement plans or quality assurance plans , advisory committee minutes, certificates of annual fire and health inspections as required by local ordinances, and incident reports.
 - (B) The programs shall develop a written policy on confidentiality and the protection of participants' records. The policy shall define procedures for the use and removal of participants' records; conditions for the release of information; and conditions that require authorization in writing by the participant or his/her legally responsible person, for the release of information, not otherwise authorized by law.