



DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH CARE FACILITY
LICENSURE & CERTIFICATION
99 Chauncy Street
Boston, MA 02111

ADULT DAY HEALTH PROGRAM Clinical Information & Attestation Form

INSTRUCTIONS: Submit this form when making an initial application for an Adult Day Health program license, or to request approval for a change in ownership or location of an existing program. Submit the completed form to:

**Licensure Coordinator
Department of Public Health
Division of Health Care Facility Licensure & Certification
99 Chauncy St., 11th Floor
Boston, MA 02111**

CONTACT INFORMATION

ADH Program Name: _____		Telephone #: _____	
Program Address: _____		Fax #: _____	
_____		_____	
_____		_____	
Program Contact Person: _____	Title: _____		
Telephone #: _____	Email: _____		

ATTESTATION OF COMPLIANCE

Based upon full review of the licensure requirements at 105 CMR 158.000, I attest that the above-named Program:

- Is in full compliance with the licensure requirements at 105 CMR 158.000; or
- Has developed a plan of action to achieve full compliance **by January 2, 2016** (copy attached); or
- Is in compliance except as to requirements for which it will seek by waivers **by January 2, 2016** (list of waivers attached).

and that all of the information provided in this document is accurate and complete; that the Applicant is aware that the Department must be notified of any change in information, and that all other applicants, if any, have received copies of the application.

Signature of Applicant or Applicant's authorized representative

Date

Typed/printed name of Applicant or Applicant's authorized representative



ADH Program Name: _____ Town/City: _____

PROGRAM INFORMATION**A. OPERATIONAL INFORMATION:**

Operating Hours and Staffing Plan: Enter the operating hours of Program Operation per day (e.g., 8 am – 4 pm), the total number of hours in operation per day, and the estimated scheduled census per day (number of participants scheduled per day). Also enter the total number of each category of staff that are scheduled on each day, on average.

Days:	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Hours of Operation:							
Total Hours/Day:							
# of Participants Per Day:							

Days:	Mon	Tues	Wed	Thu	Fri	Sat	Sun
# of Staff Scheduled per day							
# of RNs scheduled:							
# of LPNs:							
# of Program Aides							
# of Volunteers:							

B. PROGRAM FEATURES	Yes	No
Please provide information on the following:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1. Does the Program allow Participants to self-administer medications? [158.039(J)]	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Program utilize Electronic Health Records? [158.040(F)]	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the Program store oxygen? [158.045(U)] • If YES, indicate volume stored: <input type="checkbox"/> 3000 c.f. or more <input type="checkbox"/> Less than 3000 c.f. <input type="checkbox"/> Less than 300 c.f.	<input type="checkbox"/>	<input type="checkbox"/>
4. Which assessment tool is being used by the Program – please indicate [158.037(A)]: <input type="checkbox"/> InterRAI Home Care (HC) <input type="checkbox"/> Other assessment tool in compliance with 158.037(A)(3)		
5. Does the Program enroll Participants with and without Alzheimer’s and related disorders, or provide services to other special populations (Mental Health, Behavioral Health, etc)? [158.038(G)(7)]	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the Program prepare meals onsite? [158.045(A)(9)]	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the Program conduct quarterly fire and evacuation drills? [158.031(G)(4)] • Date of last drill: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the Program conduct point-of-care lab testing? • If Yes, does the Program have a CLIA certificate of waiver? CLIA #: _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the Program registered for the following:		
• ListServ: to receive DPH information	<input type="checkbox"/>	<input type="checkbox"/>
• Nurse Aide Registry: for access to registry verifications	<input type="checkbox"/>	<input type="checkbox"/>
• Dept. of Criminal Justice Information Services for CORI checks	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there an Outdoor Area? [158.045(D)]	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there toilet rooms located within 40 feet of Participant Area, equipped with emergency call system, one of which is handicapped accessible? [158.045(G)]	<input type="checkbox"/>	<input type="checkbox"/>
• For Programs with a licensed capacity of under 24 participants, are there at least 2 toilet rooms?	<input type="checkbox"/>	<input type="checkbox"/>
• For Programs with a licensed capacity of 24 or more participants, does the Program maintain a ratio of 1 toilet room per 12 participants?	<input type="checkbox"/>	<input type="checkbox"/>



ADH Program Name: _____ Town/City: _____

PROGRAM COMPLIANCE**Directions**

In support of the attestation statement completed on p. 1 of this form, the following areas of state regulation must be addressed to obtain approval to operate an Adult Day Health Program. Complete the appropriate column to indicate the compliance status for each item as of the date this form is completed:

Met: Place a check in this box for items currently in compliance.

Not Met - Waiver: Place a check in this box for items not in compliance and for which a waiver has been/will be submitted.

Existing Programs as of January 2, 2015 only:

Not Met - Expected Compliance Date: For items not currently in compliance, but for which the Program intends to meet the requirement and is not submitting a waiver, enter the date by which the Program expects to be in compliance.

Met	Not Met		105 CMR 158.000 Requirement
	Waiver	Expected Compliance Date	
❖ CONDITIONS OF LICENSURE			
<input type="checkbox"/>	<input type="checkbox"/>		Control of Site [158.008] The Program applicant or licensee is the owner or lessee of the premises.
<input type="checkbox"/>	<input type="checkbox"/>		Program Information [158.014] All required information is kept current and the Department is notified of any changes or additions within 30 days.
<input type="checkbox"/>	<input type="checkbox"/>		Change in Ownership or Location [158.022(B), 158.023(A)] The Program will notify the Department in advance of a change of location or ownership.
<input type="checkbox"/>	<input type="checkbox"/>		Name [158.025(A)-(B)] The Program name, as it appears on the application, is not changed without prior approval of the Department and such name appears on all listings, advertisements and stationery.
<input type="checkbox"/>	<input type="checkbox"/>		Capacity [158.026(A)] The number of participants in attendance does not/will not exceed the Program's licensed capacity, as determined by Department, based on square footage.
<input type="checkbox"/>	<input type="checkbox"/>		Square Footage [158.026(B)(1)] The Program will notify the Department of any reduction in square footage, the reason for the reduction, and the estimated length of time of the reduction in square footage.
<input type="checkbox"/>	<input type="checkbox"/>		Operating Hours [158.030(D)] The Program is open at least Monday through Friday and is non-residential.
<input type="checkbox"/>	<input type="checkbox"/>		Postings [158.027(A)-(H)] The Program maintains a board for conspicuously posting notices and other written materials in accordance with 158.027(A)-(H) in an area accessible to participants, employees, and visitors.
<input type="checkbox"/>	<input type="checkbox"/>		Restrictions [158.028(A)-(B)] The Program does not utilize any portion of its participant area for any purpose other than providing Services during Program hours of operation and does not utilize any portion of its participant area for the purpose of running a business other than providing Services.

❖ ADMINISTRATION			
<input type="checkbox"/>	<input type="checkbox"/>		Structure [158.030(B)] There are by-laws or policies describing the organizational structure, establishing authority and responsibility of the Program, and identifying the Program goals and service components.



ADH Program Name: _____ Town/City: _____

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<input type="checkbox"/>	<input type="checkbox"/>		Records and Reports [158.030(E); 158.031(A)(1)-(9)] Required records, reports, and other materials as defined in 158.030(A)(1)-(9), are complete, accurate, current, and available within the Program.
❖ Administration – Participant & Family Advisory Council			
<input type="checkbox"/>	<input type="checkbox"/>		Council Established [158.030(J)(1)&(5)] The Program has/will establish and maintain a Participant and Family Advisory Council in accordance with 158.030(J) that meets at least every 4 months and maintains minutes of meetings.
<input type="checkbox"/>	<input type="checkbox"/>		Operating Programs <input type="checkbox"/> N/A [158.030(J)(2)] A Program operating prior to Jan. 2, 2015, shall establish a Participant and Family Advisory Council in accordance with 158.030(J) on or before May 1, 2015.
❖ Administration – Policies & Procedures			
<input type="checkbox"/>	<input type="checkbox"/>		Policies and Procedures - Clinical [158.031(F)(1)(a)-(u)] Written policies and procedures are developed and implemented, consistent with professional standards of care and 105 CMR 158.000, regarding the following: (a) Enrollment, emergency transport, and discharge; (b) Diagnostic services, including lab services; (c) Nursing services; (d) Medication management; (e) Dietary services; (f) Rehabilitation services; (g) Service Coordination; (h) Therapeutic activities; (i) Other professional services; (j) Medical emergencies, including criteria for calling 911; (k) Disaster and emergency plans, including evacuation and transfer plans; (l) Participant elopement; (m) Health records; (n) Participant rights and grievances; (o) Abuse, mistreatment, neglect, and misappropriation; (p) Quality assessment and performance improvement; (q) Infection control; (r) Personnel policies; (s) Research; (t) Safekeeping of participant items, funds, and other property (u) Compliance with antidiscrimination provisions of 105 CMR 158.034(B) & 158.041(A)
<input type="checkbox"/>			Discrimination [158.034(B)] The Program does not discriminate against any participant and complies with all state and federal antidiscrimination laws.
❖ Administration – Enrollment			
<input type="checkbox"/>	<input type="checkbox"/>		Enrollment Policies [158.034(A)] There are written policies and procedures for the enrollment of participants.
<input type="checkbox"/>	<input type="checkbox"/>		Service Needs [158.034(D)(1)] The Program enrolls and cares for only those participants in need of services and for whom it can provide appropriate care and services to meet the participant's physical, cognitive, psychosocial, and behavioral needs.
<input type="checkbox"/>	<input type="checkbox"/>		Enrollment Order [158.034(D)(2)] The Program does not enroll a participant without a written order from a primary care provider.
<input type="checkbox"/>	<input type="checkbox"/>		Enrollment Consent [158.034(D)(3)] Written consent for enrollment is obtained from the participant or legal representative.
<input type="checkbox"/>	<input type="checkbox"/>		Enrollment Agreement [158.034(D)(5)(a)-(i)] The Program provides a written agreement to the participant and/or legal representative that contains information as specified in 158.034(D)(5).
❖ Administration – Discharges			
<input type="checkbox"/>	<input type="checkbox"/>		Discharge Policies [158.034(A); 158.034(F)(1)-(6)] There are written policies and procedures for the discharge of participants that address reasons for discharge, Program-initiated discharges, participant-initiated discharges, and emergency/unplanned discharges.



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<input type="checkbox"/>	<input type="checkbox"/>		Post-Discharge Follow-Up [158.034(F)(7)] The Program communicates with the participant or representative at least one time within 25 business days following discharge and documents the participant's post-discharge status and condition in the participant's health record.
<input type="checkbox"/>	<input type="checkbox"/>		Discharge documentation: [158.034(F)(8)] Discharge related documentation is completed in the participant's health record within 2 weeks of discharge, including the reason for discharge.

❖ STAFFING / PERSONNEL			
❖ Personnel			
<input type="checkbox"/>	<input type="checkbox"/>		Staff Availability [158.032(A)] Adequate staff are on duty at all times so that the health, safety, and care needs of each participant are met.
<input type="checkbox"/>	<input type="checkbox"/>		Staff IDs [158.030(H)(13)] All persons, including students, who examine, observe, or treat a participant wear an identification badge that readily discloses the first name, licensure status and staff position of that person.
<input type="checkbox"/>	<input type="checkbox"/>		Orientation [158.030(H)(7)] There is an organized orientation program for all new employees and there is evidence that all new personnel attend orientation.
<input type="checkbox"/>	<input type="checkbox"/>		Performance Evaluations [158.030(H)(6)] Annual performance evaluations, which include face-to-face meeting, are conducted for each employee.
❖ Training			
<input type="checkbox"/>	<input type="checkbox"/>		In-Service Hours [158.030(H)(8)] A minimum of 12 hours of relevant in-service training per year is provided for personnel who interact with participants.
<input type="checkbox"/>	<input type="checkbox"/>		Medical & Behavioral Conditions [158.030(H)(9); 158.030(H)(10)(a)-(c)] All personnel are knowledgeable about the types of medical and behavioral conditions of participants and their cultural and personal diversity, including Alzheimer's and related disorders, behavior management and group process skills.
❖ Personnel Records			
<input type="checkbox"/>	<input type="checkbox"/>		Record Maintenance and Content [158.030(H)(4)(a)-(n)] Personnel records are maintained for each employee and volunteer that are current, accurate, and available on the premises for 7 years and contain required identifying information, certifications, educational and employment history, applications, job descriptions, evaluations, health information and examinations (including TB screening/assessment), records of training, illness, incidents and complaints, and any other required documentation.
<input type="checkbox"/>	<input type="checkbox"/>		Job Descriptions [158.030(H)(3)(d)] Written job descriptions are maintained for each position that include title, reporting authority, qualifications, duties, and responsibilities.
<input type="checkbox"/>	<input type="checkbox"/>		Background Checks [158.030(H)(5)] Background checks are conducted prior to hiring staff or approving volunteers, which includes references, job history, CORI and the Nurse Aide Registry.
❖ Staff Qualifications and Responsibilities			
<input type="checkbox"/>	<input type="checkbox"/>		Qualifications [158.033(A)] All personnel are currently licensed, registered, or deemed competent in accordance with applicable laws, licensure, registration, or competency requirements, and 105 CMR 158.000.



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<input type="checkbox"/>	<input type="checkbox"/>		Assignments [158.033(C); 158.043(C)(2)] Personnel are assigned duties consistent with their training, experience, job description, and scope of practice; personnel providing direct care are not assigned housekeeping duties during Program hours.
			❖ Program Director
<input type="checkbox"/>	<input type="checkbox"/>		Responsibilities [158.030(C); 158.030(K)(5); 158.030(K)(8); 158.030(K)(9)] There is a qualified Program Director who fulfills required responsibilities for the direction and supervision of all aspects of the Program and operates the Program to ensure that services required by participants are available and are provided in accordance with professional standards of care, the Program’s written policies and procedures.
<input type="checkbox"/>	<input type="checkbox"/>		Onsite Hours [158.030(K)(1)-(4)] The Program Director is employed for the number of hours required based on the licensed Program capacity, and is onsite and available to staff, participants/representatives for at least a portion of each week during the hours of operation. <ul style="list-style-type: none"> • capacity of 35 or fewer: at least 10 hours per week • capacity of 36-72: at least 20 hours per week • capacity of 73 or more: at least 35 hours per week
<input type="checkbox"/>	<input type="checkbox"/>		Coverage [158.030(K)(4)] A senior staff person will be designated to act in the Program Director’s absence as needed.
<input type="checkbox"/>	<input type="checkbox"/>		Duties [158.030(K)(6)] If the Program Director is a licensed nurse, the Director does not simultaneously serve in the capacity of the Director and as a nurse required to satisfy minimum staffing requirements in 105 CMR 158.032.
<input type="checkbox"/>	<input type="checkbox"/>		Contact Information [158.030(K)(7)] The Program Director’s name and telephone numbers are posted and made available to staff.
			❖ Nursing Staff
<input type="checkbox"/>	<input type="checkbox"/>		Staffing [158.032(B)] There are licensed nursing staff on-site during all hours of operation.
<input type="checkbox"/>	<input type="checkbox"/>		RN Services [158.032(B)(1)(a)&(b); 158.033(D)] Adequate qualified RN services are provided, based on the assessed needs of participants and the licensed capacity of the Program, to fulfill required responsibilities and coordination of care and services per 158.033(D). <ul style="list-style-type: none"> • Licensed capacity 35 or fewer = at least 1 RN, at least 6 hrs/day • Licensed capacity 36 or more = at least 1 RN, at least 8 hrs/day
<input type="checkbox"/>	<input type="checkbox"/>		Licensed Nursing Services: [158.032(B)(a)&(b)] [158.033(E)] Sufficient, licensed nursing staff are provided to fulfill required responsibilities per 158.033(E). <ul style="list-style-type: none"> • Minimum 1 licensed nurse per 24 participants • Increase licensed nursing staff by 4 hours for each additional 1-12 participants attending
			❖ Program Aide Staff
<input type="checkbox"/>	<input type="checkbox"/>		Sufficient Staff [158.032(C)(1)&(2);158.033(F)(1)&(4)] There are sufficient numbers of qualified, competent program aides available at all times to fulfill required responsibilities. <ul style="list-style-type: none"> • at least 1 aide per 12 participants attending
<input type="checkbox"/>	<input type="checkbox"/>		Competency [158.033(F)(1)&(3)] Program aides have been determined competent pursuant to 105 CMR 158.033(F)(a)-(b), and documentation of training and competency is maintained.
<input type="checkbox"/>	<input type="checkbox"/>		Employment Limitation [158.033(F)(1)] On or after May 1, 2015 a Program may not employ any individual for more than 4 months as a Program Aide unless the individual has been determined competent, pursuant to 158.033(F)(1)(a)-(b).



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<input type="checkbox"/>	<input type="checkbox"/>		Duties [158.033(F)(5)] Program aides do not simultaneously perform maintenance, food preparation, or extensive housekeeping tasks during Program hours of operation and serve as a program aide necessary to satisfy minimum staffing requirements.
<input type="checkbox"/>	<input type="checkbox"/>		Supervision [158.032(C)(3)] Program aides are supervised by licensed nursing staff.
❖ Service Coordination Staff			
<input type="checkbox"/>	<input type="checkbox"/>		Service Coordination Staff <input type="checkbox"/> N/A [158.032(D); 158.033(G)(1)&(2)] A Program with a licensed program capacity of 24 or more participants provides a social worker or other appropriately licensed or supervised staff person (per 258 CMR 12.00: Scope of Practice), with appropriate minimum education and relevant experience, for at least 20 hours per week, who fulfills required responsibilities in accordance with 158.033(G).
❖ Therapeutic Activity Director			
<input type="checkbox"/>	<input type="checkbox"/>		Scheduled Hours [158.032(E); 158.033(H)(3)(a)-(g)] There is a therapeutic activity director who is on-site at least 4 hours per day, who fulfills required responsibilities.
<input type="checkbox"/>	<input type="checkbox"/>		Qualifications [158.033(H)(1)(a)-(d)] The therapeutic activity director is a therapeutic recreation specialist or an activities professional who meets minimum educational and experience requirements: <ul style="list-style-type: none"> certified as a therapeutic recreation specialist or activities professional; or qualified occupational therapist; or occupational therapy assistant; or at least 2 years experience working in a social or recreational program
<input type="checkbox"/>	<input type="checkbox"/>		OT Consult <input type="checkbox"/> N/A [158.033(H)(2)] An Occupational Therapist is consulted in the development of a therapeutic activities program if the activity director is not certified as a therapeutic recreation specialist or an activities professional, or is not a qualified occupational therapist.
❖ Dietary Staff			
<input type="checkbox"/>	<input type="checkbox"/>		Staffing [158.032(F)] There are a sufficient number of trained, qualified dietary staff, aged 18 or older, provided to meet the needs of the Program and participants, including: <ul style="list-style-type: none"> Registered Dietician: [158.033(J)(1)(a)-(d)] [158.032(F)(1)] On-site a minimum of 4 hours per quarter, and fulfills required responsibilities including meeting participant nutritional needs, consultation and training of dietary staff, and evaluation of menu nutritional adequacy. Qualified Cook: <input type="checkbox"/> N/A [158.032(F)(2); 158.033(K)(1)(a)-(d)] Sufficient hours to manage kitchen functions (if applicable), and to fulfill required responsibilities including managing meal service and kitchen, preparing menus, food procurement and maintaining sanitary conditions. Additional Personnel: [158.032(F)(3)] Sufficient numbers to plan, prepare, and serve proper diets.
❖ Direct Care Staff			
<input type="checkbox"/>	<input type="checkbox"/>		Direct Care Staff [158.032(G)(1)&(2)] The Program provides a sufficient number of qualified direct care staff at all times to provide necessary care, supervision, and assistance for each participant. <ul style="list-style-type: none"> at least 1 direct care staff person per 6 participants attending
❖ Rehabilitation Services			
<input type="checkbox"/>	<input type="checkbox"/>		Rehabilitation Services [158.033(I)] Rehabilitation services are provided by licensed physical therapists, occupational therapists, and speech, hearing, and language therapists.



ADH Program Name: _____ Town/City: _____

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❖ Volunteers			
<input type="checkbox"/>	<input type="checkbox"/>		Qualifications [158.033(F); 158.033(L)(1)&(2)] Volunteers providing direct participant care meet, at a minimum, the qualifications of program aide staff specified at 105 CMR 158.033(F).
<input type="checkbox"/>	<input type="checkbox"/>		Staffing Requirement [158.033(L)(3)] A volunteer is not counted as direct care staff, as defined in 158.000, for the purpose of satisfying the minimum staffing requirements specified in 105 CMR 158.032.

❖ INCIDENT AND ACCIDENT REPORTING			
<input type="checkbox"/>	<input type="checkbox"/>		Serious Incidents & Accidents: [158.031(C)(1)(a)-(h)] There are policies and procedures for the immediate reporting of serious incidents and accidents per Department guidelines, including: (a) death (e) serious criminal acts; (b) evacuation (f) pending or actual strike action (c) fire; (g) illness (cluster, unusual, food-borne) (d) suicide; (h) Other serious incidents or accidents
<input type="checkbox"/>	<input type="checkbox"/>		Abuse, Neglect, Mistreatment & Misappropriation: [158.031(C)(2)&(3)] There are policies and procedures for the immediate reporting of any suspected instance(s) of participant abuse, neglect, mistreatment, or misappropriation of personal property, per Department guidelines and to ensure the reporting of any other serious incident or accident that seriously affects the health or safety of a participant(s) or that causes serious physical injury to a participant(s), within 7 days of the date of occurrence.
<input type="checkbox"/>	<input type="checkbox"/>		Information Transfer: [158.031(E)(1)&(2)] There are procedures in place to ensure a reliable means for: (a) sending information to the Department regarding incidents (b) receiving information from the Department and from state and local authorities in the event of an emergency
<input type="checkbox"/>	<input type="checkbox"/>		Staff Training [158.031(E)(3)] Staff are trained to send/receive information regarding incidents and emergencies

❖ EMERGENCY/DISASTER PLANNING			
<input type="checkbox"/>	<input type="checkbox"/>		Policies/Procedures [158.031(G)(1)&(2)] Written emergency policies and procedures have been established to address fire, or other emergency, developed with the assistance of local and state fire and safety experts, and posted at all nurses' stations and in conspicuous locations throughout the Program and include at a minimum: (a) emergency evacuation plan (e) locations of alarm signals and fire extinguishers (b) missing or lost participant (f) assignment of specific tasks and responsibilities and related training (c) medical emergencies (d) persons to be notified in case of an emergency
<input type="checkbox"/>	<input type="checkbox"/>		Fact Sheet [158.031(G)(3)] An emergency fact sheet is maintained on each participant that contains required identifying information and relevant content.
<input type="checkbox"/>	<input type="checkbox"/>		Drills [158.031(G)(4)] Quarterly fire and evacuation drills are conducted with all staff and documentation of drills is kept on file.



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❖ Staff Training - emergencies			
<input type="checkbox"/>	<input type="checkbox"/>		CPR & First Aid [158.033(B)] Relevant personnel are trained in emergency procedures and licensed nurses and program aides are certified in CPR and basic first aid.
<input type="checkbox"/>	<input type="checkbox"/>		Emergency Response [158.031(G)(5)] Staff trained to respond to emergencies in accordance with written policies and procedures.
<input type="checkbox"/>	<input type="checkbox"/>		Reporting & Response [158.031(G)(6)] Staff trained to send and receive reports to the Department, and respond to reports in an appropriate manner for safety of participants.
<input type="checkbox"/>	<input type="checkbox"/>		Emergency Transportation [158.034(E)(1)-(4)] There are procedures in place in the event of a medical emergency that address response, transportation to an acute hospital, information transfer and notifications of the participant's primary care provider and legal representative, and documentation.

❖ PRIMARY CARE PROVIDER SERVICES			
<input type="checkbox"/>	<input type="checkbox"/>		Pre-Enrollment Exam [158.035(C)] Each participant has had a physical examination within 12 months prior to enrollment, in accordance with 158.035(C)(1)-(7).
<input type="checkbox"/>	<input type="checkbox"/>		Initial Treatment Orders [158.035(D)&(E)] Initial treatment orders are obtained from each participant's primary care provider, in accordance with 158.035(D)(1)-(6), and recorded in the participant's health record prior to enrollment.
<input type="checkbox"/>	<input type="checkbox"/>		Treatment Orders [158.035(A)&(F)] Services are provided to participants in accordance with current treatment orders from the primary care provider maintained in the participant's health record.
<input type="checkbox"/>	<input type="checkbox"/>		Contact Information [158.035(B)] Emergency contact information for each participant's primary care provider is maintained in the health record and is readily accessible.

❖ DIAGNOSTIC SERVICES			
<input type="checkbox"/>	<input type="checkbox"/>		Lab Testing Approvals [158.036(A)] The Program complies with 105 CMR 180.000: The Operation, Approval and Licensing of Clinical Laboratories and 42 CFR Part 493 and has applied for CLIA certificate of waiver for point-of-care testing as applicable.
<input type="checkbox"/>	<input type="checkbox"/>		Testing & Orders [158.036(B)] Only waived urine tests, glucose testing, PT/INR tests and tuberculin skin tests are performed, as ordered by a primary care provider.
<input type="checkbox"/>	<input type="checkbox"/>		Reporting Results [158.036(D)] All results/reports of any diagnostic test are recorded in the participant's health record and reported to the participant's primary MD as appropriate.

❖ CARE & SERVICES			
<input type="checkbox"/>			Quality of Care & Services [158.038(A)-(C)] All services provided by the Program meet professional standards of care and are provided by qualified persons in accordance with each participant's comprehensive assessment and plan of care and Program policies and procedures.
<input type="checkbox"/>			Required Minimum Services Provided [158.038(D)] The Program provides nursing care, service coordination, therapeutic activities, dietary services and medication management pursuant to 158.038(D)(1)-(5)]



ADH Program Name: _____ Town/City: _____

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❖ Nursing Care			
<input type="checkbox"/>	<input type="checkbox"/>		Nursing Care [158.038(E)] Nursing care emphasizes promotion and maintenance of health and the education, counseling, and emotional support of participants and caregivers and includes coordination and collaboration with other professions and organizations within the community.
❖ Service Coordination			
<input type="checkbox"/>	<input type="checkbox"/>		Coordination [158.038(F)(1)-(3)] Sufficient service coordination is provided to coordinate care and ensure participants attain or maintain their highest practicable physical, behavioral, and psychosocial well-being and is coordinated with nursing, activities, and other Program services and includes educational programs for Program personnel.
❖ Therapeutic Activities			
<input type="checkbox"/>	<input type="checkbox"/>		On-going Program [158.038(G)(1)&(2); 158.038(G)] The Program provides an on-going, regularly scheduled, organized program of meaningful and purposeful individual and group therapeutic activities in accordance with 158.038(G)(8)(a)-(i) that are individualized and designed to improve or maintain participants' self-awareness and level of functioning.
<input type="checkbox"/>	<input type="checkbox"/>		Scheduling [158.038(G)(1)] Activities are scheduled for at least 4 hours per 8 hour time period, exclusive of meal time and snack time.
<input type="checkbox"/>	<input type="checkbox"/>		Supplies & Equipment [158.038(G)(5)] Basic supplies and equipment for therapeutic activities are provided, maintained and stored.
<input type="checkbox"/>	<input type="checkbox"/>		Space [158.038(G)(6)] Sufficient space for therapeutic activities is provided.
<input type="checkbox"/>	<input type="checkbox"/>		Separate Space for Dementia <input type="checkbox"/> N/A [158.038(G)(7)] A separate space is provided, as necessary, for therapeutic activities for participants with advanced dementia.
❖ Dietary Services			
<input type="checkbox"/>	<input type="checkbox"/>		Dietary Services [158.038(H)] The Program provides Dietary Services in accordance with 158.038(H), including providing: <ul style="list-style-type: none"> • 1/3 of the daily nutritional and dietary needs of each participant [158.038(H)(4)(a)] • a minimum of 1 hot mid-day meal and planned alternate [158.038(H)(4)(b)] • morning and afternoon snacks [158.038(H)(4)(e)]
<input type="checkbox"/>	<input type="checkbox"/>		Maintenance of Sanitary Conditions [158.038(H)(6)(a)-(c); 158.038(H)(7)] There are policies, procedures and equipment in place to ensure sanitary conditions in all aspects of the storage, preparation, and distribution of food and to ensure food is maintained at proper temperature at all times, in accordance with 105 CMR 590.000: State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments.
<input type="checkbox"/>	<input type="checkbox"/>		Dietary Disaster Plan [158.038(H)(6)(g)] There is a comprehensive, written Disaster Dietary Plan, that includes, at a minimum, alternate methods for preparing and serving food, proper sanitation of dishes and utensils and a supply of food and water sufficient to provide for the dietary needs of participants, and staff are familiar with the Plan.
<input type="checkbox"/>	<input type="checkbox"/>		Food Service Personnel [158.038(H)(7)(d)&(e)] All food service personnel wear appropriate attire and hair restraints per 158.038(H)(7)(d), are in good health, practice hygienic food handling techniques, and conform to 105 CMR 590.000: State Sanitary Code Chapter X - Minimum Sanitation Standards for Food Establishments.
<input type="checkbox"/>	<input type="checkbox"/>		Food Service Environment [158.038(H)(6)(e)&(f)] Food is served in a home-like, pleasant, clean, relaxing, and quiet atmosphere and meals and activities do not occur simultaneously at the same table.



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❖ Rehabilitation Services			
<input type="checkbox"/>	<input type="checkbox"/>		Rehabilitation Services [158.038(I)(1)&(2)] The Program arranges for, or coordinates, rehabilitation services by licensed physical, occupational, and speech, hearing and language therapists to meet participant needs and promote restoration or maintenance of a participant's maximum potential.
❖ Interpreter Services			
<input type="checkbox"/>	<input type="checkbox"/>		Interpreter Services [158.038(J)] The Program provides interpreter services, as necessary, appropriate to the population served.

❖ ASSESSMENT AND CARE PLANNING			
❖ Assessment			
<input type="checkbox"/>	<input type="checkbox"/>		Assessment [158.037(A)(1)-(3)] The Program conducts and documents, within required time-frames, a participant-specific, interdisciplinary, accurate, comprehensive assessment, as specified in 105 CMR 158.037 and in guidelines of the Department.
❖ Care Plans			
<input type="checkbox"/>	<input type="checkbox"/>		Interim Plan of Care [158.037(B)] An interim plan of care is developed upon enrollment in order to meet a participant's immediate care needs until the comprehensive plan of care is developed.
<input type="checkbox"/>	<input type="checkbox"/>		Comprehensive Plan of Care [158.037(C)(1)-(3)] A comprehensive plan of care is developed, based on the comprehensive assessment, which specifies the type, amount, frequency, and duration of services to be provided to each participant and includes, at a minimum, all areas defined at 158.037(C)(1)(a)-(j); the plan of care is reviewed and revised as required.

❖ MEDICATION MANAGEMENT SERVICES			
<input type="checkbox"/>	<input type="checkbox"/>		Medication Management [158.039] The Program, in consultation with a registered nurse, physician, and pharmacist, develops and implements written policies and procedures governing medications, in accordance with 158.039(A)-(M), including but not limited to the receipt, storage, administration, monitoring, control and accountability of all drugs and biologicals.
<input type="checkbox"/>	<input type="checkbox"/>		Policies and Procedures [158.039(C)] Medication management policies and procedures address, at a minimum: <ol style="list-style-type: none"> (1) Receipt of medications; (2) Documentation of the administration of all medications; (3) Response to medication emergencies; (4) Storage of medications; (5) Wasting and disposal of unused medications; (6) Inventorying and auditing controlled substances in accordance with state and federal laws and regulations; (7) Reporting and documentation of medication errors; (8) Reporting theft or loss of medications including controlled substances; and (9) Procedures for resolving concerns raised by the Program, participant or authorized representative regarding administration of medications

❖ PARTICIPANT HEALTH RECORDS / MEDICAL RECORDS			
<input type="checkbox"/>	<input type="checkbox"/>		Location [158.040(A)] There is a conveniently located and suitably equipped area for the recording and storage of health records.



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<input type="checkbox"/>	<input type="checkbox"/>		Contents [158.040(B) &(C)] The Program maintains on the premises (at the nurses' station), in accordance with acceptable professional standards of practice, a separate, complete, accurate, systematically organized, and current health record for each participant from the time of admission to the time of discharge that includes, at a minimum, items per 158.039(C)(1)-(7), in which all entries are dated and signed.
<input type="checkbox"/>	<input type="checkbox"/>		Accessibility & Storage [158.040(D)(1)-(5)] Participant health records are readily accessible, safeguarded against loss, destruction and unauthorized use, maintained in compliance with privacy laws and regulations, and maintained onsite for the most recent 24 months.
<input type="checkbox"/>	<input type="checkbox"/>		Electronic Health Records <input type="checkbox"/> N/A [158.040(F)(1)-(9)] Electronic health records, if utilized, comply with all requirements of 158.000, including all aspects of 158.040(F) with respect to policies and procedures, training, security and electronic signatures, to ensure the integrity, authenticity of the record and its availability/accessibility.

❖ PARTICIPANT RIGHTS

<input type="checkbox"/>	<input type="checkbox"/>		Notice of Rights [158.041(B)(1)-(3)] There are procedures in place to ensure participants are fully informed, both orally and in writing, in a language that they understand, of all participant rights as defined in 158.041, receive a copy of their rights on request, and are notified of changes to rights.
<input type="checkbox"/>	<input type="checkbox"/>		Grievances [158.041(E)] The Program has procedures in place to ensure prompt efforts to resolve grievances, including those regarding the behavior of other participants, and that grievances and actions taken by the Program are documented in the participant's health record.
<input type="checkbox"/>	<input type="checkbox"/>		Inspection/Survey Results [158.041(F)] State license inspection reports for the Program are/will be available for examination in a place readily accessible to participants without the need to request access.

❖ COMFORT, SAFETY, ACCOMMODATIONS, AND EQUIPMENT

<input type="checkbox"/>	<input type="checkbox"/>		Accommodation of Needs [158.042(A)(1)-(4)] The Program provides for the comfort, safety, and mental and physical well-being of participants, with reasonable accommodation of participant needs.
<input type="checkbox"/>	<input type="checkbox"/>		Homelike Environment [158.042(A)(5)] All participant areas are arranged and decorated to provide for a cheerful and homelike milieu which is pleasant, clean, well-kept, in good repair, and free from unpleasant odors, sights, and sounds.
<input type="checkbox"/>	<input type="checkbox"/>		Participant Safety and Protection [158.042(B)] There are policies, procedures and processes in place to ensure the safety and protection of participants in accordance with 158.042, including: <ul style="list-style-type: none"> • immediate accessibility of staff • restraint use • check-in/check-out system
<input type="checkbox"/>	<input type="checkbox"/>		Drinking Water [158.043(A)(4)] Drinking water is readily available and easily accessible to all participants.
<input type="checkbox"/>	<input type="checkbox"/>		Provision of Equipment & Supplies [158.042(C)] The Program provides all equipment and supplies necessary for the care, comfort, safety, and mental and physical well-being of participants as required at 158.042(C), with reasonable accommodation of participant needs and preferences.
<input type="checkbox"/>	<input type="checkbox"/>		Preventative Maintenance [158.042(C)(2)&(3)-(5)] There are policies and procedures in place to ensure equipment and supplies are maintained in good working condition, in a clean and sanitary manner, or properly disposed of.



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<input type="checkbox"/>	<input type="checkbox"/>		Environmental Health [158.043(A)-(C)] The Program has policies, procedures and processes in place to provide for environmental health of the Program that ensures that the water supply, waste disposal, housekeeping, maintenance and pest control services are provided in accordance with 158.043(A)-(C).

❖ INFECTION CONTROL			
<input type="checkbox"/>	<input type="checkbox"/>		Infection Control Program [158.044(A)-(E)] The Program establishes and maintains infection control practices designed to prevent the development and transmission of disease and infection that includes requirements of 158.044(A)-(E) including at a minimum policies, procedures and practices for infected workers, linen handling, soiled dressings and other infectious waste and handwashing.
<input type="checkbox"/>	<input type="checkbox"/>		Personnel Health [158.030(H)(4)(i)&(n); 158.030(H)(11)] There are policies and procedures in place to ensure no individual is employed, allowed to work, or allowed to volunteer, if infected with a contagious disease that may endanger the health of participants or personnel and personnel records include health information and examination.
<input type="checkbox"/>	<input type="checkbox"/>		Employee & Volunteer TB Testing [158.030(H)(4)(j)&(k)] Employees and volunteers receive pre-employment TB history and risk assessment and an annual TB risk assessment, symptom review and education as indicated in 158.030(H)(4)(j)-(k).
<input type="checkbox"/>	<input type="checkbox"/>		Participant TB Testing [158.034(D)(4)] Participants are screened for TB prior to enrollment in the Program and the participant's health record contains evidence of initial health screening for TB and annual TB risk assessment in accordance with 158.034(D)(4)(a)&(b).
<input type="checkbox"/>	<input type="checkbox"/>		Personnel Vaccination [158.030(L)(1)-(7)] There are policies, procedures and systems in place for the vaccination of personnel against influenza and other viruses, in accordance with 158.030(L), regarding notification, vaccination, exceptions and documentation.

❖ PHYSICAL PLANT			
❖ General Requirements			
<input type="checkbox"/>	<input type="checkbox"/>		Adequate Space [158.045(A)(1)] The Program site is designed with adequate space for the provision of all Services.
<input type="checkbox"/>	<input type="checkbox"/>		Operational Space <input type="checkbox"/> N/A [158.045(A)(2)] If located in a facility housing other services, the Program operates solely within the Program's licensed space.
<input type="checkbox"/>	<input type="checkbox"/>		Accessibility [158.045(A)(3)(a)-(d)] The Program is located in a site that complies with the Americans with Disabilities Act (ADA) and ADA Standards for Accessible Design, including, but not limited to, the following features: (a) On ground level with at least two means of egress; (b) Free of architectural barriers; (c) Designed to meet the needs of disabled persons; and (d) In compliance with local health, fire, and safety codes.
<input type="checkbox"/>	<input type="checkbox"/>		Arrival/Departure Space [158.045(A)(4)] The Program site includes adequate outdoor space for participants to safely arrive at and depart from the Program site.
<input type="checkbox"/>	<input type="checkbox"/>		Security [158.045(A)(5)] The Program site provides a protected and secure environment for participants, including participants who wander or require increased supervision and security.
<input type="checkbox"/>	<input type="checkbox"/>		Parking [158.045(A)(6)] There is sufficient parking capacity to satisfy the needs of participants, personnel, and the public.



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<input type="checkbox"/>	<input type="checkbox"/>		Delivery/Transfer Space [158.045(A)(7)] Separate and additional space is provided for service delivery vehicles and vehicles used for participants' transfer.
<input type="checkbox"/>	<input type="checkbox"/>		Food Preparation Area [158.045(A)(8)] The Program site includes a clean and sanitary food preparation area equipped with a refrigerator, a sink, adequate counter space, and adequate storage space.
<input type="checkbox"/>	<input type="checkbox"/>		Kitchen <input type="checkbox"/> N/A [158.045(A)(9)] If meals are cooked on-site, the Program has a full kitchen approved by the local Board of Health.
<input type="checkbox"/>	<input type="checkbox"/>		Lighting [158.045(A)(10)] Adequate artificial lighting is available in all rooms, stairways, hallways, corridors, toilet rooms, and offices.
<input type="checkbox"/>	<input type="checkbox"/>		Occupancy [158.045(A)(11)] A Program with five or more unrelated participants complies with the Massachusetts State Building Code, 780 CMR 3.00: Use and Occupancy Classification.
<input type="checkbox"/>	<input type="checkbox"/>		Telephone [158.045(M)] A telephone is available for participants in an area that affords privacy during use.
❖ Participant Area			
<input type="checkbox"/>	<input type="checkbox"/>		Square Footage [158.045(B)(1)] The Participant Area contains at least 50 square feet per participant.
<input type="checkbox"/>	<input type="checkbox"/>		Use of Kitchen Area <input type="checkbox"/> N/A [158.045(B)(2)] The Program kitchen is used for activities other than meal preparation and therefore, 50% of the kitchen floor area is counted as Participant Area. N/A
<input type="checkbox"/>	<input type="checkbox"/>		Hand Sanitizer & Handwashing [158.045(B)(3)] All participant areas have hand sanitizer dispensers and access to at least one handwashing station that are conveniently placed with consideration for participant safety.
<input type="checkbox"/>	<input type="checkbox"/>		Natural Lighting [158.045(B)(4)] The Program provides participant areas with access to natural light and outside views.
<input type="checkbox"/>	<input type="checkbox"/>		Lighting, Heating, Ventilation [158.045(B)(5)] Participant Areas have adequate lighting, heating, and ventilation so that participants are comfortable in all seasons of the year.
<input type="checkbox"/>	<input type="checkbox"/>		Rest or Private Area [158.045(C)] A private, quiet rest area for participants is provided; the area is considered part of the Participant Area and is located in a place that can be clearly monitored and is near a toilet room.
<input type="checkbox"/>	<input type="checkbox"/>		Outdoor Area <input type="checkbox"/> N/A [158.045(D)(1)-(2)] Space for outdoor activities, when available, is safe, accessible to the Program from indoors, and accessible to individuals with disabilities and have a fence or landscaping to create a boundary to prevent elopement.
<input type="checkbox"/>	<input type="checkbox"/>		Meeting Area [158.045(E)] The Program provides a space for participants, family, and caregivers to have private meetings with staff.
❖ Participant Toilet Rooms			
<input type="checkbox"/>	<input type="checkbox"/>		Number [158.045(G)(1)] The Program provides at least 2 toilet rooms, 1 of which is handicapped accessible, which are equipped with at least 1 toilet and 1 lavatory.
<input type="checkbox"/>	<input type="checkbox"/>		Ratio [158.045(G)(2)] A Program with a licensed program capacity of 24 or more participants provides at least 1 toilet per 12 participants.
<input type="checkbox"/>	<input type="checkbox"/>		Accessibility [158.045(G)(3)] At least 50% of the toilets are designed or adapted to provide access and maneuverability for individuals with disabilities or in wheelchairs.



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<input type="checkbox"/>	<input type="checkbox"/>		Proximity [158.045(G)(4)] Participant toilet rooms are no more than 40 feet from the Participant Area.
<input type="checkbox"/>	<input type="checkbox"/>		Emergency Call Station [158.045(G)(5)] Emergency call stations are provided in each toilet stall.
			❖ Bathing Facilities
<input type="checkbox"/>	<input type="checkbox"/>		Shower [158.045(H)(1)] There is at least 1 shower; each shower has minimum dimensions of 30 in x 60 in, the floor is flush and sloped to the center and mixing valves/controls are mounted outside the stall.
<input type="checkbox"/>	<input type="checkbox"/>		Emergency Call Station [158.045(H)(2)] Emergency call stations are provided in bathing facilities.
			❖ Staff Areas
<input type="checkbox"/>	<input type="checkbox"/>		Toilet and Break Areas [158.045(I)(1)-(2)] The Program provides at least one dedicated staff toilet and a staff break area.
<input type="checkbox"/>	<input type="checkbox"/>		Nursing Office [158.045(J)(1)-(4)] The Program shall have a nursing office with a minimum clear floor area of 80 sq. ft., equipped to accommodate nursing functions (including charting, or providing counseling), and includes a handwashing station if used for providing treatments.
			❖ Housekeeping and Storage
<input type="checkbox"/>	<input type="checkbox"/>		Medical Equipment Storage [158.045(K)] The Program provides for the secure storage of medical equipment and supplies.
<input type="checkbox"/>	<input type="checkbox"/>		Equipment and Supply Storage [158.045(F)(1)-(2)] Storage space is available for Program and operating supplies including a locked storage area not accessible to participants for the storage of toxic substances.
<input type="checkbox"/>	<input type="checkbox"/>		Janitor's Closet [158.045(L)] There is a janitor's closet with a service sink to store and secure housekeeping items.
			❖ Architectural Details
<input type="checkbox"/>	<input type="checkbox"/>		Corridors [158.045(N)(1)] Corridors used by participants have a minimum width of 5 feet; staff-only corridors are at least 3 feet 8 inches wide.
<input type="checkbox"/>	<input type="checkbox"/>		Ceiling Height [158.045(N)(2)] The minimum ceiling height is 8 feet 0 inches, with the following exceptions: (a) storage room ceilings are not less than 7 feet 8 inches; (b) ceilings in normally unoccupied spaces are not less than 7 feet; (c) architecturally framed and trimmed openings in corridors, doorways, and other openings are not less than 7 feet
<input type="checkbox"/>	<input type="checkbox"/>		Door Hardware [158.045(N)(3)(a)] Lever hardware is used on all doors; toilet doors used by participants are equipped with hardware allowing staff to manually unlock doors for emergency access.
<input type="checkbox"/>	<input type="checkbox"/>		Doors Screens [158.045(N)(3)(b)] Exterior doors that may be left open have insect screens.
<input type="checkbox"/>	<input type="checkbox"/>		Door Opening [158.045(N)(3)(c)] All interior doors used by participants open with ease and little resistance.
<input type="checkbox"/>	<input type="checkbox"/>		Windows [158.045(N)(3)(d)-(e)] Operable windows or vents that open from the inside are restricted to inhibit participant elopement or suicide and those that may be left open have screens.
			❖ Handwashing Stations
<input type="checkbox"/>	<input type="checkbox"/>		Fittings [158.045(O)(1)(a)] Handwashing stations are trimmed with valves that can be operated without hands.
<input type="checkbox"/>	<input type="checkbox"/>		Blade Handles [158.045(O)(1)(b)] If single-lever or wrist blade devices are used, blade handles shall be at least four inches in length and located to provide required clearance.



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<input type="checkbox"/>	<input type="checkbox"/>		Hand-Drying [158.045(O)(2)] Handwashing stations include a hand-drying device that does not require hands to contact the dispenser.
<input type="checkbox"/>	<input type="checkbox"/>		Dispensers [158.045(O)(3)] Handwashing stations include liquid or foam soap dispensers.
<input type="checkbox"/>	<input type="checkbox"/>		Mirror [158.045(O)(4)] Each participant handwashing station has a mirror placed to allow convenient use by both wheelchair occupants and ambulatory persons.
			❖ Grab Bars and Handrails
<input type="checkbox"/>	<input type="checkbox"/>		Grab Bars [158.045(P)(1)-(3)] Grab bars are installed in all resident toilets and bathing areas; have a minimum clearance of 1½ inches from walls; and have the strength to sustain a concentrated load of 250 pounds (including those which are part of fixtures such as soap dishes and toilet paper holders).
<input type="checkbox"/>	<input type="checkbox"/>		Handrails [158.045(Q)] Handrails comply with ADA Standards for Accessible Design, and, with respect to corridors, comply with Facilities Guidelines Institute guidelines for adult day health care facilities.
			❖ Flooring
<input type="checkbox"/>	<input type="checkbox"/>		Maintenance [158.045(R)(1)] Flooring surfaces are easily maintainable, readily cleanable, and appropriate for the location.
<input type="checkbox"/>	<input type="checkbox"/>		Mobility Impact [158.045(R)(2)] Flooring surfaces allow for ease of ambulation and self-propulsion.
<input type="checkbox"/>	<input type="checkbox"/>		Transitions [158.045(R)(3)] Flooring surfaces provide smooth transitions between differing flooring materials.
<input type="checkbox"/>	<input type="checkbox"/>		Slip-Resistance [158.045(R)(4)] Slip-resistant flooring products are used for flooring surfaces in wet areas, including the kitchen, shower(s), toilet rooms, ramps, and entries from exterior to interior space.
			❖ Building Systems
<input type="checkbox"/>	<input type="checkbox"/>		HVAC [158.045(S)(1)(a)] Mechanical ventilation is provided and air conditioning and heating equipment is adequate and capable of maintaining the temperature in the participant area between 72°F and 78°F.
<input type="checkbox"/>	<input type="checkbox"/>		Exhaust Ventilation [158.045(S)(1)(a)] Continuous exhaust ventilation to outdoors is provided in toilet rooms, bathing rooms, kitchen, and janitor's closet.
<input type="checkbox"/>	<input type="checkbox"/>		Plumbing Systems [158.045(S)(2)] Hot and cold running water is available and hot water at shower, bathing, and handwashing facilities does not exceed 110° F.
			❖ Fire Protection and Safety
<input type="checkbox"/>	<input type="checkbox"/>		Exits [158.045(T)(2)] All exits are clearly identified by exit signs, adequately lighted, and free from obstruction.
<input type="checkbox"/>	<input type="checkbox"/>		Dryers [158.045(T)(3)] Clothes dryers have the lint filter cleaned after each use.
<input type="checkbox"/>	<input type="checkbox"/>		Fire Extinguishers [158.045(T)(4)] The Program has easily accessible fire extinguishers that are maintained in accordance with local fire department requirements.



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❖ OXYGEN STORAGE & USE			
<input type="checkbox"/>	<input type="checkbox"/>		<p>Policies and Procedures [158.045(U)(1)(a); 158.045(U)(6)]</p> <p>The Program has policies and procedures in place for the safe use and storage of oxygen that are in compliance with 158.045(U) regarding construction of storage space, ventilation and temperature control, securing hardware and equipment, electrical fixtures, signage, transferring of liquid oxygen, etc., including specific requirements based on volume of oxygen stored (✓):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Storage of 3000 c.f. or greater [158.045(U)(2)] <input type="checkbox"/> Storage of less than 3000 c.f. [158.045(U)(3)] <input type="checkbox"/> Storage of less than 300 c.f. [158.045(U)(4)]
<input type="checkbox"/>	<input type="checkbox"/>		<p>Training [158.045(U)(1)(b)]</p> <p>Personnel responsible for the use and transport of equipment are trained in proper handling of cylinders, containers, hand trucks, supports, and valve protection caps.</p>
<input type="checkbox"/>	<input type="checkbox"/>		<p>Cylinder Retention [158.045(U)(1)(c)]</p> <p>Carts and hand trucks for cylinders and containers are constructed for the intended purpose and shall be provided with appropriate means to retain cylinders or containers in place.</p>
<input type="checkbox"/>	<input type="checkbox"/>		<p>E-Tanks [158.045(U)(4)]</p> <p>No more than 300 c.f. (12 "E" cylinders) of oxygen in cylinders are accessible as operational supply located outside of a storage enclosure and such tanks are properly chained or supported and are protected from abnormal mechanical shock.</p>
<input type="checkbox"/>	<input type="checkbox"/>		<p>Liquefied Gas Container Storage [158.045(U)(5)]</p> <p>Containers of liquefied oxygen shall be stored in accordance with the storage requirements for the storage of more than 3000 cubic feet of oxygen.</p>

❖ QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT			
<input type="checkbox"/>	<input type="checkbox"/>		<p>QAPI Program [158.045(A)-(H)]</p> <p>The Program has/will develop and implement an ongoing, program-wide, data-driven Quality Assessment and Performance Improvement (QAPI) program that is capable of showing measurable improvement in indicators related to improved outcomes and Program services, and which incorporates the requirements of 158.045(A)-(H), including:</p> <ul style="list-style-type: none"> • Formation of a QAPI committee to implement the program. [158.046(B)] • Evaluation and tracking of quality indicators, including adverse events [158.046(C)] • Collection of quality indicator data [158.046(D)] • Directing QAPI activities to improve safety and quality of care [158.046(E)] • Development, implementation, and evaluation of QAPI projects [158.046(F)]