

**New Jersey Department of Health**  
**ADULT MEDICAL DAY CARE INSPECTION INFORMATION**  
*Requirements for Initial Survey of Adult Medical Day Care*

Facility Name	Survey Date ____ / ____ / ____
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Request the following to be on site:

1. Certification of Occupancy
2. Resume of Key Staff
3. List of Licensed Staff
4. Policy and Procedure Manual
5. Employee Member Files
6. Employee Health Files
7. Contracts
8. Register 3.13(a) MO 304
9. Staffing Schedule 6.3(d) MO 419

Resumes of Key Staff	Reg. Number	MO Number	Reviewed
Administrator Qualifications	3.2(a) 1-3	225	
Designated Alternate Administrator	3.1(a)	221	
Director of Nursing Qualifications	7.2	433	
Designated Alternate Director of Nursing	7.1(a)	425	
Social Worker Qualifications	12.1	577	
Activities Director / Qualifications	13.2(a) 1-5	587	
Dietitian Qualifications	10.3	533	
Medical Records Consultant / Qualifications	15.2	699	
Food Service Supervisor	10.2(a) 1-3	531	
Infection Control Designee	16.1(b)	765	

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<b>Employee Personnel and Health Files</b>	<b>Reg. Number</b>	<b>MO Number</b>	<b>Reviewed</b>
Application/Background Check/Reference (New Hires)	6.3(a)1	409	
Administrator/Owner (CBI)	6.3(a)1i	411	
Job Description	6.3(b)	415	
Staff Orientation (*elder abuse, rights, infection control, *emergency plans, pain management), upon hire/annually*	6.3(e)1i	421	
Two-step Mantoux upon hire/one-step annually	16.2(f)(g)	777 779	

<b>Physical Environment</b>	<b>Reg. Number</b>	<b>MO Number</b>	<b>Reviewed</b>
Facility to post all waivers <b>participants rights</b> , means of contacting license holder	4.1(a) 3.4(b)	305 267	
Facility to post name, address, and telephone number of NJDOH, Ombudsman, Medical Assistance and Health Services, Youth and Family Services, APS	4.1 4.2(b,c,d)	309 347	
Public/Private Telephone	4.2(a)13	337	
Toilet facilities 1:10	14.3(b)1	611	
Entrance at grade level to accommodate devices	14.4(a)	617	
Lockers and lounges for employee/volunteer staff	14.5	631	
Janitor's closet contains a service sink and storage for housekeeping supplies and equipment	14.6	633	
Social work office space for private interview	14.7	635	
Storage space for recreation equipment	14.8(b)	639	
Office space for recreation director or designated area	14.8(c)	641	
Recliners or couch 1:10; quiet area (40 sq. ft. per bed/crib)	14.10(a)1i	651	

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Physical Environment	Reg. Number	MO Number	Reviewed
Fountain/bottled water	14.1(b)	619	
Office space for nursing with sink. If combined with pharmacy area, 100 sq. ft. minimum	14.9(a)	643	
Dispensing area with handwashing facilities	14.9(b)1	645	
Lockable refrigerator or locked box in refrigerator	14.9(b) 3	645	
Exam room with private area with handwashing facilities, counter or shelf space for writing (80 sq. ft. minimum floor area)	14.9(d) 3	649	
Activities Calendar	13.1(a)	585	

Emergency Plans and Procedures	Reg. Number	MO Number	Reviewed
Emergency Equipment, O2, Suction, Airway, Ambu-Bag	14.17(b)	679	
CPR-certified staff member (One on duty at all times)	14.17(b)1	681	
Procedures for emergencies	14.17(a)	677	
Written evacuation diagram includes evacuation procedure, location of fire exits, alarms boxes, fire extinguishers POSTED	14.17(d)	689	
Drills of emergency plans 4 per year	14.17(f,g)	689	
Fire extinguishers examined annually and labeled	14.17(h)	691	
Hot water temperature 120° max.	16.7(a) 24	815	

Transportation	Reg. Number	MO Number	Reviewed
Provide transportation services	17.1(a)	821	
Transportation rules (i.e., CDL license for drivers) (Time)	17.1(e)	825	

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<b>Food Services and Nutrition</b>	<b>Reg. Number</b>	<b>MO Number</b>	<b>Reviewed</b>
Posted Sanitary Inspection (if applicable)	10.5(a)	535 537	
Current Diet Manual (on site)	10.5(b)	541	
Written, dated menus planned 14 days in advance with portion sizes	10.5(c)2	543	
Minimum supplies of food (i.e., cereal, tuna, PB, canned fruit, juices)	10.5(c)8ii	549	
Control station for receiving food; storage facilities for food supply including cold storage; handwashing facility; trash handling; desk space	14.11(a)1	653	

<b>Medical Records and Care Plan</b>	<b>Reg. Number</b>	<b>MO Number</b>	<b>Reviewed</b>
Participant identification data	15.3(a)1	701	
Acknowledgement that participant has received "rights"	15.3(a)2	703	
Home environment assessment	15.3(a)3	705	
Medical history/physical exam (60 days prior to admission); orders for specific type and intensity of care and verification is free of communicable disease	8.4(b)1-4	491	
Comprehensive assessment	5.3(e)	373	
Record of medications	15.3(a) 10,11	719 721	
Attendance records	15.3(a)20	739	
Current photo of participant	15.3(a)21	741	
Care plan shall include: orders for treatment, participant needs/preference, specific goals, scheduled days of attendance, time intervals at which participant's response to treatment will be reviewed	5.4(c)	375	
Quarterly reassessments	5.4(c)	379	

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<b>Medical Records and Care Plan</b>	<b>Reg. Number</b>	<b>MO Number</b>	<b>Reviewed</b>
Care plan shall include discharge planning	5.4(d)	381	
Annual Flu/pneumonia vaccination	16.2(c)(d)	771 773	
Prior authorization (Medicaid)	3.1(b)7	223	

<b>Quality Improvement Program</b>	<b>Reg. Number</b>	<b>MO Number</b>	<b>Reviewed</b>
Written plan for QI program; specify timetable and persons responsible	18.1(a)	829	
QI activities to include annual review of staff qualifications, staff orientation, evaluation of participant care services, staffing, med. error, medical record review, and objective criteria for evaluation	18.1(b)	831	

<b>Agreements</b>	<b>Reg. Number</b>	<b>MO Number</b>	<b>Reviewed</b>
Medical Consultant	8.2	481	
Pharmacist Consultant	9.1(a)	495	
Food Service Provider (if applicable)	10.4(b)	537	
Medical Records Consultant	15.2	699	
Physical, Occupational, and Speech Therapies	6.1(c)	395	
Pest control program	16.5(b)	805	
Copies of any waivers that may have been given during the Application Approval Process	2.2(a)	173	
Registered Dietitian	10.4	535, 537	

Name of Surveyor
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