

RULES, REGULATIONS AND STANDARDS
FOR LICENSING OF
ADULT DAY SERVICES PROGRAMS

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Elderly Affairs

May, 1999

As Amended:

January, 2002 (re-filing in accordance
with the provisions of section 42-35-
4.1 of the Rhode Island General Laws,
as amended)
December, 2002

Lincoln C. Almond
Governor

Barbara A. Rayner
Director

TABLE OF CONTENTS

	Page
 SECTION I. DEPARTMENTAL REQUIREMENTS	
DEA 100 Preface	2
DEA 200 Definitions	2
DEA 300 Statutory Authority for Licensing	3
DEA 400 Applicability	4
DEA 500 License Required	4
DEA 600 Application for License	4
DEA 700 Issuance and Transfer or Assignment of License	4
DEA 800 Expiration and Renewal of License	4
DEA 900 Inspections	5
DEA 1000 Denial, Suspension or Revocation of License or Curtailment of Activities	5
DEA 1100 Review of License Action	6
DEA 1200 Program Variance Process	7
DEA 1300 Application for Variance	8
DEA 1400 Deficiencies and Plans of Correction	8
DEA 1500 Violations and Sanctions	8
DEA 1600 Injunction to Restrain Operation Without License	8
DEA 1700 Change of Ownership, Operation and/or Location	8
DEA 1800 Construction and Renovations	9
DEA 1900 Nondiscrimination and Civil Rights Policy	9
DEA 2000 Compliance with all Laws, Codes, Rules and Regulations	9
DEA 2100 Severability	9
 SECTION II. REQUIREMENTS FOR ADULT DAY SERVICES	
DEA 100 Acceptance and Admission Policies and Procedures	10
DEA 200 Participant Rights and Responsibilities	12
DEA 300 Administration, Organization and Data Collection and Management	13
DEA 400 Written Plans, Policies and Procedures	16
DEA 500 Personnel Policies and Procedures	17
DEA 600 Staffing Requirements	19
DEA 700 Staff Qualifications and Responsibilities	20
DEA 800 Program Evaluation	24
DEA 900 Participant Policies	25
DEA 1000 Individual Plans of Care and Participant Records	26
DEA 1100 Program Services	27
DEA 1200 Medication and Related Services	31
DEA 1300 Participant Re-evaluation, Discharge and Follow-up	33
DEA 1400 Environment	35
DEA 1500 Safety and Sanitation	37

SECTION I. LICENSURE REQUIREMENTS

DEA 100. PREFACE

These rules, regulations and standards supersede any and all prior rules, regulations, and standards relating to the certification and regulation of facilities and programs providing adult day services promulgated pursuant to R.I.G.L. § 42-66-4(c)(15). They have been promulgated to ensure that basic statutory requirements for serving frail elderly clients are met.

In order to comply with these rules, regulations and standards, the facility or program must present sufficient evidence that the physical plant meets safety standards; the staff is adequate in number and properly trained to carry out the goals of the program; and that the overall philosophy, objectives and services are responsive to the needs of those served.

The issuance of a license requires compliance with these rules, regulations, and standards and authorizes the licensee to establish programs and services. Under no circumstances does such a license commit the Department of Elderly Affairs or the State of Rhode Island to any funding of any program or facility.

Pursuant to the provisions of the Administrative Procedures Act, R.I.G.L. § 42-35-3, the following were given consideration in arriving at the regulations: (a) alternative approaches to the regulations; (b) duplication or overlap with other state regulations; and (c) significant economic impact. No alternative approach was identified; nor any duplication or overlap. Furthermore, the protection of the health, safety, and welfare of the public necessitates the adoption of the regulations despite any economic impact which may be incurred as a result of the regulations. Considerable effort has been expended in the drafting of these rules, regulations, and standards. They have been designed with the needs of individuals uppermost in mind and are intended to be flexible and responsive enough to allow for innovative programming.

DEA 200. DEFINITIONS

200. Whenever used in these rules and regulations, the following terms shall be construed as follows:

200.1. “Adult Day Services” means a community-based group program designed to meet the biopsychosocial needs of adults with impairments through individual plans of care. These structured, comprehensive, nonresidential programs provide a variety of health, social, and related support services in a protective setting. By supporting families and other caregivers, adult day services enable participants to live in the community. Adult day programs employ an interdisciplinary team to assess the biopsychosocial needs of each participant and to design and deliver integrated programs and services to meet those needs. Participants attend on a planned basis.

200.2. “Building Code” means the current Rhode Island State Building Code, R.I.G.L. § 23-27.3-1 *et seq.*

- 200.3. “Confidentiality of Health Care Information” means the current Rhode Island Confidentiality Law, R.I.G.L. § 5-37.3-1 *et.seq.*
- 200.4. “Department” means the Rhode Island Department of Elderly Affairs.
- 200.5. “Direct Care Staff” means the program director and all other staff who work directly with program participants.
- 200.6. “Director” means the Director of the Rhode Island Department of Elderly Affairs.
- 200.7. “director” means the top administrative staff member in the adult day services program, regardless of the title used by the program.
- 200.8. “Disqualifying information” for criminal records check purposes means any conviction for any offense listed in R.I.G.L. § 23-17.4-30 and R.I.G.L. § 23-17-37.
- 200.9. “Duly Authorized Agent of the Director” means any Department staff member or consultant whom the Director assigns or contracts with to perform program inspections. Authorized Agents shall identify themselves as such to programs.
- 200.10. “Elderly” means any person age 55 years or older.
- 200.11. “Interdisciplinary Team” means at least three (3) professional individuals, one in nursing, one in activities, and one in case management or social work.
- 200.12. “Life Safety Code” means the current applicable Rhode Island State Fire Safety Code, R.I.G.L. § 23-28.1-1 *et.seq.*
- 200.13. “Nurse” means an R.N. or L.P.N. who holds a current nursing license.
- 200.14. “Program” means a planned, structured service component with specific parts that address the needs of its participants.
- 200.15. “Rules & Regulations Concerning the Disposal of Medications” means the current applicable Rhode Island Department of Health Rules and Regulations Governing the Disposal of Legend Drugs, issued pursuant to R.I.G.L. § 21-28-5.07 and R.I.G.L. § 21-31.
- 200.16. “Variance Review Committee” means a group comprising two Department staff members appointed by the Director and the President of the Rhode Island Adult Day Services Association or designee.

DEA 300. STATUTORY AUTHORITY FOR LICENSING

Authority for these rules, regulations and standards is found in R.I.G.L. § 42-66-4(c)(15).

DEA 400. APPLICABILITY

These rules, regulations and standards apply to all facilities and programs which provide services to the frail elderly who are in need of supportive care and supervision during the daytime. All references within these rules and regulations are incorporated by reference and have the same force and effect as if promulgated herein. The provisions of these rules, regulations and standards do not apply to any facility or program licensed by any appropriate state agency under other statutory authority. Questions regarding applicability of these rules, regulations and standards to particular programs or facilities should be addressed to the Director, Department of Elderly Affairs.

DEA 500. LICENSE REQUIRED

No person, acting alone or jointly with any other person, shall establish, conduct or maintain an adult day services program in this state without a license in accordance with the requirements of R.I.G.L. § 42-66-4(c)(15) and in conformance with the rules and regulations herein. No facility and/or area of a facility shall represent itself as an adult day services program or use the term adult day services or any other similar term in its title, advertising, publication or other form of communication, unless licensed to offer adult day services in accordance with the provisions herein.

DEA 600. APPLICATION FOR LICENSE

An application for a license shall be made to the Department of Elderly Affairs upon forms provided by it and shall contain such information as the Department reasonably requires. Included shall be affirmative evidence of the applicant's ability to comply with the attached rules, regulations and standards as are lawfully prescribed herein.

DEA 700. ISSUANCE AND TRANSFER OR ASSIGNMENT OF LICENSE

Upon receipt of a completed application for a license, the Department shall issue a license if the applicant meets the requirements of R.I.G.L. § 42-66-4(c)(15) and the rules, regulations and standards herein. If all the requirements are not met, the Department may issue a provisional license for a period not to exceed six (6) months. The decision to issue a provisional license lies within the discretion of the Department. The Department may consult with the Department of Health, State Fire Marshall or other state agencies before deciding whether or not to issue a provisional license. A license issued hereunder shall be the property of the state and loaned to such licensee. The license shall be posted in a conspicuous place on the premises. Each license shall be issued only for the premises and persons named in the application and shall not be transferable or assignable except with the written approval of the Department.

DEA 800. EXPIRATION AND RENEWAL OF LICENSE

800.1. A license issued to a new adult day services program or facility, unless sooner

suspended or revoked, shall expire by limitation one (1) year following its issuance, and may be renewed for a second year after inspection, report and approval by the Department. Such inspection may be made any time prior to the date of expiration of said license.

800.2. A licensed new adult day services program or facility shall undergo an additional on site inspection when ten (10) participants have been enrolled and are in attendance on a regular basis. The license of a new adult day services program or facility, unless sooner suspended or revoked, shall be renewed for no more than one (1) year if the program or facility fails to meet the required enrollment of at least ten (10) participants.

800.3. A license issued to an adult day services program or facility that has been licensed for two consecutive one-year periods, unless sooner suspended or revoked, shall expire by limitation two (2) years following its issuance, and may be renewed for additional, successive two-year (2-year) periods after inspection, report and approval by the Department. Such inspection may be made any time prior to the date of expiration of said license.

DEA 900. INSPECTIONS

The Department shall make or cause to be made such inspections and investigations as it deems necessary by duly authorized agents of the Director at such time and frequencies as determined by the Department. A duly authorized representative of the Director shall have the right to enter at any time without prior notice, to inspect the premises and services for which an application has been received, or for which a license has been issued. Duly authorized representatives of the Director shall be permitted to interview staff, participants, and any other interested parties. Refusal to permit inspection or investigation shall constitute a valid ground for suspension or revocation of license or curtailment of activities. Each facility shall be given notice by the Department of its level of compliance with these rules, regulations and standards, including a list of all deficiencies reported as a result of an inspection or investigation.

DEA 1000. DENIAL, SUSPENSION OR REVOCATION OF LICENSE OR CURTAILMENT OF ACTIVITIES

The Department is authorized to deny, suspend or revoke the license or curtail activities of any adult day services program which (1) has failed to comply with the rules, regulations and standards herein; (2) has offered or provided services to participants outside of the scope of its license; (3) has failed to comply with the provisions of R.I.G.L. § 42-66-4(c)(15). Reports of deficiencies shall be maintained on file in the Department and shall be considered by the Department in rendering determinations to deny, suspend or revoke the license or to curtail activities of the adult day program. Notice of such suspension or revocation shall be made by registered or certified mail and by regular mail. The notice shall set forth the particular reasons for the proposed action and the procedures for requesting a fair hearing if the applicant or licensee wishes to object to the Department's decision. All requests for a fair hearing must be made in writing. The applicant or licensee has thirty (30) days from the date of the mailing or personal notice to notify the Department that (s)he is requesting a fair hearing to object to the Department's decision. If a request for hearing is not received within thirty (30) days from the

date of the Department's mailing or personal notice, the decision of the Department is final. If the applicant or licensee requests a fair hearing, the applicant shall be given notice in accordance with R.I.G.L. § 42-35-9. The date for the fair hearing shall be set no sooner than thirty (30) days from the date the written request for a fair hearing is received by the Department. If a request for a fair hearing is received, the Director shall appoint an administrative hearing officer who shall conduct a fair hearing. The rules for conducting fair hearings are set forth in R.I.G.L. § 42-35-9 *et seq.*

DEA 1100. REVIEW OF LICENSE ACTION

Any applicant, licensee, or the state acting through the Attorney General, who is aggrieved by the decision of the Department after a hearing may, within thirty (30) days of receiving notice of the determination provided in DEA 1000 Denial, Suspension or Revocation of License, file a notice of appeal in the Superior Court of the County in which the facility or program is located or is to be located. A copy of the notice of appeal shall be served upon the Director. Such an appeal will stay the denial, suspension or revocation once filed with the clerk of the court for a period not to exceed thirty (30) days, excluding Sundays and legal holidays. If the appeal has not been heard or disposed of within such 30-day period, the denial, suspension or revocation shall no longer be stayed but shall remain in full force and effect during any further pendency of such appeal unless the Superior Court shall, for good cause shown, extend the period of such stay. In no event shall such period be extended beyond the date when the Superior Court shall render its judgment upon the appeal (R.I.G.L. § 42-35-15).

DEA 1200. PROGRAM VARIANCE PROCESS

The licensing standards for adult day programs are designed so that full compliance is required in order for a license to be granted. It is recognized that there will be need from time to time for a facility or program to bypass a specific standard or standards in order to best accomplish its stated philosophy, goals and purpose. This factor has been taken into consideration in the development of these rules, regulations and standards, and the following procedure is to be used when an applicant or licensee believes there is a compelling need for a variance:

1200.1. Application for a variance must be completed by the applicant or licensee and submitted to the Director for review by the Variance Review Committee.

1200.2. Upon receipt of a variance request, the Department will make acknowledgment in writing.

1200.3. Within ten (10) working days of the receipt of the variance request, unless additional time is required to review the program and the reason for the variance, the Variance Review Committee will review the application and return a decision, in writing, to the applicant.

1200.4. If the applicant is dissatisfied with the decision of the Variance Review

Committee, an appeal may be made through the process outlined in DEA 1000.

DEA 1300. APPLICATION FOR VARIANCE

STATE OF RHODE ISLAND

Department of Elderly Affairs
John O. Pastore Center
Benjamin Rush Building #55
35 Howard Avenue
Cranston, RI 02920

Application for Variance From Department Licensing Standards

The undersigned hereby applies to the Director for a variance in the Application of the
Licensing Standards for _____.

Applicant: _____
Address: _____

Date: _____

Specific Licensing Standard(s) to be Varied: _____

Request for Permanent Variance () or Time Variance () Check one.

Detailed Reason(s) for Requesting Variance(s) (Use additional sheet(s) if necessary):

Signed: _____

DEA 1400. DEFICIENCIES AND PLANS OF CORRECTION

The Department shall notify the governing body or other legal authority of a program of the degree of compliance with these rules, regulations and standards through a statement, including a notice of deficiencies, if any, which shall be forwarded to the licensee within fifteen (15) working days after inspection of the facility or program, unless the Director determines that immediate action is necessary to protect the health, welfare, or safety of the public or any member thereof through the issuance of an immediate compliance order. A licensee who receives a notice of deficiencies must submit a plan of correction to the Department within fifteen (15) working days of the date of the notice of deficiencies. The plan of correction shall contain any request for variances. The Department will be required to approve or reject the plan of correction submitted by a licensee within fifteen (15) working days of receipt of the plan. If the Department rejects the plan of correction, or if the licensee does not provide a plan of correction within the fifteen working day period, or if a program or facility whose plan of correction has been approved by the Department fails to execute its plan within a reasonable time, the Department may invoke the sanctions enumerated in DEA 1000 above. If the program is aggrieved by the sanctions of the

Department, it may appeal the decision and request a hearing in accordance with R.I.G.L. § 42-35.

DEA 1500. VIOLATIONS AND SANCTIONS

Any person establishing, conducting, managing or operating an adult day program as defined by these rules, regulations and standards without a license shall be guilty of a misdemeanor, and upon conviction, shall be fined not more than one thousand dollars (\$1,000) or imprisoned not more than six (6) months, or both, at the discretion of the court, for each offense.

DEA 1600. INJUNCTION TO RESTRAIN OPERATION WITHOUT LICENSE

Notwithstanding the existence or pursuit of any other remedy, the Department may, in a manner prescribed by law and upon the advice of the Attorney General, who will represent the Department in the proceedings, maintain an action in the name of the state for injunction or other process against any person or persons to restrain or prevent the establishment, conduct, management or operation of a program as defined in this chapter without a license.

DEA 1700. CHANGE OF OWNERSHIP, OPERATION AND/OR LOCATION

When a change of ownership or operation or location of an adult day program is planned or when discontinuation of services is contemplated, the Department shall be given written notice of pending changes. A license shall immediately become void and shall be returned to the Department when operation of an adult day program is discontinued or when any changes in ownership occur. When there is a change in ownership or in the operation or control of the facility or program, the Department reserves the right to extend the expiration date of such license, allowing the facility or program to operate under the same license which applied to the prior licensee for such time as shall be required for the processing of a new application or reassignment of participants, not to exceed six (6) weeks.

DEA 1800. CONSTRUCTION AND RENOVATIONS

Any licensee or applicant desiring to make alterations or additions to its facility or to construct a new facility shall, before commencing such alteration, addition, or new construction, inform the Department. The Department may conduct preliminary inspection and approval or make recommendations with respect to compliance with the regulations and standards herein. Necessary conference and consultation may be provided.

DEA 1900. NONDISCRIMINATION AND CIVIL RIGHTS POLICY

Each program shall be responsible for maintaining a policy of nondiscrimination in the provision of services to participants and in the employment of staff without regard to race, color, creed, national origin, sex, sexual orientation, age, handicapping condition or degree

of handicap, in accordance with Title VI of the Civil Rights Act of 1964; the Rhode Island Executive Order No. 92-2, dated January 23, 1992 and entitled "Compliance with the Americans with Disabilities Act"; the United States Executive Order No. 11246 entitled "Equal Employment Opportunity"; United States Department of Labor Regulations; Title V of the Rehabilitation Act of 1973, as amended; the 1990 Americans With Disabilities Act; R.I.G.L. § 42-87, which states that "Discrimination" includes those acts prohibited on the basis of race by 42 U.S.C. #1981, 1983 and those on the basis of handicap by 29 U.S.C. #794 and those on the basis of disability by U.S.C. #12100 *et seq.* and U.S.C. #12101 *et seq.*, and those on the basis of handicap by R.I.G.L. § 28-5; and the Rhode Island Fair Employment Practices Act.

DEA 2000. COMPLIANCE WITH ALL LAWS, CODES, RULES AND REGULATIONS

Each program shall be responsible for complying with all local, state, and federal laws, codes, rules and regulations that apply to the program or facility.

DEA 2100. SEVERABILITY

If any provision of the rules and regulations herein or the application thereof to any facility or circumstances shall be held invalid, such invalidity shall not affect the provision or application of the rules and regulations which can be given effect, and to this end the provisions of the rules and regulations are declared to be severable.

SECTION II. REQUIREMENTS FOR ADULT DAY SERVICES

ADS 100. ACCEPTANCE AND ADMISSION POLICIES AND PROCEDURES

101. Each adult day services program shall define the target population(s) it intends to serve.

102. Each adult day services program shall serve only participants whose needs while at the program do not exceed the program's resources; and 51% or more of the program's average daily participants shall be persons age 55 years or older.

103. Each adult day services program shall have a mission and philosophy statement that reflects the needs of the participants and the care and services it is committed to providing.

104. Adult day services programs shall guarantee freedom from unlawful discrimination on the basis of race, color, creed, national origin, religion, sex, sexual orientation, age, physical or mental handicap, or degree of handicap.

105. Each adult day services program shall have a written policy on participants who are appropriate and those who may not be appropriate for enrollment. These eligibility criteria shall include, but not be limited to, the following:

105.1. Each participant shall have a physical/mental condition which indicates a need for nursing care, supervision, therapeutic services, support services, and/or socialization.

106. Prior to an individual's acceptance as a participant, the program shall require a notice from the applicant's primary care physician, including a medical history and documentation that a physical examination has taken place within the past three (3) months. Physician's documentation shall include, but not be limited to, the following:

- A. A list of current medications and treatments.
- B. A list of immunizations (e.g., tetanus, pneumococcal, influenza) with dates; and indication of TB test results, if test has been given.
- C. Any special dietary requirements.
- D. A discharge summary, if the individual has been hospitalized within the past three (3) months.
- E. A statement indicating any limitations to the individual's participation in program activities.
- F. Recommendations for therapy, when applicable.

106.1. In a documented crisis situation, the program may allow up to thirty (30) days after acceptance of the participant for receipt of the complete physician's documentation listed in 106 above.

107. Each adult day services program shall conduct an assessment of each potential participant in order to determine whether or not that participant is included in the program's target population and whether or not the program can meet the individual's needs.

107.1. This assessment shall be conducted by a social service or medical member of the program staff and shall include interviews of family members, as appropriate.

107.2. The assessment instrument specified by the Department shall be utilized.

108. Written documentation of this initial assessment shall be:

- A. Maintained by the program, and
- B. Transmitted to the Department in the manner specified by the Department and no later than thirty (30) days after the individual's admission to the program.

109. Initial assessment information and information provided by the applicant's physician shall be reviewed by at least one professional staff member of the program, in addition to the staff member completing the initial assessment.

110. Upon admission to the program, program staff shall negotiate a written agreement with the participant, and if appropriate, with the participant's legal guardian. This

agreement shall specify at least the following:

- A. A disclosure statement that describes the program's range of care and services.
- B. Basic services offered to the participant by the program.
- C. Staffing profile.
- D. Participant confidentiality policies and procedures specified by the Department.
- E. Admission, discharge, and/or transfer criteria.
- F. Fees and arrangements for reimbursement and payment.
- G. Identification of and authorization for third party payers.
- H. Any non-financial obligations of the participant and his/her family, such as a commitment by the participant to attend the program a specified number of days per week.
- I. Days and hours of program operation.
- J. Schedule of holidays when the program is closed.
- K. Announcement procedures for unexpected closing of the program due to disaster or severe weather.

111. Each participant shall designate a health provider to contact in the event of an emergency and for ongoing care.

112. The program shall have procedures for orientation of the participant and/or family to policies, services and facilities.

113. The program shall assure that all participants or their authorized representatives review all consents and permission documents and either sign where indicated or state in writing that they have read and understand the documents and are unwilling to sign them. Copies of these signed documents shall be filed in the participant's individual record.

114. The participant and family shall be informed of the program's procedures for advance directives.

115. Program policies shall define the target population, admission criteria, discharge criteria, medication policy, participant rights, confidentiality, and grievance procedures.

ADS 200. PARTICIPANT RIGHTS AND RESPONSIBILITIES

201. Adult day services programs shall assure that all participants are afforded the following rights, as well as any others deemed appropriate by the specific program:

201.1. The right to be treated as an adult, with consideration, respect, and dignity, including privacy in treatment and in care for personal needs.

201.2. The right to participate in program of services and activities designed to encourage independence, learning, growth and awareness of constructive ways to develop one's interests and abilities.

201.3. The right to self-determination within the day services setting, including the opportunity to:

- A. Participate in developing or changing one's plan for services.
- B. Decide whether or not to participate in any given activity.
- C. Be involved to the extent possible in program planning and operation.
- D. Refuse treatment and be informed of the consequences of such refusal.
- E. End participation in the adult day services program at any time.

201.4. The right to a thorough initial assessment, development of an individualized plan of care, and a determination of the required level of care.

201.5. The right to be cared for in an atmosphere of sincere interest and concern in which needed support and services are provided.

201.6. The right to a safe, secure, and clean environment.

201.7. The right to receive nourishment and assistance with meals as necessary to maximize functional abilities and quality of life.

201.8. The right to confidentiality and the guarantee that no personal or medical information will be released to persons not authorized under law to receive it without the participant's written consent, in accordance with R.I.G.L. § 5-37.3.

201.9. The right to voice grievances about care or treatment without discrimination or reprisal.

201.10. The right to be fully informed, as documented by the participant's written acknowledgment, of all participants' rights and of all rules and regulations regarding participant conduct and responsibilities.

201.11. The right to be free from harm, including unnecessary physical or chemical restraint, isolation, excessive medication, abuse, or neglect.

201.12. The right to be fully informed, at the time of acceptance into the program, of services and activities available and related charges.

201.13. The right to communicate with others and be understood by them to the extent of the participant's capability.

ADS 300. ADMINISTRATION, ORGANIZATION, AND DATA COLLECTION AND MANAGEMENT

301. Adult day services programs, or groups of programs, may be organized in any legal

business form, including but not limited to: sole proprietorship, partnership, joint venture, corporation, non-profit corporation, or trust. If a program is operated as part of, or in affiliation with, a parent organization, the program shall have a written agreement with the parent organization specifying the relationship between the two entities.

302. Each program shall have a governing body with full legal authority and fiduciary responsibility for the overall operation of the program in accordance with applicable state and federal requirements. The program shall:

- A. Provide names and affiliations of members of the agency's governing body;
- B. Describe structure of the agency's governing body;
- C. Provide functional and staff organizational charts;
- D. Provide a copy of the organization's charter, constitution or by-laws, that include but are not limited to:
 - 1) a definition of goals, purposes, objectives;
 - 2) a statement of compliance with civil rights act and other federal, state, local laws safe guarding civil rights;
 - 3) appropriate standing committees;
 - 4) a statement of asset disbursement in case of corporate liquidation;
 - 5) evidence of consumer involvement or input into program policies
- E. Provide documentation that the governing body does the following:
 - 1) provides for annual evaluation;
 - 2) oversee contracts, adopts and operates annual budget, maintains financial records, provides annual report by independent CPA;
 - 3) adheres to accepted standards of accounting;
 - 4) employs director and gives person authority to manage the daily affairs according to established personnel and corporate policies;
 - 5) meets at least quarterly and maintains minutes of proceedings;

303. The governing body shall review, approve, and revise a current, written plan of operation, including a service description for providing day services to frail elderly persons. This description shall be reviewed at least annually, updated as needed, and made available to authorized Departmental inspectors.

303. 1. The program shall demonstrate that it has the capacity to carry out this plan of operation and perform various operational functions needed to oversee and support the program, including the ability to:

- A. manage ongoing operations;
- B. coordinate across multiple sites (when there are multiple sites);
- C. maintain partnerships with entities and programs; and
- D. demonstrate an effective approach to program management.

304. The program shall demonstrate fiscal responsibility and accountability through the following:

- A. fiscal policies, procedures, and record keeping that define responsibility and accountability; and
- B. a sound approach to financial management, including:
 - 1) timely billing for services;
 - 2) a plan to address long term financial needs;
 - 3) fee schedule, including eligibility for discounts, waivers, etc;
 - 4) evidence that the governing body approves its annual budget, and reviews income and expenditure reports and annual audit;
 - 5) operating on a sound financial basis according to acceptable accounting practices;
 - 6) adhering to generally accepted standards of accounting and reporting (e.g., for voluntary health and welfare organizations; and
 - 7) developing and working within a budget.

305. Each new program shall provide a sound business plan with plans for development and projected monthly revenue and expense statement for 12 months. This plan shall:

- A. include assumed consumer base, services, revenues and expenses; and
- B. outline management of initial expenses.

306. The program shall demonstrate that it can:

- A. generate and distribute revenue;
- B. determine future cash requirements and plan for ensuring cash flow;
- C. litigate liability exposure, including liability for organization, providers, directors, etc.

307. The program shall present a clear and concise annual summary statement of activities and scope of service (e.g., an annual report).

308. The program shall develop written policies and procedures, consistent with Department regulations, for providing services to participants.

308.1. Before any significant change in program philosophy, goals, objectives, or policies is made, the program shall provide the details of the proposed changes in writing to the Director for review.

309. Written protocols shall be developed to specify exactly when (a) the program will be cancelled due to weather conditions and other emergencies and (b) the participants will be evacuated due to power outage and other emergencies. These protocols shall be easily

accessible in the program and in all program vehicles that transport participants and shall include at least the following:

- A. Means by which participants and families are notified of cancellations and early closings.
- B. Description of location to which participants will be moved in case of evacuation and letter of agreement if this location is not affiliated with the program.

310. An organization chart shall be developed to illustrate the lines of authority and communication channels, and shall be provided to all staff of the program.

310.1. The director shall have full authority and responsibility to plan, staff, direct, implement, and evaluate the program.

310.2. The director or designee shall be on site to provide the program's day-to-day management during hours of operation.

311. Program and overall agency financial records shall be kept in accordance with accepted accounting practices, and all financial records shall be audited or reviewed annually (or biennially) by an independent Certified Public Accountant (CPA) in compliance with applicable federal and state regulations. A copy of each audit or review shall be forwarded to the Department within thirty (30) days of completion.

312. The program shall make available the program's insurance policies to Department inspectors. These insurance policies shall cover damage, injury or loss of life caused by fire, accident, or other dangers that might occur during the program's operation. Liability insurance shall be carried on all vehicles used to transport participants. Worker's Compensation insurance shall be carried on all employees, as required by state law. A copy of the face sheet of insurance policies shall be forwarded to the Department within thirty (30) days of each policy initiation, renewal and/or update.

313. The program shall have an information system to collect, analyze, and transmit participant data, indicators, reports and related plans.

314. The program shall collect measurable indicators as identified by the Department, including, but not limited to, participant characteristics and service use. The program shall gather information in standardized format supplied by the Department and report at intervals specified by the Department.

315. The program shall submit to the Department signed written assurances that it follows all applicable federal and state requirements including, but not limited to:

- A. Title V of the Civil Rights Act of 1964;
- B. Annual Certification Drug-Free Workplace Requirements;
- C. Certification Regarding Lobbying.

316. The program shall adhere to the current Department *Policies and Procedures on Confidentiality*, including the current Department Records Retention Schedule that applies to financial and consumer records and related documents.

317. If the program conducts utilization review of health care services, as defined in R.I.G.L. § 23-17-12, the program shall obtain the appropriate certification from the Rhode Island Department of Health.

ADS 400. WRITTEN PLANS, POLICIES AND PROCEDURES

401 Each program shall inform its staff and participants of the general content of the Department's regulations; and shall develop and implement written plans, policies and procedures to ensure compliance with the Department's regulations. These documents shall be reviewed by the program's governing body at least annually and revised as needed.

402. The program shall have at least the following written documents:

- A. Plan for community education and involvement.
- B. Statement of program philosophy and objectives.
- C. Mission statement.
- D. Contracts and agreements with other agencies and individuals.

403. The program shall have a Policy and Procedure Manual written in an easy-to-read-and-update format with each policy dated, including date of revision(s). Each policy shall be signed by the director. This Manual shall be maintained in a loose leaf notebook divided into sections to address at least the following areas of program operation:

- A. Mission and Philosophy;
- B. Organization Structure;
- C. Financial, including Accounts Receivable and Accounts Payable;
- D. Personnel, including Staff Requirements and Responsibilities;
- E. Program, including Program Evaluation;
- F. Participants, including Admission and Discharge; and
- G. Environment.

404. Copies of all written documentation listed in ADS 402 and 403 shall be available for inspection by duly authorized representatives of the Department.

405. Upon request, copies of all policies, procedures and statements adopted by the program pursuant to ADS 402 and 403 shall be provided to participants and their representatives, and to members of the general public.

ADS 500. PERSONNEL POLICIES AND PROCEDURES

501. The program shall maintain written personnel policies and procedures. These policies and procedures shall address at least the following topics:

- A. Hiring, training, and supervising all paid and unpaid personnel;
- B. Use of outside service providers;
- C. Use of volunteers;
- D. Notification of employees, consultants, interns, trainees, and volunteers of their responsibilities, rights, benefits, and conditions of employment;
- E. Written job descriptions:
 - 1. Each staff member shall receive a copy of his/her job description which shall include: educational and work qualifications; major job duties; numbers and titles of persons supervised; and title of the supervisor for the position;
- F. Supervision and job performance;
- G. Education and training;
- H. Records, including maintenance of records;
- I. Current salary/wage schedules;
- J. Fringe benefits and any conditions attached to the benefits;
- K. Disciplinary procedures and grounds for dismissal; and
- L. Equal opportunity plan which shall include a statement guaranteeing that hiring and promotion shall be free from unlawful discrimination on the basis of race, color, creed, national origin, sex, sexual orientation, age, physical or mental handicap, or degree of handicap.

502. All staff shall be supervised by a senior staff person who has the education, training, and experience needed to supervise the given position. All clinical staff shall receive clinical supervision and/or consultation.

502.1. Nurses may satisfy the requirement for clinical supervision and/or consultation by consulting with physicians and other health professionals on an as needed basis.

503. Each program shall have a written plan for staff training and development. Training shall include at least the following:

- A. Orientation for all staff at the start of employment. This initial training shall include orientation to the Department's and the program's policies, procedures, rules, and regulations;
- B. First aid training, including cardiopulmonary resuscitation (CPR) and Heimlich Maneuver, for appropriate staff;
- C. Training in standard precautions and latex safety;
- D. Training in developing, implementing, and evaluating individual plans of care;
- E. Training in any specialized services offered by the program;
- F. Training in identifying participants who abuse alcohol and/or other substances, suffer from depression, or are victims of elder abuse or self-neglect;

- G. Information about services available to participants from outside programs or agencies;
- H. Information about the medications prescribed for participants, the benefits of the medications, common side effects and risks, and the laws governing administration of prescribed medications;
- I. Training in participants' rights;
- J. Training in confidentiality of participant information and records. Each employee, consultant, intern, trainee and volunteer shall sign a statement agreeing to abide by the rules and regulations governing participant confidentiality. This signed statement shall be included in the individual's personnel record; and
- K. Training in diversity and cultural sensitivity.

504. The period of probationary employment shall be specified. The program director shall evaluate the performance of each employee at the end of his/her probationary period and at least annually thereafter. The program director shall be evaluated by the governing body or designee. Performance evaluations shall be in writing, and a copy shall be filed in the individual's personnel record. The individual shall be notified, in writing, of the evaluation results.

505. The program shall maintain confidential personnel records for each employee including time sheets or other records showing all dates and hours worked by each employee and holidays, sick leave, vacation, and unpaid leave taken. Each individual shall have access to his/her personnel record. Each record shall contain at least the following:

- A. A complete job application; and when appropriate, a resume;
- B. References, which may be documented oral references or letters of reference;
- C. Copy of current license or certificate, as required for the position;
- D. Documentation of any participation in job related training, while employed by the program, including the date(s) of training, the provider, the topic, and proof of attendance and completion;
- E. Performance evaluations;
- F. Statement signed by the individual agreeing to abide by the rules and regulations regarding the confidentiality of participant information and participant records.

506. The program shall have an adequate number of qualified staff and shall comply with local, state, and federal laws governing hours and conditions of employment and wages.

506.1. An adequate number of qualified staff shall be determined in accordance with Section 600 of these rules and regulations.

506.2. The number and qualifications of staff shall be included in the application for a license.

506.3. The program shall assign a staff member to oversee the development,

implementation, and periodic review of each participant's individual plan of care; and to monitor and evaluate the participant's progress in achieving his/her treatment goals and objectives.

506.4. The program shall have a written agreement with any agency, program, or other service provider that provides essential services not provided directly by and otherwise the responsibility of the program. This written agreement shall be updated annually. The nature and extent of the services provided shall be documented.

506.5. Programs which use volunteers shall have a screening procedure to select volunteers with appropriate skills to work with the participants, or to help out with the program in a more general way (repairs, fund raising, etc.). The nature and extent of volunteer services shall be documented.

ADS 600. STAFFING REQUIREMENTS

601. Each program shall employ sufficient staff to maintain a ratio of one full-time staff member involved in direct service to participants for each nine (9) participants; and a ratio of 1 to 6 is recommended. Secretaries, cooks, accountants, and other non-direct care staff members shall not be considered in calculating this 1 to 9 ratio.

602. The program shall designate one full-time staff member as the program director.

602.1. The program director shall designate a staff member to act in his/her absence.

603. The program shall employ a nurse who will be on site daily for a minimum of six (6) scheduled hours.

603.1. If the program's daily enrollment is twenty (20) or more participants, the program shall have a nurse on site daily for six (6) hours and available to the program to ensure full-day nursing coverage. Backup coverage shall be arranged for the nurse in the event of absence due to illness or vacation.

604. The program shall identify a staff person responsible for the functions of activities director who will be on site daily for a minimum of four (4) scheduled hours.

605. If the program's daily enrollment is twenty-four (24) or more participants, the program shall have access to case management services on site or available for a minimum of twenty (20) hours each week.

606. The program shall have on site during all operating hours at least one staff member trained in first aid, including CPR and the Heimlich Maneuver.

ADS 700. STAFF QUALIFICATIONS AND RESPONSIBILITIES

701. The program shall implement policies and procedures for employee screening for the infectious diseases listed below. These health screening requirements do not apply to either transient employees not involved in direct participant care or outside contractors not involved in direct participant care.

702. Upon hire and prior to delivering services, employment health examinations shall be required for each employee involved in direct participant care and shall include a physician's certification (i.e., documented evidence) which shall include but not be limited to the diseases listed below. If documentation is provided by the employee that said health examination, including required screening, has been performed during the most recent six (6) months prior to hire, the requirements of this section shall be met:

A. Tuberculosis: Evidence that the employee is free of active tuberculosis based upon the results of a negative tuberculin skin test shall be required (two-step skin test required for those persons being tested for the first time).

1) If the Mantoux (PPD) test done at the time of employment is positive, or a previous one is known to have been positive, the physician's certification shall be based on documentation of adequate chemotherapy for tuberculosis or on a chest x-ray taken not more than six (6) months prior to the physician's certification;

2) Any positive reaction shall be recorded in millimeters in the personnel record.

B. Rubella: In accordance with the current guidelines of *The Red Book: Report on the Committee for Infectious Diseases and the Advisory Council on Immunization Practices (ACIP)*, evidence of immunity is required (with the exception of individuals who are not fit subjects for immunization for documented medical reasons) of all health workers through:

- 1) Documented record of rubella immunization; or
- 2) Serologic evidence of naturally acquired immunity.

C. Measles: In accordance with the current guidelines of *The Red Book: Report on the Committee for Infectious Diseases and the Advisory Council on Immunization Practices (ACIP)*, evidence of immunity is required (with the exception of individuals who are not fit subjects for immunization for documented medical reasons) of all health workers through:

- 1) Proof of physician-documented illness; or

- 2) Positive serologic test for antibody; or
- 3) Documented receipt of either one (1) dose of measles-containing vaccine (for persons born on or before 31 December 1956) or two (2) doses of live-virus measles vaccine (for persons born on or after 01 January 1957). All documented receipt of vaccines must have occurred after the first birthday.

D. Influenza: Each program shall offer annual vaccination against influenza to all persons involved in direct participant care, including employees and volunteers. The program shall also be responsible for providing, on an annual basis, staff education on the nature of influenza and the role of vaccination in controlling its spread to those persons having direct participant contact.

E. Blood Borne Pathogens: Adult day programs shall adhere to the OSHA Blood Borne Pathogens Standard (29 CFR 1910-1030), including the offering of hepatitis B vaccination along with all recommendations for infection control training and provision of protective equipment to those employees at risk.

703. All direct care employees shall be subject to a criminal background check prior to, or within one (1) week of, employment.

703.1. Said employees, through the employer, shall apply to the bureau of criminal identification of the state or local police department or the Rhode Island Attorney General's Office for a criminal records check. Fingerprinting shall not be required as part of this check.

703.2. In those situations in which no disqualifying information, defined as any conviction for any offense listed in R.I.G.L. § 23-17.4-30 and R.I.G.L. § 23-17-37, has been found, the bureau of criminal identification (BCI) shall inform the applicant and the employer in writing.

703.3. Any disqualifying information will be conveyed to the applicant in writing by the BCI. The employer shall also be notified that disqualifying information has been discovered, but shall not be informed of the nature of the disqualifying information.

703.4. The employer shall maintain on file, subject to inspection by the Department, evidence that criminal records checks have been initiated on all employees seeking employment, as well as the results of said checks.

703.5. If an applicant has undergone a criminal records check within eighteen (18) months of an application for employment, than an employer may request from the BCI a letter indicating if any disqualifying information was discovered. The BCI will respond without disclosing the nature of the disqualifying information. This letter may be maintained on file to satisfy the requirements of 703.4. The employer shall maintain on file, subject to inspection by the Department, evidence that

criminal records checks have been initiated on all employees seeking employment, as well as the results of said checks.

703.6. An employee against whom disqualifying information has been found may request a copy of the criminal background report be sent to the employer who shall make a judgment regarding the continued employment of the employee. Programs are encouraged to work with qualified employees to expunge their criminal background records when said expungement is possible.

704. The program shall maintain current, functional job specifications for all staff positions, consistent with the following requirements:

704.1. The director shall have at least a bachelor's degree or equivalent education; at least three (3) years experience in a health or human services related field or equivalent experience; and have demonstrated ability to perform the following responsibilities of the program director:

- A. Direct and supervise all aspects of the program;
- B. Supervise all paid and volunteer staff members;
- C. Perform program and staff evaluations;
- D. May assume role of coordinator in the admissions process;
- E. Respond to all reporting requirements of the Department;
- F. Direct the development and implementation of the program's outreach plan;
- G. Be responsible for the fiscal administration of the program; and
- H. Direct the coordination of program services.

704.2. The nurse shall hold a current Rhode Island license. The nurse shall perform the following duties:

- A. Provide or supervise required program nursing services for each participant;
- B. Supervise other health care staff members;
- C. Coordinate the development and ongoing review of the care plans of each participant;
- D. Informally assess the health status of each participant on a daily basis to determine if (s)he has a condition which requires (a) being sent home to prevent infection of other participants and staff (e.g., cold, flu) or (b) notifying family of the need for a physician's evaluation and/or treatment;
- E. Write, at least monthly, nursing notes in each participant's record; and
- F. Assist, as necessary, in the delivery of other required program services.

704.3. A staff member serving as activities director shall have the ability to develop and implement therapeutic activities programming both for specific individuals and for groups. The activities director shall perform the following duties:

- A. Supervise activity/program assistants;
- B. Develop educational events for participants;
- C. Write, at least quarterly, notes in each participant's record regarding the participant's involvement in activities as part of his/her care plan; and
- D. Participate in the quarterly review of each participant's care plan.

704.4. Case Managers shall be trained in social work, nursing, activities therapy or other related areas and shall perform the following duties:

- A. Conduct participant assessments and reassessments;
- B. Schedule and conduct quarterly and other team meetings to review participant plans of care;
- C. Monitor documentation in participant records to assure compliance with Department and other regulations;
- D. Inform participants and their families of available community services and refer participants, as necessary, to agencies providing such services; and
- E. Write at least quarterly notes in each participant's record.

704.5. Any employee having the title of Social Worker shall hold a current Rhode Island Department of Health license as a social worker or an independent social worker.

704.6. Aides shall be certified nursing assistants (CNAs) licensed by the State of Rhode Island or shall be trained on site by the program at the beginning of employment and at least annually thereafter for a minimum of ten (10) hours to cover the following areas:

- A. Participant Rights;
- B. Fire and Safety;
- C. Basic Body Mechanics;
- D. Communicating With Elders;
- E. Standard Precautions;
- F. Activities; and
- G. Reporting Observations of Elders to Supervisor.

704.6.1 Aides shall be responsible for assisting professional program staff members as required in implementing services and meeting the needs of individual participants.

704.6.2. Each program shall employ at least one CNA licensed by the State of Rhode Island.

704.6.3. All new aides hired after the effective date of these rules, regulations and standards shall be either a licensed CNA or a program assistant trained in accordance with 704.6 A. through G. above, provided

that at least one CNA licensed by the State of Rhode Island is employed by the program.

704.6.4. Programs shall comply with all applicable state and federal laws regarding transportation services.

704.6.5. Programs which operate their own vehicle(s) shall employ drivers who possess current Rhode Island motor vehicle licenses appropriate to the size and seating capacity of the vehicle(s).

704.6.5.1. Drivers shall have experience in transporting passengers and shall be sensitive to the needs of aged individuals and individuals with handicapping conditions.

ADS 800. PROGRAM EVALUATION

801. The program shall have a self-evaluation and continuous improvement system. This self-evaluation shall include a statement of the program's goals and objectives; shall be conducted at least annually; and shall be in addition to any evaluations conducted by the Department.

801.1. This ongoing evaluation process shall examine the adult day services program on three levels: the participant/caregiver/staff level; the center/program level; and the community level.

801.2. Quantitative indicators shall be an integral part of the evaluation process.

802. The self-evaluation system shall measure the program's success in achieving the stated goals and objectives, and shall review the effectiveness of the program's policies and procedures.

803. Goals, objectives, policies and procedures shall be revised as needed based on the results of the self-evaluation.

804. Significant changes in goals, objectives, policies or procedures shall be submitted in writing to the Director for review.

805. All revised goals, objectives, policies and procedures shall be made available to the program's employees, interns, trainees and volunteers.

806. The self-evaluation and any changes that result from it shall be documented.

ADS 900. PARTICIPANT POLICIES

901. All programs shall be culturally and linguistically responsive and respectful.

902. All programs shall promote a restraint-free environment. The use of chemical and/or physical restraints shall be restricted to those participants whose physicians have ordered such restraints and shall meet the provisions for their use as determined by accepted standards of practice (See requirements of the Omnibus Budget Reconciliation Act of 1987).

903. A participant bill of rights shall be developed, posted, distributed, and explained to all participants or their representatives, families, staff, and volunteers in the language understood by the individual.

904. A grievance procedure shall be established to enable participants and their families/caregivers to have their concerns addressed without fear of recrimination.

905. The program shall comply with the state mandatory procedures for reporting suspected elder abuse to the protective services unit of the Department. Staff shall be trained in signs and indicators of potential abuse.

906. Each program shall maintain a participant record system, including a separate record for each participant.

ADS 1000. INDIVIDUAL PLANS OF CARE AND PARTICIPANT RECORDS

1001. Programs shall conduct the assessment specified by the Department and utilize the results of this assessment to develop an individual written plan of care for each participant within thirty (30) days after the individual enters the program.

1002. Each plan of care shall be drafted by an interdisciplinary team, with input from aides and CNAs. The participant, caregiver, and other service providers shall have the opportunity to contribute to the development, implementation and evaluation of his/her care plan.

1003. If coordination of care is needed and if the participant is a client of another agency, the care plan shall be developed in conjunction with the services provided by that agency. The participant's case manager or other appropriate staff member from that agency shall be invited to participate in the care planning meeting.

1004. The individual plan of care shall consist of these elements:

- A. Specific problems, needs or challenges faced by the participant;
- B. Realistic goals and/or objectives for the participant for each item identified in A. above;
- C. Measurable action steps to be taken during the coming quarter to achieve the goals and/or objectives identified in B. above;
- D. Specific observations to be made and/or data to be collected to gauge progress

- toward achieving the goals and/or objectives identified in B. above; and
- E. Specific timelines for making observations and collecting data as identified in D. above.

1005. There shall be a care plan review quarterly with the participant and/or family/caregiver that reassesses the individual participant's needs and reevaluates the appropriateness of service plans. At least the following items shall be reviewed:

- A. Scheduled days of attendance;
- B. Services, objectives, and goals of the plan of care;
- C. Progress, or lack thereof, in achieving objectives and goals of the plan of care; and
- D. Conditions of participation.

1006. Progress notes shall be written at least monthly by the nurse and/or case manager and maintained as part of each participant's record.

1007. The program shall maintain individual participant records arranged for easy access and use by staff.

1008. Each individual participant record shall contain at least the following sections:

- A. Progress notes;
- B. Monthly and quarterly notes, as specified in 704.2.E., 704.3.C. and 704.4.F above;
- C. Individual plan of care;
- D. Assessment information;
- E. Summary of quarterly team meetings, including names and titles of all in attendance and documentation of any persons invited who did not attend;
- F. Medical and other health-related information, including doctor's orders and medication records; and
- G. Financial records, including eligibility and payment documents.

1009. Emergency information about each participant and a recent photograph of each participant shall be maintained for quick access.

1010. Individual participant records and all other documents associated with identifiable individual participants shall be maintained as confidential materials in accordance with current state and federal laws, rules and regulations; and in compliance with current policies and procedures of the Department. Storage of all participant records and documents shall assure their safety from inappropriate use and from fire and other unplanned destruction.

1011. The program shall develop and follow written policies establishing guidelines for storage and retention of participant records, including:

- A. Retention of records for period of time specified in the Department's current

- Record Retention Schedule; and
B. Guidelines for the removal of participant records from file.

ADS 1100. PROGRAM SERVICES

1101. Programming shall take into consideration individual differences by providing for a variety of types and levels of involvement.

1102. Programs shall offer, or make available through arrangements with community agencies, the services specified below in order to meet the needs of the participant population:

1102.1. Health-related services shall be provided as needed by participants.

1102.1.1. Programs shall train staff and supervise use of standard protocols for communicable diseases and infection control.

1102.1.2. Programs shall provide or arrange for health education, which may include promotion, prevention, screening and detection.

1102.2. Nursing services shall be provided in accordance with the particular needs of each participant and shall include the following:

- A. Supervision of and/or administration of medications and treatments as prescribed by the participant's physician;
- B. Participation in the development and implementation of the individual participant's plan of care;
- C. Ongoing monitoring of each participant's health status;
- D. Maintenance-therapy treatment as recommended by a therapist; and
- E. Coordination of orders from the participant's physician.

1102.3. Therapeutic services shall be provided to, or coordinated for, each participant, as needed, when recommended by a therapist or prescribed by a physician.

1102.3.1. Therapeutic services shall include occupational, physical, and speech therapy.

1102.3.2. The program shall establish written agreements with occupational, physical, and speech therapists to define the nature and extent of the working relationship.

1102.3.3. Program staff members shall provide therapeutic services to participants following a plan of care devised by a therapist.

1102.3.4. Program staff members shall provide maintenance therapy to meet the particular needs of a participant when indicated by the program therapy consultants or the participant's physician. The program's nurse shall supervise the administration of maintenance therapy to participants.

1102.4. Program staff members shall provide individual and group activity programs that offer social, recreational, and educational events.

1102.4.1. The dignity, interests, and therapeutic needs of individual participants shall be considered in the development of activity programs.

1102.5. Program staff members, under the supervision of a nurse, shall provide personal care services; and shall offer training and assistance in dressing, grooming, personal hygiene, use of special aids, accident prevention, and activities of daily living.

1102.5.1. Personal care services and assistance with activities of daily living shall be provided in a safe and hygienic manner, with recognition of each individual participant's dignity and right to privacy, and in a manner that encourages the maximum level of independence.

1102.6. Programs shall provide a noon meal and two snacks per day for each participant every full day he/she attends the program.

1102.6.1. Food shall be prepared under the direction of a nutritionist or registered dietician.

1102.6.2. The noon meal shall be equivalent to at least one-third the recommended daily dietary allowance established by the U.S. Department of Agriculture (USDA).

1102.6.3. The program shall provide or arrange for any special diets, if required by a participant and prescribed by his/her physician.

1102.6.4. The program shall offer or arrange for nutritional counseling, as necessary.

1102.7. The program shall assist participants and their families with personal, social, family, and adjustment problems.

1102.8. The program shall provide or arrange for mental health and substance abuse services for participants when indicated by a physician or other appropriate health care professional.

1102.8.1. Mental health and substance abuse services shall be documented in the individual participant's plan of care.

1102.9. The program shall provide transportation and/or assist in arranging transportation services for participants and maximize the use of transportation arranged by the participant's family.

1102.9.1. When transportation is provided to participants through program operated vehicles, the operation of each vehicle shall be in conformance with all applicable state and federal regulations relative to both driver and vehicle.

1102.10. The program shall establish written emergency policies and procedures. Emergency procedures shall include at least the following:

- A. A written plan and/or agreement for emergency care;
- B. A written plan and/or agreement for emergency transportation;
- C. An easily located file for each participant containing at least the following:
 - 1. Name and telephone number of his/her physician;
 - 2. Hospital preference;
 - 3. Insurance information;
 - 4. Medications and allergies;
 - 5. Current diagnoses and history;
 - 6. Name and telephone number of emergency contact;
 - 7. Copy of any advance directive, power of health care attorney, etc.; and
 - 8. Photograph (for participant identification);
- D. A conspicuously displayed notice indicating emergency fire procedures in accordance with local and state fire department regulations;
- E. Training for participants in emergency procedures, records of which must be kept; and
- F. Training for direct program staff members, including drivers, in emergency procedures, cardiopulmonary resuscitation (CPR) and the Heimlich Maneuver by an approved CPR instructor, records of which must be kept.

1103. The program shall provide a balance of purposeful activities to meet the participants' interrelated needs and interests (social, intellectual, cultural, economic, emotional, physical, and spiritual).

1104. Program activities and services shall be designed to promote personal growth and enhance the self-image, and/or improve and maintain the functioning level of participants to the extent possible.

1105. Participants shall be encouraged to take part in activities, but may choose not to do so or may choose another activity.

1106. Participants shall be allowed time for rest and relaxation and to attend to personal and health care needs.

1107. Activity opportunities shall be available whenever the program is in operation.

1108. If a participant receives services from several community agencies, the program shall coordinate with the participant's case manager to ensure that services are not duplicated.

1109. Programs shall procure or arrange for ancillary services to meet needs identified through the assessment and individual care plan process.

1109.1. Ancillary services shall include education for the participant and/or family caregiver and/or staff and may be delivered on a one-to-one or group basis.

1109.2. Ancillary services shall be provided within the framework of the individualized plan of care and as part of the overall array of services the participant receives.

1110. Professional therapy services may address remediation but shall also focus on adaptive and compensatory techniques.

1110.1. Programs providing services defined by professional practice standards shall ensure that these standards are met.

1111. The scope and intensity of ancillary services shall vary depending upon the needs of the program's participants and the range of services provided by the program.

ADS 1200. MEDICATION AND RELATED SERVICES

1201. The program shall administer medications to participants as required and in accordance with state laws.

1202. Participants shall have the right to refuse any and all medications.

1202.1. The program shall inform the participant's family when a participant has refused medication(s). The nurse shall inform the participant's physician, as she/he deems appropriate.

1202.2. The program shall have the right not to accept, and/or to discharge a participant who refuses assistance with medications if the program reasonably feels that the participant cannot safely possess and control his/her medications.

1202.3. The program shall record each instance of medication refusal by a participant in the participant's individual record.

1203. All medications in the facility shall be stored securely and in a manner to prevent spoilage, dosage errors, administrative errors, and inappropriate access.

1204. Licensed staff, including nurses and unlicensed persons who have completed a state-approved course in drug administration and are under indirect supervision by a nurse, physician or pharmacist, may administer medication and monitor health indicators.

1205. All medications shall be checked against a physician's orders by a nurse or pharmacist.

1206. All medications shall be in the original pharmacy-dispensed container with a proper label and directions attached.

1207. Injectable medications, including but not limited to insulin, shall be administered by a nurse.

1208. Individual medication records shall be retained for each participant to whom medications are being administered and each dose administered to the participant shall be properly recorded.

1208.1. Any medication administered by the program and refused by a participant shall be documented and reported as appropriate.

1208.2. Such records shall be retained by the program for five (5) years in accordance with the provisions of "Confidentiality of Health Care Information", R.I.G.L. § 5-37.3-1 *et seq.*

1209. A nurse shall monitor the medication regimen for all participants. He/she shall:

- A. Evaluate the health status of the participant by identifying symptoms of illness and/or changes in mental and/or physical health status;
- B. Make recommendations to the family or physician regarding any medication needs or other health needs requiring follow up; and
- C. Follow up on previous recommendations.

1210. At the end of the program day, or when the shift ends, the nurse shall count all controlled substances and sign the controlled substance book. If the nurse on duty at the next shift or at the beginning of the next program day is not present during the above count, s(he) shall count all controlled substances and sign the controlled substance book immediately after beginning the work period. Any discrepancies in count shall be reported immediately to the program director.

1211. Unused or discontinued prescription medications are the property of the participant and shall be given to the participant's family, whenever possible.

1211.1. Any unused or discontinued prescription medications that are left with a program shall be disposed of in accordance with Rhode Island Department of Health *Rules and Regulations Governing the Disposal of Legend Drugs, as amended*, promulgated pursuant to R.I.G.L. § 21-28-5.07 and R.I.G.L. § 21-31, "Legend drugs" means any drug so designated pursuant to the provisions of R.I.G.L. § 21-31-15(k); and said drug shall be labeled "Caution: Federal Law Prohibits Dispensing Without a Prescription".

1211.2. The program shall dispose of all legend drugs not classified as controlled substances in one of two ways:

A. As a solid waste provided that all the following conditions are met: (1) the legend drugs are rendered unrecognizable; (2) the legend drugs would not pose a threat to the public or to the environment; and (3) the legend drugs cannot be recycled or:

B. As regulated medical waste through the use of an entity holding a regulated medical waste transporter permit issued pursuant to the requirement of *Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management & Disposal of Regulated Medical Waste in Rhode Island (DEM-DAH-MW-01-92)*, Rhode Island Department of Environmental Management, June 1994.

1211.3. The program shall dispose of all legend drugs classified as controlled substances (i.e., any drug, substance or immediate precursor in Schedules I-IV of R.I.G.L. § 21-28-2.08) in accordance with federal Drug Enforcement Administration, Department of Justice, *Procedure for Disposing of Controlled Substances*: Title 21 Code of Federal Regulations (CFR) Part 1307.21, p. 81 (April 1, 1996 edition) and all other applicable federal, state and local regulations.

ADS 1300. PARTICIPANT RE-EVALUATION, DISCHARGE AND FOLLOW-UP

1301. The program shall develop a re-evaluation protocol that specifies:

- A. Those changes in medical and/or behavioral status which trigger an unscheduled reassessment of the participant;
- B. Observational and data-gathering procedures—including inquiries of the family concerning the participant's status outside program hours—to yield measurable status changes;
- C. Procedures to be followed by the treatment team to attempt to modify status

- changes so that the participant may continue in the program;
- D. A description of criteria to be followed to determine that discharge procedures should be initiated.
- E. Steps taken under the reevaluation protocol shall be documented in the individual participant record.

1302. The program shall develop a discharge protocol that includes criteria and notification procedures.

1303. Discharge/transition plans shall be developed for participants with changes in service needs and changes in functional status that prompt another level of care.

1304. Each participant and/or family/caregiver shall be given written notice if the participant is to be discharged from the program.

1305. A participant may be discharged from the program under the following circumstances:

- A. He/she demonstrates sufficient improvement for more independent living.
- B. He/she requires specialized institutional care, due to illness.
- C. He/she develops behavioral problems that (a) may endanger and/or disrupt other participants or staff members; and (b) are not modifiable by steps taken under the program's reevaluation protocol.
- D. He/she wishes to discontinue participation in the program.

1306. Discharge procedures shall include at least the following:

- A. A discharge summary;
- B. Recommendations for continuing care;
- C. In consultation with the participant, family member or guardian, referral to community service agencies for any appropriate services, if the participant is returning to more independent living.

1307. Follow-up for up to three (3) months shall be provided for each participant discharged to independent living or to an institution on a short-term basis of less than six (6) months.

1307.1. Follow-up procedures shall be designed to allow the program to evaluate the success of the discharge plan and to ensure that the participant is receiving necessary services.

1308. The program shall complete and maintain on file a discharge form indicating a discharge plan for each participant leaving the program.

1308.1. The program shall discuss and agree upon the discharge plan with the

participant and his/her family as far in advance of discharge as possible.

1309. Pursuant to R.I.G.L. § 42-66-17, any adult day services program which refers participants to any health care facility licensed pursuant to chapter 17 of title 23 or to a residential care/assisted living facility licensed pursuant to chapter 17.4 of title 23 or to an adult day services program licensed pursuant to R.I.G.L. § 42-66-4(16) in which the referring entity has a financial interest shall, at the time a referral is made:

A. Disclose the following information to the participant:

- 1) that the referring entity has a financial interest in the facility or provider to which the referral is being made; and
- 2) that the participant has the option of seeking care from a different facility or provider that is also licensed by the state to provide similar services to the participant;

B. Offer the participant a written list prepared by the Rhode Island Department of Health for licensed health care facilities and residential care/assisted living facilities or a written list prepared by the Department for adult day services programs; and

C. Document this financial disclosure in the individual participant's file.

1310. Noncompliance with ADS 1300 shall constitute grounds to revoke, suspend, or otherwise discipline the licensee or to deny an application for licensure by the Director, or may result in imposition of an administrative penalty. In cases of noncompliance involving health care facilities and residential care/assisted living facilities licensed by the Department of Health, referral will be made by the Department of Elderly Affairs to the Director of Health for disposition in accordance with R.I.G.L. § 23-17.10. In cases of noncompliance involving adult day services programs, the Director of Elderly Affairs shall take appropriate action under R.I.G.L. § 42-66-17.

ADS 1400. ENVIRONMENT

1401. The facility housing the program shall be constructed, equipped, and maintained to protect the safety and well-being of participants.

1401.1. The facility shall comply with applicable state and local building regulations and zoning, fire, and health codes and ordinances, including Rhode Island State Fire Safety Code, R.I.G.L. § 23-28.1, and Rhode Island State Building Code, R.I.G.L. § 23-27.3.

1401.2. The facility shall comply with requirements of the Americans with Disabilities Act of 1990.

1401.3. A facility with participants who are blind, deaf and /or physically disabled shall be subject to the applicable requirements of the American National Standards Institute (ANSI STANDARDS), 1961.

1401.4. The program shall obtain annual certification from its local fire department approving the facility for program operation.

1401.4.1. Such certification shall indicate the maximum daily occupancy.

1401.4.2. The program shall submit copies of such certifications to the Department with application for license.

1402. The sign for the facility shall be visible, and the entrance to the facility shall be clearly identified.

1403. The program, when it is co-located in a facility housing other services, shall have its own separate identifiable space for main activity areas during operating hours.

1404. The program shall have sufficient space to accommodate the full range of program activities, services, and equipment.

1404.1. Each facility shall have the following areas:

- A. A dining area;
- B. A food preparation area in compliance with the applicable regulations of the Rhode Island Department of Health;
- C. A project area equipped with adequate table and seating space (a dining area may be used);
- D. A group activity area;
- E. A private, enclosed space, free from disruption, for individual nursing services and counseling;
- F. A properly equipped rest area; and
- G. Properly equipped, handicapped accessible bathrooms.

1404.2. There shall be private space to permit staff to work effectively and without interruption.

1404.3. Identified space shall be available for participants and/or family/ caregivers to have private discussions with staff.

1404.4. There shall be storage space for program and operating supplies.

1404.5. Outside space that is used for outdoor activities shall be safe, accessible to indoor areas, and accessible to persons with a disability.

1405. The facility shall provide a comfortable, sanitary environment for the frail, elderly population it serves.

1405.1. All rooms utilized by participants shall have proper ventilation.

1405.2. All steps, stairs, and corridors shall be suitably lighted. Stairs used by participants shall have banisters, hand rails or other types of support. All stair treads shall be well maintained to prevent hazards.

1405.3. Halls and exit ways shall be free from all encumbrances and/or impediments.

1405.4. Space shall be available for the safe arrival and departure of participants.

1405.5. Illumination in all areas shall be adequate and glare shall be avoided.

1405.6. Sound transmission shall be controlled.

1405.7. Conditions shall be maintained within a comfortable temperature range to accommodate the population served.

1405.8. Sufficient, appropriate furnishings shall be available for the entire participant population present.

1406. The facility's restrooms shall be located as near the activity area as possible.

1406.1 Restrooms shall meet current Americans With Disabilities (ADA) requirements.

1406.2 Every restroom door shall be designed to permit the opening of the locked door from the outside.

1406.3 Each facility shall have at least one (1) shower or other accommodation for providing personal hygiene to participants.

1407. The overall design of the facility shall facilitate the participants' movement throughout the facility and encourage involvement in activities and services.

ADS 1500. SAFETY AND SANITATION

1501. The facility and grounds shall be safe, clean and accessible to all participants.

1502. Smoking shall not be permitted in the facility.

1503. Safe and sanitary handling, storing, preparation and serving of food shall be assured.

1503.1. The program shall comply with all applicable provisions of the sanitation in food establishments law (R.I.G.L. § 21-27-1 *et.seq.*) and with all rules, regulations and standards promulgated by the Rhode Island Department of Health pursuant to this law.

1503.2. Programs which meet the definition of “food establishment” under this law must be registered annually with the state director of health (R.I.G.L. § 21-27-10).

1504. At least two (2) well-identified exits shall be available to participants.

1505. Standard Precautions shall be used by all staff.

1506. The program shall comply with rules and regulations pertaining to the use of latex gloves by health care workers promulgated by the Rhode Island Department of Health.

1506.1. Programs that utilize latex gloves shall post a notice informing and warning employees and the public:

- (1) that natural rubber latex gloves are used;
- (2) that exposure to latex may result in the development of an allergy;
- (3) that allergic reactions to natural rubber latex can manifest by skin rash, hives, nasal and eye irritation, asthma, and shock; and
- (4) that should you or your family experience allergic reaction symptoms, then you should contact your health care provider.

1506.2. The notice required in 1506.1 shall include letters which are at least three-eighths (3/8) of an inch high and shall be posted in conspicuous areas (e.g., lobby, participant care areas, employee bulletin boards) throughout the premises.

1506.3. The notice required in 1506.1 shall be posted in English, Spanish and other languages, as appropriate, to the language needs of the individuals served by the program. A sample notice in English is contained as Appendix “A” in the May 2002 Department of Health rules and regulations pertaining to the use of latex gloves. Sample notices in languages other than English may be found at the Department of Health’s website: www.healthri.org.

1507. The facility shall be free of such hazards as exposed electrical cords, loose area rugs and steep grades.

1507.1. Steps and curbs shall be painted and the edges of stairs marked appropriately to highlight them.

1508. Procedures for fire safety as approved by the state and local fire authorities shall be

adopted and posted.

1508.1. Appropriate fire extinguishers shall be installed on each occupied level of the facility and maintained in a usable condition, inspected at specified intervals as stipulated by manufacturers and local and state fire authorities.

1508.2. The facility shall develop and maintain a written plan and procedure for the evacuation of the premises in case of fire or other emergency.

1508.2.1. An evacuation plan shall be posted in each room.

1508.2.2. Emergency steps of action shall be clearly outlined and posted in conspicuous locations throughout the facility.

1508.2.3. Drills simulating emergency conditions to test the effectiveness of the plan shall be conducted on a quarterly basis with documentation of observed ability of participants and staff to carry out evacuation procedures.

1509. Emergency first aid kits shall be accessible to staff.

1510. There shall be sufficient maintenance and housekeeping personnel to assure that the facility is clean, sanitary, and safe at all times.

1510.1. Toxic substances, whether for activities or cleaning, shall be stored in a locked area not accessible to participants.

1510.2. A safety guide for dealing with spills of toxic substances, chemicals, and other liquids including blood shall be posted and followed by all staff.

1510.3. Insect infestation control shall be scheduled at a time when participants are not in the facility.

1511. Equipment shall be adequately and safely maintained.

1511.1. The program shall have a sufficient budget for equipment maintenance, repair, or replacement of all equipment.

1512. Programs shall have on site at least the following health care and safety equipment:

- A. An emergency first aid kit;
- B. A scale for weighing participants;
- C. A blood pressure cuff and stethoscope;
- D. A thermometer;
- E. A locked space for medications;
- F. Proper refrigeration for medications (36 to 46 degrees F.);

- G. Several blankets; and
- H. A portable oxygen tank for emergencies.