

Family Adult Day Services Licensing Checklist

Program Name: _____ FADS License #: _____

Program Address: _____

Date of review: _____ Type of review: Initial Renewal Other _____

C = Compliance NC = Non-Compliance NA = Not Applicable

I. Application					
Requirement	Rule/Statute	C	NC	NA	Comments
1. The DHS – Family Systems application was completed.	245A.04, Subd. 1				
2. The Workers' Compensation insurance verification form was completed.	MS176.182				

II. Licensing Study					
Requirement	Rule/Statute	C	NC	NA	Comments
1. The applicant provided three letters of reference.	9543.0040, Subp. 2(c)				*If previously licensed, a reference from that previous agency was received
2. The applicant complied with the agency to complete home visits and provided any other reports or evaluations necessary to fully evaluate their qualification for licensure	9543.0040, Subp. 2(b)(2) & 9543.0040, Subp. 2(g)				

III. Scope of Services					
Requirement	Rule/Statute	C	NC	NA	Comments
1. Family adult day services:	245A.143, Subd. 1(a)				

• Operates fewer than 24 hours/day					
• Each participant is 18 or older					
• Each participant is functionally impaired					
• Provides individualized and coordinated set of services including health services, social services, and nutritional services that are directed at maintaining or improving the participants' capabilities for self-care					
2. Services are provided in the license holder's (LH) own home:	245A.143, Subd. 1(b)				
• The LH is the primary caregiver					
• No more than 8 participants					*AFC residents count toward capacity regardless of participation

IV. Policy and Program Information Requirements					
Requirement	Rule/Statute	C	NC	NA	Comments
1. The LH has the following written information available and has provided copies to participants and their caregivers upon admission:	245A.143, Subd. 3(a)				
• Scope of the programs, services, and care offered					
• Description of the population to be served					
• Description of conditions the LH is not prepared to accept					
• Participants' rights & procedures for presenting grievances including name, address and telephone number of Office of Ombudsman for Long-Term Care and county licensing where participant or caregiver can submit oral or written complaint					

<ul style="list-style-type: none"> • Policy and arrangements for providing transportation 					
<ul style="list-style-type: none"> • Policy on providing meals and snacks 					
<ul style="list-style-type: none"> • Policy on fees, billing arrangements, and plans for payment 					
<ul style="list-style-type: none"> • Policy governing presence of pets in the home 					
<ul style="list-style-type: none"> • Policy on smoking in the home 					
<ul style="list-style-type: none"> • Types of insurance coverage carried by LH 					
<ul style="list-style-type: none"> • Information on orientation requirements for the vulnerable adult act (VAA) 					
<ul style="list-style-type: none"> • Terms and conditions of license issued by the department 					
<ul style="list-style-type: none"> • Plan for emergency evacuation of participants involving fire, weather, and other disasters. Plan must include instructions for evacuation or rescue of participants, identification of emergency shelter area, quarterly fire drill schedule, and staff responsibilities 					
<ul style="list-style-type: none"> • Policy for handling harmful objects, materials or equipment including storage of poisonous chemicals, use of appliances, sharp instruments, matches or other potentially harmful materials 					
<p>2. The written information above is available for inspection by the licensing agency and provided upon request.</p>	245A.143, Subd. 3(b)				

3. There is a current alcohol and drug policy for the program.	245A.04, Subd. 1(c)				
4. There is a current program grievance procedure for participants and their legal representatives.	245A.04, Subd. 1(d)				

V. Admission Screening and Evaluation					
Requirement	Rule/Statute	C	NC	NA	Comments
1. Before admitting an individual, the LH screened to determine how or whether the individual could be served based on the LH's policies, services, expertise, and the individual's needs and condition. When possible, the screening included an interview with the individual and the individual's caregiver.	245A.143, Subd. 4(a)				
2. The screening included an evaluation of the health, nutritional, and social services needs of the individual.	245A.143, Subd. 4(b)				

VI. Service Delivery Plan					
Requirement	Rule/Statute	C	NC	NA	Comments
1. Before providing family adult day services, an individual, the individual's caregiver, the legal representative if there is one, the county or private case manager, if applicable, and the LH developed a service delivery plan which at a minimum included:	245A.143, Subd. 5				
<ul style="list-style-type: none"> A description of the health services, nutritional services, and social services to be arranged or provided by the LH and the frequency of those services and that the services will be based on the needs of the individual 					
<ul style="list-style-type: none"> Scheduled days and hours of participant's attendance at the program 					
<ul style="list-style-type: none"> Transportation arrangements for getting the participant to and from the program 					

<ul style="list-style-type: none"> Alternative plans if scheduled services cannot be provided by the LH 					
<ul style="list-style-type: none"> Identification of responsibilities of the participant and the license holder with respect to payment for services 					
<ul style="list-style-type: none"> Circumstances when emergency services will be called 					
<ul style="list-style-type: none"> Identification of the LH's discharge policy when services are no longer needed or when the participant's needs can no longer be met by the LH 					

VII. Individual Service Plan					
Requirement	Rule/Statute	C	NC	NA	Comments
1. The service plan was coordinated with other plans of services for the participant as appropriate.	245A.143, Subd. 6(a)				
2. The service plan was dated and revised when there was a change in the needs of the participant or annually, whichever occurs sooner.	245A.143, Subd. 6(b)				

VIII. Health Services					
Requirement	Rule/Statute	C	NC	NA	Comments
1. The license holder provides health services as specified in the service delivery plan under the direction of the designated caregiver or county or private case manager and must include:	245A.143, Subd. 7(a)				
<ul style="list-style-type: none"> Monitoring the participant's level of function and health while participating; taking appropriate action for a change in condition including immediately reporting changes to the participant's caregiver, physician, mental health professional, or register 					

nurse; and seeking consultation					
<ul style="list-style-type: none"> Offering information to participants and caregivers on good health and safety practices 					
<ul style="list-style-type: none"> Maintaining a listing of health resources available for referrals as needed by participants and caregivers 					
2. Unless person is a licensed health care practitioner qualified to administer medications, the person responsible for medication administration or assistance:	245.143, Subd. 7(b)				
<ul style="list-style-type: none"> Provided a certificate verifying successful completion of a trained medication aid program for unlicensed personnel approve by MDH or comparable program; or 					
<ul style="list-style-type: none"> Biennially provides evidence of competency as demonstrated to RN or physician. 					
3. The LH has secure storage and safeguarding of all medications and:	245.143, Subd. 7(c)				
<ul style="list-style-type: none"> it is in original containers 					
<ul style="list-style-type: none"> the LH knows what information regarding medication administration must be reported to a health care professional 					
<ul style="list-style-type: none"> a record of all medications that were administered is maintained 					

IX. Nutritional Services					
Requirement	Rule/Statute	C	NC	NA	Comments
1. The LH ensures that food served is nutritious and meets any special dietary needs of the participants as prescribed by the	245A.143, Subd. 8(a)				

participant's physician or dietitian as specified in the service delivery plan.					
2. Food and beverages are obtained, handled, and properly stored to prevent contamination, spoilage, or a threat to the health of a participant.	245A.143, Subd. 8(b)				

X. Social Services					
Requirement	Rule/Statute	C	NC	NA	Comments
1. The LH, in consultation with the county or private case manager, when appropriate, actively assists the participant in identifying and achieving personal goals, supports the participant in maintaining personal support networks and socially valued roles, provides assistance to the participant to enable community participation, and refers participants to the Office of Ombudsman for Long-Term Care and other advocacy organizations for assistance when there is a potential conflict of interest between the LH and the participant.	245A.143, Subd. 9				

XI. Participant Rights					
Requirement	Rule/Statute	C	NC	NA	Comments
1. The LH has and complies with a participant bill of rights. These include the participants' right to:	245A.143, Subd. 10(a)				
• Participate in the development of the service plan					
• Refuse services or participation					
• Privacy					
• Confidentiality of participant information					
• Present grievances regarding treatment or services to the Office of Ombudsman for Long-Term Care or the county licensing					

department. LH policies include a procedure for addressing participant grievances, including the name, address, and telephone number of the county licensing department to which a participant or caregivers may submit oral or written complaint					
2. The participant rights are posted in the home and a copy has been provided to the participant, the participant's primary caregiver, and the legal representative, if applicable.	245A.143, Subd. 10(b)				

XII. Staffing					
Requirement	Rule/Statute	C	NC	NA	Comments
1. Whenever participants are in the home, there is at least one individual present who is trained in basic first aid and certified in CPR and the treatment of obstructed airways.	245A.143, Subd. 11				
2. Whenever there are six, seven, or eight participants present, there must be a second staff person present.					

XIII. Training					
Requirement	Rule/Statute	C	NC	NA	Comments
1. The LH and staff have completed training related to the health, nutritional, and social needs of the LH's target population:	245A.143, Subd. 12				
<ul style="list-style-type: none"> LH and staff have completed 12 hours of annual training 					
<ul style="list-style-type: none"> LH with 6+ years of FADS licensure or as an AFC provider completed 6 hours of annual training 					
<ul style="list-style-type: none"> Annual training included training on reporting of maltreatment of vulnerable adults and requirements governing maltreatment of vulnerable adults 					

<ul style="list-style-type: none"> If serving participants who rely on medical monitoring equipment to sustain life or monitor medical condition, training on medical equipment was completed 					
<ul style="list-style-type: none"> A record of all training is maintained in the home 					

XIV. Residential Requirements

Requirement	Rule/Statute	C	NC	NA	Comments
1. The state or local fire marshal has inspected the family adult day services home for compliance with the residential group R-3 occupancy provisions of the State Fire Code.	245A.143, Subd. 13(a)				*Stand Alone FADS Program Only
2. At relicensing – the DHS home safety checklist was completed before the license was renewed.	9543.0040, Subp. 2 (b)(1)				*Stand Alone FADS Program Only
3. Indoor space available for use:	245A.143, Subd. 13(b)				
<ul style="list-style-type: none"> There is at least 35 square feet for each participant, LH and staff person present in the home. Usable space does not include hallways, stairways, closets, offices, restrooms, utility and storage areas 					
<ul style="list-style-type: none"> There is a room or an area that can be used as private space for providing personal hygiene services or social services to participants 					
4. The residence must comply with all applicable local ordinances.	245A.143, Subd. 13(c)				

XV. Variances

Requirement	Rule/Statute	C	NC	NA	Comments
1. If a variance has been granted to any of the requirements in this section the following conditions are met:	245A.143, Subd. 14				

<ul style="list-style-type: none"> The health and safety of persons in the program are not affected 					
<ul style="list-style-type: none"> The LH has requested the variance on a form and in a manner approved by DHS 					
<ul style="list-style-type: none"> The request included the reasons why the LH could not comply with a requirement in the rule and the alternative equivalent measures that the LH will follow to comply with the intent of the rule 					
<ul style="list-style-type: none"> The request stated the period of time for which the variance is requested 					

XVI. Protection					
Requirement	Rule/Statute	C	NC	NA	Comments
1. There is a program abuse prevention plan (PAPP)* with specific measures to be taken to minimize the risk of abuse to persons receiving services. The scope of the PAPP is limited to the population, physical plant, and environment within the control of the LH and the location of the home.	626.557, Subd. 14 & 245A.65, Subd. 2				*The PAPP is a general written plan about the licensed program. It should not include identifying information about specific/individual persons served by the program.
The PAPP must include items A – D below:					
(A) The assessment of the population includes an evaluation of the following factors: <ul style="list-style-type: none"> age gender mental functioning physical and emotional health or behavior of the persons receiving services the need for specialized programs of care for persons receiving services the need for training of staff to meet identified individual needs knowledge a LH may have regarding previous abuse that is relevant to minimizing the risk of abuse for all persons receiving services in the home. 					

<p>(B) The assessment of the physical plant where the licensed services are provided includes an evaluation of the following factors:</p> <ul style="list-style-type: none"> • condition and design of the building • difficult areas to supervise as it related to the safety of persons receiving services 					
<p>(C) The assessment of the environment where the home is located includes an evaluation of the following factors:</p> <ul style="list-style-type: none"> • the location of the home in a particular neighborhood or community • the type of grounds and terrain surrounding the building • the type of internal programming • staffing patterns in the home 					
<p>(D) The plan is reviewed at least annually by the LH using the assessment factors and any substantiated maltreatment findings that occurred since the last review and has been revised if needed.</p>					
<p>2. A copy of the program abuse prevention plan is posted or available in an easily seen location in the home. Mandated reporters, persons receiving services, and the person's legal representatives may request a copy of the policies and procedures.</p>	<p>245A.65, Subd. 2(a)(6)</p>				
<p>3. There is an individual abuse prevention plan (IAPP) for each vulnerable adult receiving services from the program. The IAPP must:</p> <ul style="list-style-type: none"> • include an assessment of the person's susceptibility to abuse by other individuals, including other vulnerable adults, and the person's risk of abusing other vulnerable adults. 	<p>626.557, Subd. 14 & 245A.65 Subd. 2 (b)</p>				

<ul style="list-style-type: none"> include statements of specific measures to be taken to minimize the risk of abuse, including self-abuse, of the person and other vulnerable adults. include specific actions the program will take to minimize the risk of abuse within the scope of the program, and identify referrals that will be made when the vulnerable adult is susceptible to abuse outside the scope or control of the program, if specific measures are not identified in the program abuse prevention plan. document if no additional measures are needed in addition to those identified in the program abuse prevention plan. <p>An IAPP must be developed for each new person admitted to the program as part of the initial individual program plan or service plan required under the applicable licensing rule. The review and evaluation of the IAPP must be done as part of the review of the individual plan. The vulnerable adult must participate in the development of the IAPP to the full extent of their abilities. If applicable, the vulnerable adult's legal representative must be given the opportunity to participate with or for the person in the development of the plan.</p>					
<p>4. The interdisciplinary team must document the review of all abuse prevention plans at least annually, using the individual assessment and any report of abuse relating to the vulnerable adult. The plan must be revised to reflect the results of this review.</p>	<p>245A.65, Subp. 2(b)(2)</p>				

XVII. Reporting Maltreatment of Vulnerable Adults					
Requirement	Rule/Statute	C	NC	NA	Comments
<p>1. There are written policies and procedures related to suspected or alleged maltreatment of</p>	<p>245A.65, Subd. 1(a)</p>				

<p>vulnerable adults. Persons served by the program and staff have received orientation to these procedures. These policies and procedures are enforced by the LH.</p>					
<p>2. There is a policy allowing, but not mandating internal reporting of alleged or suspected maltreatment. The policy meets the requirements identified for optional reporting in Minnesota Statutes, section 626.557, subd. 4a.</p> <p>The policy:</p> <ul style="list-style-type: none"> • Identifies the primary and secondary person or position to whom internal reports may be made • Identifies the primary and secondary person or position responsible for forwarding internal reports to the common entry point (CEP) • States that the secondary person must be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment 	<p>245A.65, Subd. 1(a) & 245A.65 Subd. 1(a)(2)</p>				
<p>3. There are policies and procedures that ensure that an internal review is completed within 30 calendar days and that corrective action is taken when the program/facility has reason to know that an internal or external report has been made.</p> <p>The internal review must include the following:</p> <ul style="list-style-type: none"> • An evaluation of whether related policies and procedures were followed • Whether the policies and procedures were adequate • Whether there is a need for additional staff training • Whether the reported event is similar to past events with the vulnerable 	<p>245A.65, Subd. 1(b)(1) & 245A.65, Subd. 1 (b)(2)</p>				

<p>adults or the services involved</p> <ul style="list-style-type: none"> Whether there is a need for corrective action by the LH to protect the health and safety of vulnerable adults. <p>The policy must identify the primary and secondary persons or positions that will ensure those internal reviews are completed. The secondary person must be involved when there is reason to believe the primary person was involved in the alleged or suspected maltreatment.</p>					
<p>4. The internal review policy must include the information that internal reviews are accessible to the commissioner upon the commissioner's request.</p>	<p>245A.65, Subd. 1 (b)(3)</p>				
<p>5. There is a copy of the internal and external reporting policies and procedures regarding maltreatment of vulnerable adults, including the telephone number of the common entry point, posted or available in an easily seen location in the program. Mandated reporters, persons receiving services, and the person's legal representatives may request a copy of the policies and procedures.</p>	<p>245A.65, Subd. 1(d)</p>				
<p>6. Orientation to the internal and external reporting procedures was provided to persons served by the program and the person's legal representative within 24 hours of admission, or within 72 hours if the person would benefit from a later orientation.</p>	<p>245A.65 Subd. 1(c)</p>				
<p>7. All mandated reporters have received orientation within 72 hours of first providing direct contact to persons served by the program on the following:</p> <ul style="list-style-type: none"> Minnesota Statutes, section 245A.65 requirements Reporting requirements and definitions 	<p>245A.65, Subd. 3</p>				

<ul style="list-style-type: none"> • The PAPP • All internal policies and procedures related to the prevention and reporting of maltreatment 					
8. All mandated reporters have received training on the topics identified above at least annually.					

XVIII. Background Study: Individuals To Be Studied					
Requirement	Rule/Statute	C	NC	NA	Comments
1. Background studies have been conducted by the licensing agency on:	245C.03 Subd. 1				
<ul style="list-style-type: none"> • The applicant/License Holder 					
<ul style="list-style-type: none"> • Individuals 13 and over living in the household 					
<ul style="list-style-type: none"> • Current employees or contractors who will have direct contact with persons served 					
<ul style="list-style-type: none"> • Volunteers or student volunteers who will have direct contact with persons served if contact is not under continuous, direct supervision 					
<ul style="list-style-type: none"> • Individuals aged 10-12 living in household where licensed services will be provided when there is reasonable cause 					
<ul style="list-style-type: none"> • Individuals who, without providing direct contact services may have unsupervised access to persons receiving services, when there is reasonable cause to conduct a study 					
<ul style="list-style-type: none"> • Managerial officials who provide direction of the program's management or policies 					

Notes:
(concerns, recommendations, follow-up needed)

Licensor's Name: _____

Date: _____