

Alabama Medicaid Adult Day Health Review Tool							
Name of Center:							
Address							
Phone:							
Fax:							
Director Name:							
Contact Name:							
Type Certification (initial, annual or other):							
Review Date:							
Medicaid Reviewer's Name:							
Fiscal Year:							
# Clients certified to Service:							
# Clients Enrolled: *							
# Medicaid Waiver Enrolled:							
# E & D Clients:							
# ACT Clients:							
# Staff During Hours of Operation (exclude director, and staff that only does office work, cleans, drivers or cooks) : *							
Operating Hours:							
Number of Holidays:							
Review Elements	Responses						
Center open minimum of 7 hours daily?							
Holidays less than 14 per year?							
Acceptable staff/client ratio AA							
Written notice of holiday one week in advance?							
Weekly activity plan posted?							
At least 4 hours plan activities offered daily? AA							
Both indoor an outdoor activities offered? AA							
Individual and group activities offered? AA							

Therapeutic activities that stimulates mental activities, communication and self expression offered? (i.e. reality orientation, crafts, music, games, etc.) AA					
Activities related to nutrition offered? A A					
Activities related to health offered? AA					
Physical activities offered? AA					
Education activities offered? (i.e. current events, history, government, etc.) AA					
Areas are available for different activities (rest, reading, games,etc.)?					
Center has an adequate supplies of table games, magazines, books puzzles, etc. ?					
Weekly menus posted?					
Meals meet the adult daily nutritional requirement? Note: foods from the food guide pryamid: fats/oils, meats/eggs/legumes, milk and milk products, grains and fruit/vegetables should be included. AA					
Menus followed?					
If no, substitution are according to nutritional requirement? AA					
Snacks given to clients attending more than four hours?AA					
Full-time and part-time client receive same meals and snack?AA					
Special diets accommodated? (ie. Diabetic, low fat, low Na)**					
Current food inspection to prepare meals? (within 12 months; NOTE if provider have evidence of attempts to get inspection done do not deduct critical points) AAA					
Current approval for catered foods? (within 12 months if provider have evidence of attempts to get inspection					

completed do not deduct critical points) AAA					
Temperature of refrigerator(s) below 50 degrees					
Foods stored properly? AA					
Milk and other dated foods current? AA					
Garbage cans in kitchen have tight fitting covers?					
Garbage removed form kitchen daily?					
Garbage cans washed and sanitized at least weekly?					
Drinking water located where client can access easily?					
Daily observe clients personal hygiene?					
Assist clients with personal hygiene when needed?					
Observe clients daily for new health problems?					
Isolate clients when needed? (client with symptoms of contagious disease)					
Reports symptoms of new physical, mental or emotional problems to case manger and caregiver as noted?					
Reports suspected abuse and neglect by phone to DHR immediatly?					
License nurse administers medications?					
If yes is medication record maintained?					
Other staff only supervises and monitors medication?					
Monitors clients' for possible reaction to medications?					
Encourages self care?					
Monitors vital signs monthly and as needed?					

An acceptable current fire inspection from State Fire Marshal is posted? (Note: watch for violations and adequate resolutions; NOTE if provider have evidence that attempts have been made to get inspection completed do not count off critical points) A AA					
Evacuation procedures posted? A					
At least two exits (doors) from building? A					
Exits are clearly marked? A					
Exits are free of obstruction? A					
Exit doors opens outward? A					
Conducts fire and tornado drills regularly ? A					
Smoking prohibited inside facility?					
Smoking restricted to staff supervised area?					
Facility is clean and attractive? A					
Facility is free of undesirable hazards such as broken furniture, backed up plumbing, exposed electrical wires , falling ceiling, holes in floor, cords in walking areas,etc.? A					
Facility is wheelchair accessible?					
Safety rail available in areas with steps?					
Rooms are well lighted ?					
Rooms are well ventilated?					
Thermostat is available to regulate room temperature?					
Thermostat set at reasonable temperature?					
Floors are non-skid and free of loose rugs? A					
Window are screened if used for ventilation?					
One area is large enough for all clients to meet comfortably in at one time?					
The center has enough chairs, tables, dishes and utensils available to accommodate the clients in the program?					

There is at least 35 sq. feet of activity space for each client (does not include office space, halls, bathrooms, kitchen, or storage) *** Note this is used to determine space for new facilities only.					
One bathroom available for every 15 clients?					
Bathrooms permits opening for outside?					
Opening device readily accessible to staff?					
Toilet paper, paper towels, and soap in all bathrooms?					
Wash cloths and towel are available for use?					
Extra clothing is available for clients if needed?					
Isolation area is available in the facility? NOTE: The arrangement of curtains or movable screens used to section of part of an activity area is not acceptable.					
The isolated area provides privacy?					
Isolation area located where staff can monitor it?					
A stocked first aid kit is in the facility?					
Transportation is provided to and from the facility?					
Current liability insurance carried on the vehicle?					
Drivers have current Alabama drivers licenses? A					
Vehicle has working signal lights, break lights, head lights, tail lights, windshield wipers, horn, proper rear and side mirrors and good tires? A					
Vehicle has safety belts for each client? A					
Clients are encourage to wear seat belts when vehicle is in motion?					
Wheelchair clients are restrained and chairs are tied down when the vehicle is in motion ? A					

Clients enters and leaves vehicle from curve side only and driver waits for the clients to enter the building, and/ or their home before driving off? A					
Doors are locked when the vehicle is in motion?					
Fire extinguisher is in the vehicle? A					
Adequately stocked first aid kit is in the vehicle? A					
Two staff members are CPR and first aid certified? AAAA					
One CPR and first aid certified staff is available when clients are in attendance? AAAA					
Nurse is available 2 hour per week or 8 hours a month to provide health screenings to clients?					
Evidence that nurses' license are current ? AAAA					
Number yes answers	0				
Number of no answers	0				
Total items measured	0				
Raw Score	#DIV/0!				
Critical Violations (deduction score)	0%				
Final Score	#DIV/0!				
A 'If all answers are Y , then report under Patient Safeguards on Quality Measures Sheet , Site visit indicates facility and vehicles are safe, drivers are licensed.					
AA If all answers are Y , then report under Participant Centered Services on Quality Measure Sheet , Site visit indicates adequate activities, adequate food and acceptable staff client ratio.					
AAA If all answers are Y , then report under Patient Safeguards and System Performance on Quality Measures Sheet , health and fire inspections current and health and fire inspections completed.					
AAAAIf all answers are Y , then report under Provider Capacity and Capabilities on Quality Measures Sheet , checked credentials of nurses, ADH personnel in CPR certified.					
* Watch staff client ratio 'Acceptable staff client ratio: 1-10 Clients= 1 worker + director, 11-25 Clients = 2 workers + director, 26-35 Clients= 3 workers + director, 36-43 Client = 4 workers + director, Over 43 add one worker for each additional (8) eight clients.					
Comments					

