

Census:	ADULT DAY HEALTH CARE SURVEY TOOL											
ADMINISTRATOR:	Center Name:									Date:		
TAG	RULE	PARTICIPANT (P)	1	2	3	4	5	6	7	8	9	10
<b>RESIDENT RECORDS:</b>												
		No participant record										
11DE	R9-10-1111.C.3	<b>Enrollment agree/first visit date</b>										
11CE	R9-10-1111.C.1.a	Name of Participant										
11CI	R9-10-1111.C.1.b	Address of Participant										
11CO	R9-10-1111.C.1.c	Date of Birth										
11IE/07AA	R9-10-1111.C.20 & 1107.A.1-2	Free from TB in 7 days & R9-10-112 every 12 months										
11CU	R9-10-1111.C.1.d	Allergies, incl medications										
11DA	R9-10-1111.C.2	Name of Medical PCP										
11DA	R9-10-1111.C.2	Name of others involed in care										
11DO	R9-10-1111.C.5	Name/Phone # Representative, if app										
11II/07BO	R9-10-1111.C.21 1107.B.8	Name/Phone # Emergency contact										
11EA	R9-10-1111.C.6	Doc of medical history										
11EE	R9-10-1111.C.7	Copy of health care directives, if app										
11EI	R9-10-1111.C.8	Orders										
11EO	R9-10-1111.C.9	Medical Aassessment in 1107(D)										
11EU	R9-10-1111.C.10	Care Plan in 1108										
11FA	R9-10-1111.C.11	Comprehensive Assess in 1107(F)										
11FE	R9-10-1111.C.12	Progress notes										

			1	2	3	4	5	6	7	8	9	10
<b>MEDICAL RECORDS CONTINUED:</b>												
11FO	R9-10-1111.C.14	Doc of Health Care Services provided to participant										
11GA	R9-10-1111.C.16	Discharge date, if app										
11FU	R9-10-1111.C.15	Disposition of participant upon dischg										
		<b>Documentation of:</b> if app										
11HI	R9-10-1111.C.18.a	Significant change in condition										
11HO	R9-10-1111.C.18.b	Injury/accident at ADHC/med service										
11HU	R9-10-1111.C.18.c	Notify PCP or rep (of the above a-b)										
11FI	R9-10-1111.C.13	out of control behavior										
11IA	R9-10-1111.C.19 1107.E.1	Doc Participant may sign in/out ADHC										
	R9-10-1111.C.17	<b>Medication Administration</b>										
13FO	R9-10-1113F.2.	Verbal order taken by nurse per law										
13FU/13GA	R9-10-1113F.3.a-b	Per order & dcoument:										
11GE	R9-10-1111.C.17.a	Date & Time of Administration										
11GI	R9-10-1111.C.17.b	Name, Strength, Dosage, Route										
11GO	R9-10-1111.C.17.c	Identify & signature individ admin med or observing participant self-admin										
	R9-10-1111.C.17.d	PRN pain admin to participant:										
11GU	R9-10-1111.C.17.d.	identify pain before admin										
11HA	R9-10-1111.C.17.d.	effect of medication administration										
11HE	R9-10-1111.C.17.e	Any adverse reaction to medication										
		<b>ASSISTANT IN SELF-ADMINISTRATION OF MEDICATIONS</b>										
13GE	R9-10-1113.G.1	Medication stored by ADHC										
		Assistance provided:										
13GI	R9-10-1113.G.2.a	Remind time to take med										
13GO	R9-10-1113.G.2.b	Open med container										
13GU	R9-10-1113.G.2.c	Observe participant remove med										
13HA/13HE/13HI	1113.G.2.d.i-iii	verify taking med as per order										
13HO	R9-10-1113.G.2.e	observe while taking med										

			1	2	3	4	5	6	7	8	9	10
<b>AT TIME OF ENROLLMENT:</b>												
10AE	R9-10-1110.A.2	Participant or Rep rec'd written copy of requirements subsection B & C										
		<b>Subsection B requirements:</b>										
10BA/10BE/10BI/10BO 10BU/10CA/10CE/10CI	R9-10-1110.B.2.a-h	Abuse Neglect Exploitation Coercion Manipulation Sex abuse Sex assault Seclusion										
10CO	R9-10-1110.B.2.i	Restraint										
10CU	R9-10-1110.B.2.J	Retaliate personal & pvt property										
10DA	R9-10-1110.B.2.K	Misappropriation personal/pvt propty										
10DE	R9-10-1110.B.3.a	Consent to or refuse treatment										
10DI	R9-10-1110.B.3.b	Refuse/withdraw treat before initiated										
10DO	R9-10-1110.B.3.c	Inform alternative treat/risk/compl										
10DU	R9-10-1110.B.3.d.i	Advance directive per P&P										
10EA	R9-10-1110.B.3.d.ii	Complaint process										
10EE	R9-10-1110.B.3.d.iii	Rate and Charges at ADHC										
10EI	R9-10-1110.B.3.d.iv	Process contact APS										
10EO	R9-10-1110.B.3.e	Consent photo for identify										
10FU/10FA	R9-10-1110.B.3.f.i.j	Release information/Medical/Financial										
10/FE-10HE	R9-10-1110.C.1-11	<b>Subsection C 11 RESIDENT RIGHTS</b>										
15CI/15CO	R9-10-1115.B.1-2	Emergency orintation in 2 visits, doc										
07EI	R9-10-1107.E.2.iv	Services provided away from ADHC										
<b>AGREEMENT AT TIME OF ENROLLMENT:</b>												
		At time or before enrollment signed:										
	R9-10-1107.B	Participant or Reprsentative &										
07CA	R9-10-1107.C	Receive a copy of agreement to Participant/rep										
07CA	R9-10-1107.C	Original agreement in medical record										
	R9-10-1107.B	Agreement includes:										
07AE	R9-10-1107.B	Participant's name										
07AE	R9-10-1107.B	DOB										
07AI	R9-10-1107.B	Enrollment Requirements										
07AO	R9-10-1107.B	List customary services										
07AU	R9-10-1107.B	Additional cost										
07BA	R9-10-1107.B	Fees & charges										
07BE	R9-10-1107.B	Procedure terminate agreement										
07BI	R9-10-1107.B	Requirments of ADHC facility										
07BO	R9-10-1107.B	Name Phone# emergency contact										
07BU	R9-10-1107.B	Copy of health care directives, if app										

			1	2	3	4	5	6	7	8	9	10
<b>CARE PLAN FOR EACH PARTICIPANT:</b>												
		No care plan										
08AA	R9-10-11081.	Completed within 7 days after comprehensive assessment										
	R9-10-1108.2	Has unput from:										
08AE	R9-10-1108.2.a	Participant or Rep										
08AI	R9-10-1108.2.b	RN who did comp assessment										
08AO	R9-10-1108.2.c	Personnel providing services										
08AU	R9-10-1108.2	Based on Comphrehensive Assess										
	R9-10-1108.4	Includes:										
08BA	R9-10-1108.4.a	Summary of Medical, Health, Physical, Mental, Emotional disabilities, impairments										
08BE	R9-10-1108.4.b	Services to be provided										
08BI	R9-10-1108.4.c	Goals, Objectives of care time-limited & measurable										
08BO	R9-10-1108.4.d	Interventions to achivev objectives, incl referral for other services										
08BU	R9-10-1108.4.e	Discharge inst R9-10-1109(B)										
08CA	R9-10-1108.5	Rev'd every 6 mo & signif change										
<b>MEDICAL ASSESSMENT:</b>												
07CE	R9-10-1107.D.1	Participants PCP signed within 60 days prior to enrollment										
		Includes:										
07CI	R9-10-1107.D.2.a.i	Physical Health										
07CI	R9-10-1107.D.2.a.ii	Cognitive Awareness										
07CI	R9-10-1107.D.2.a.ii	Deficits in awareness										
07CO	R9-10-1107.D.2.b	Physical Mental Emotion Problems Experiences										
07CU	R9-10-1107.D.2.c	Schedule of Medications										
07DA	R9-10-1107.D.2.d	Treatments Receiving										
07DE	R9-10-1107.D.2.e	Special Dietary Needs										
07DI	R9-10-1107.D.2.f	Allergies										
<b>COMPREHENSIVE ASSESSMENT:</b>												
07EU	R9-10-1107.F.1	Compleby RN within 30da or 10th visit										
07FA/07FE/07FI	R9-10-1107.F.2.a-c	Doc Phy, Mental, Emotion, Social										
07FO	R9-10-1107.F.3.a	Medical orders										
07FU	R9-10-1107.F.3.b	Recommend Services/Care Plan										
07GA	R9-10-1107.F.3.c	RN sign/date completed assessment										

ADULT DAY HEALTH CARE SERVICES			Yes	No	NOTES
13AE	R9-10-1113.B	Personnel provide assist with activities supervise personal hygiene accord to care plan and P&P			
	R9-10-1113.C	Planned therapeutic individ & group activitives according to:			
13AI	R9-10-1113.C.1.a	Care Plan			
13AO	R9-10-1113.C.1.b	P&P			
13AU	R9-10-1113.C.1.c	Monthly calendar planned activities			
		Includes:			
13BA	R9-10-1113.C.2.a	Physical Activity			
13BE	R9-10-1113.C.2.b	Group discussion			
13BI	R9-10-1113.C.2.c	Technique to maintain or improve indp in ADLs			
13BO	R9-10-1113.C.2.d	Asses deficits cognitive aware & reinforce cognitive awareness			
13BU	R9-10-1113.C.2.e	ADLs			
13CA	R9-10-1113.C.2.f	Council mtgs			
13CE	R9-10-1113.C.2.g	Leisure time			
13CI/13CO/13CU	R9-10-1113.D.1-3	Nurse monitoring health status accord to care plan & P&P, Doc, report to Rep or PCP			
<b>MEDICATIONS:</b>					
13JI	R9-10-1113.H.1	Current drug guide available			
13JO	R9-10-1113.I.1	Current toxicology ref available			
13JU	R9-10-1113.H.1	Meds stored separate room, container			
13KA	R9-10-1113.H.2	Stored accord instruction			
13KO/13KU	R9-10-1113.J.1-2	Med errors Report PCP 12H Doc within 24H			
13LA/13LE	R9-10-1113.K.2	Adverse reaction Report PCP 12H Doc 24H			
<b>INCIDENT REPORTS</b>					
13MA	R9-10-1113.L.1	Immediate report to Rep & PCP			
13ME	R9-10-1113.L.2	Report APS if app			
13MI	R9-10-1113.L.3.a-d	Written report day of			
13MO	R9-10-1113.L.4	Investigate within 24H			
13MU	R9-10-1113.L.5	Retain report at least 12 mo			

POSTINGS:			YES	NO	NA	NOTES
03HI	R9-10-1103.D.2	Activity Calendar posted:				
03HI	R9-10-1103.D.2.a	Posted before beginning of a month				
03HO	R9-10-1103.D.2.b	Maintained on premises for 90 da				
03HU	R9-10-1103.D.3	Materials, supplies, equip provided				
10AA	R9-10-1110.A.1	<b>Requirements and Rights</b>				
10AA	R9-10-1110B.1--3	Subsection B Requirements				
10AA	R9-10-1110.C.1-11	Subsection C Resident 11 Rights				
no tag	ARS 36-425.A	License from DHS				
no tag	ARS 36-425.H	Location of SODs and POC's				
15DU	R9-19-1115.C.3	Evac path-each hall/each floor				
14BA	R9-19-1114.B.1.c	Menu posted day before served				
PARTICIPANT'S COUNCIL						
12AA	R9-10-1112.A.1	Composed of participants willing to serve on the council schedule mtg				
12AE	R9-10-1112.A.2	Develop guidelines govern council				
12AI	R9-10-1112.A.3	Meet Quarterly				
12AO	R9-10-1112.A.4	Record mtg minutes				
12AU	R9-10-1112.A.5	Provide written input planned activities and P&P				
12BA	R9-10-1112.B	Invited personnel or Admin to attend				
12BE	R9-10-1112.C	Admin act liaison council person/vol				

TAG	RULE	PERSONNEL, EMPLOYEE, VOLUNTEER OR STUDENT	1	2	3	4	5	6	7	8	9	10
		No record										
06CO	R9-10-1106.C.1.a	Name										
06CU	R9-10-1106.C.1.b	Start/End Date (Empl/Vol)										
06CO	R9-10-1106.C.1.a	Date of birth(Empl/Vol)										
06CO	R9-10-1106.C.1.a	Telephone # (Empl/Vol)										
06CA/06EE	R9-10-1106.A.4.a-b or C.1.vii	TB /negative (>8hrs/wk) Empl/Vol)										
		Fingerprint compliance (Empl/Vol)										
06DU	R9-10-1106.C.1.v	CPR training P&P										
06EA	R9-10-1106.C.1.vi	Current first aid training P&P										
06CE	R9-10-1106.B.1	Personnel: >18 y/o										
06CI	R9-10-1106.B.2	Not a participant of ADHC										
	R9-10-1106.A.1	Personnel Qualification based on:										
06AA	R9-10-1106.A.1.a.i	Expected services to provide										
06AE	R9-10-1106.A.1.a.ii	Job Description										
06AI/06AO/06AU	R9-10-1106.A.b.ii-iii	Skills, Knowledge, Educ										
06BA	R9-10-1106.A.2.a	Document before services provided										
06BE	R9-10-1106.A.2.b	According to P&P										
06DI	R9-10-1106.C.1.iii	Personnel orien before providing serv										
06DI	R9-10-1106.C.1.iii	Inservice edu hrs. as per P&P										
06EU	R9-10-1106.C.3	No training working in ADHC										
			YES	NO	NOTES							
06BI/06BO/06BU	R9-10-1106.A.3.a-c	Sufficient Personnel to meet needs										
06FA	R9-10-1106.D.1	At least 2 personnel > 2 participants										
06FE	R9-10-1106.D.2	One Peronnel 1st Aid/CPR onsite										
06FI	R9-10-1106.D.3	RN manage nsg services/health serv										
06FO/06FU	R9-10-1106.D.4.a-b	Nurse on premises Daily										
03CE	R9-10-1103.B.4	Administrator's Designee in writing										
06EO	R9-10-1106.C.2.b	Onsite/Maint for 2 yrs after										

POLICIES AND PROCEDURES DOCUMENTED AND IMPLEMENTED:		Y	N	Notes
				No P&Ps
03GI	R9-10-1103.C.3.a			P&P's avail to employees/volunteers/students
03GO	R9-10-1103.C.3.b			Reviewed Q 3 yrs & updated as needed
003CI	R9-10-1103.C.1.a			Empl/Vol job descrip, duties, qual/required skills, knowledge, educ, exper
03CO	R9-10-1103.C.1.b			Emp/Vol orientation and in-service
03DA	R9-10-1103.C.1.d			How personnel submit complaint
03DE	R9-10-1103.C.1.e			Reports of illegal/unsafe practices /nonretaliatory
03CU	R9-10-1103.C.1.c			Certification in CPR & first Aid
03DI	R9-10-1103.C.1.f			Method to identify participant rec'd approp services
03FA	R9-10-1103.C.2.d			How Personnel will respond to out-of-control behavior to prevent harm to participant or others
11BA/11BE/11BI	R9-10-1111.A.4.a-c			Access to participants medical record or consent to access, as per law
03DO	R9-10-1103.C.1.g			Participant rights incl assist with non speaking English
03EO	R9-10-1103.C.2.b			Provisions of service in ADHC scope of services
03EI	R9-10-1103.C.2.a			Screening, Enrollment, Disch
11AE/11AI/11AO	R9-10-1111.A.2.a-c			Individuals authorized to make med record entries; dated, legible & authenticate not changed make initial entry illegible
03EA	R9-10-1103.C.1.i			Medical records; incl electronic medical record
03EU	R9-10-1103.C.2.c			Dispensing, administrating & disposing Medications incl inventoring control & preventing diversionn of controll sub
03DU	R9-10-1103.C.1.h			Steps for resid to file complaint & ADHC to respond to complaint
10AI/10AO	R9-10-1110.A.3.a-b			How & when participant/rep is informed of rights in subsection C & where posted
03FE	R9-10-1103.C.2.e			Food services
03FU	R9-10-1103.C.1.h			Contracted services
03FI	R9-10-1103.C.2.f			Environmental Services
				<b>POLICIES &amp; PROCEDURES (CONTINUE)</b>

15AA	R9-10-1115.A.1.a	Procedure for protecting the health & safety of participants & others on the premises				
03FO	R9-10-1103.C.2.g	Infection control				
03EE	R9-10-1103.C.1.j	QM program incl. Incident Report & support docs				
03GA	R9-10-1103.C.2.i	Emergency treatment provided by ADHC				
16AU	R9-10-1116.4	Biohazard medical waste identified, stored, disposed according to Article & P&P				
03GE	R9-10-1103.C.2.j	Designate in writing employee/personnel to have current CPR/First Aid				
<b>MEDICATION POLICIES AND PROCEDURES:</b>			<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Notes</b>
		No medication P&Ps				
13FE/3FI	R9-10-1113.F.1.a-b	P&P Med admin reviewed & approved by pharm, PCP, RN as prescribed				
13DE/13DI/13DO/13DU	R9-10-1113.E.1.a. I ii iii iv	Process inf participant med provided incl results potential reaction side effects results not taking med				
13EA/13EE/13EI	R9-10-1113.E.1.b. I ii iii	Prevent/Respond/reporting Medication error Adverse resp to med Overdose				
13EU/13FA	R9-10-1113.E.2.a-b	Process review thru QM program med error & adverse reaction				
13FU	R9-10-1113.F.3.a	Med Admin to participant per ordered				
	R9-10-1113.F.3.b	Med Admin doc in medical record				
13EO	R9-10-1113.E.1.c	Procedure doc med services & assist				
13KE	R9-10-1113.H.3.a	Receiving, Storing, Inventory, Track, Dispense, Discard meds incl expired				
13KI	R9-10-1113.H.3.b	Storing, Inventing, dispense controlled substances				
13HU	R9-10-1113.G.3	Assist in self-admin med reviewed by Pharm or PCP or RN				

<b>QUALITY MANAGEMENT: Gathering and Evaluating Incidents</b>			<b>Y</b>	<b>N</b>		<b>Notes</b>
04AA	R9-10-1104.1	QM plan estab/documentated/ implemented				
<b>Includes methods to:</b>						
04AA	R9-10-1104.1.a	Identify/document and evaluate incidents (911, falls, med errors,				
04AE	R9-10-1104.1.b	Collect data to eval svcs/eval data to identify concerns				
04AI	R9-10-1104.1.c	Method eval data identify concerns services provided				
04AO	R9-10-1104.1.d	Make changes/take action as result delivery of services				
04AU	R9-10-1104.1.e	Frequency of report to gov auth				
04BA	R9-10-1104.2	Doc Report to govern auth include:				
04BA	R9-10-1104.2.a	Concern delivery of services to Participants				
04BE	R9-10-1104.2.b	Changes made or action taken				
04BI	R9-10-1104.3	Reports maintained for 12 months				
03BA	R9-10-1103.5	Admin review QM effective 12 mo				
<b>CONTRACTED SERVICES:</b>			<b>Y</b>	<b>N</b>		<b>Notes</b>
05AA	R9-10-1105.1	Contracted svcs provided accord. to article				
05AE	R9-10-1105.2	Doc of current contracted services including description of services				

EMERGENCY AND SAFETY STANDARDS:			Y	N		Notes						
15AA	R9-10-1115.1	Disaster plan developed. doc, maintained assessible to personnel/employees incl:										
15AE	R9-10-1115.A.1.b	Assigned responsibilities of personnel & employee										
15AI/15AO	R9-10-1115.A.1.c.i-	Inst for evac when, how, & where to locate; plan to notify emerg contact										
15AU/15BA	R9-10-1115.A.1.d-e	incl plan relocation, resident record, meds, food, & water provided										
15BE	R9-10-1115.A.1.d-e	Disaster plan reviewed q 12 mo										
15BI	R9-10-1115.A.3.a	Date and time of review										
15BO	R9-10-1115.A.3.b	Each employee participating										
15BU	R9-10-1115.A.3.c	Critique of review										
15CA	R9-10-1115.A.3.d	Recom for improvement (if app)										
15CE	R9-10-1115.A.3.d	Personnel disaster drill q 3 mo/per shift & doc										
15CU	R9-10-1115.C.3.1	Paticipant & emply evac drill q 6 mo										
15DA/15DE/15DI/15DO	R9-10-1115.C.2.a-e	Includes date/time/time to evacuate/ID of resid needing assist/not evac/problems/ improvements										
15DU	R9-10-1115.C.3	Evac doc maintained q 12 mo										
16DU	R9-10-1116.14.c	<b>Pets:</b> Licensed per local ordinances										
16EA	R9-10-1116.14.d	Dog/Cat vaccines: rabies										
16DI	R9-10-1116.14.a	Pets are controlled for safety										
16DO	R9-10-1116.14.b	Pets not allowed in treatment, food storage, prep, or dining room										

FOOD SERVICIES			Yes	No	NA	
14AA	R9-10-1114.A.1	Designated food service supervisor				
14AO	R9-10-1114.B.1.a	Menu prepared 1 week in advance				
14BE	R9-10-1114.B.1.a	Menu includes substitutions no later than morning of substitution				
14BI	R9-10-1114.B.1.e	Menu maintained for 60 days				
14BO	R9-10-1114.B.2	Meals/snacks served according to posted menu				
14BU	R9-10-1114.B.3	Meals and snacks planned according to 2010 dietary guidelines				
14CA	R9-10-1114.B.4	Meals meet nutritional needs, as in service plan				
14AE/14AI	R9-10-1114.A.2.i-ii	Therap. Diets prescribed in writing by PCP & RD				
14FI/14FO	R9-10-1114.D.1.a-b	Contract w/food estab - copy of license &: (if app)				
14GA	R9-10-1114.D.3	Store, refrigerate, reheat food meet needs of participants				
14CE	R9-10-1114.B.5	Water avail./accessible at all times				
14CI	R9-10-1114.B.6	Resid provided assistance to eat/adaptive devices				
14CO	R9-10-1114.C.1	Free from spoilage/filth, is safe				
14CU	R9-10-1114.C.2	Free from contamination				
14DA	R9-10-1114.C.2.a	Prepared to conserve nutritional value/flavor/appearance				
14DE	R9-10-1114.C.2.b	Meet needs of resid (cut, chopped, ground, pureed, thickened, etc.)				
14DI	R9-10-1114.C.4.a	Refrigerator =<41 deg. F.				
14EU	R9-10-1114.C.5	Refrig thermometer +/-3 deg. F.				
14FE	R9-10-1114.C.6	Frozen food =<0 deg. F.				
14FA	R9-10-1114.C.7	Utensils/equipment/food-contact surfaces are clean/in good repair				

<b>ENVIRONMENTAL STANDARDS:</b>						
16AA	R9-10-1116.A.1.a	Premises/equip. are: Clean per P&P				
16AE	R9-10-1116.A.1.b	Hazard-free for resid/others				
16AI	R9-10-1116.A.2	<b>Pest control</b> implemented/documented				
16BU/16CA	R9-10-1116.A.7.a-b	<b>Carryover</b> covered/removed containers, etc pick up				
16CE	R9-10-1116.A.8	Facility temp 70 - 84 deg. F.				
16AO	R9-10-1116.A.3	Windows & doors opening to outside are screened if kept open or other				
16CI	R9-10-1116.A.9	Sufficient hot/cold water to meet needs				
16CO	R9-10-1116.A.10	<b>Soiled linen</b> /clothing: closed containers, sep from clean, away from				
16CU	R9-10-1116.A.11	<b>Oxygen</b> upright/secured				
16DA	R9-10-1116.A.12	<b>Poisonous or toxic materials:</b> in labeled cont, locked away from food prep&storage/dining/meds				
16DE	R9-10-1116.A.13	Flammable or hazardous materials: in original labeled container/safety container, locked				
16BA	R9-10-1116.A.5.a	Equipment in working order:				
16BE	R9-10-1116.A.5.b	Tested/calibrated per manuf & P&P				
16BO	R9-10-1116.A.6	Doc of testing calibra, repairs retained for 1 2 mo				
16AU	R9-10-1116.A.4	<b>Biohazard medical</b> waste identified, stored, dispoed according to Article & P&P				

SWIMMING POOL ON PREMESIS			Y	N	N/A	Notes:
17FI	R9-10-1117.F.2.a	Pool: 5 ft. fence, spaces <4 in.				
17FO/17FU/17GA/17GE	R9-10-1117.F.2.b-c	Not chain link				
17EO	R9-10-1117.F.1.a.i	Operational water circulation clarify, disinfect continuously, removable strainer				
17EU	R9-10-1117.F.1.a.ii	Two pool inlets opposite sides				
17FA	R9-10-1117.F.1.a.iii	Pool drain lowest pt can't remove				
17FE	R9-10-1117.F.1.b	Pool vaccum system				
17GI/17GO/17GU	R9-10-1117.F.2.f.i-ii	Self close,self latch gate opens away from pool/latch 54" from ground/locked				
17HA	R9-10-1117.F.3	Life pres/shep crook avail/accessible				
17HE	R9-10-1117.F.4	Safety requirements posted in pool area				
16FA/16FE	R9-10-1116.B.4-5	CPR + 2 personnel per 2> participant				
	R9-10-1116.B.	Spa fenced or covered/locked				
16EE	1116.B.1.A.i-iii	On a day pool using pool test or water quality				
16EI/16EO	R9-10-1116.b & 1116.2	Results in log/retained for 12 mos				

PHYSICAL PLANT STANDARDS			Y	N		Notes:
17AE/17AI	R9-10.1117.B.1-2	Premises/equip sufficient for service provided as per scope of services & participant needs				
17AO	R9101117.C	<b>40 sq ft indoor</b> space per participant, excl bathrooms halls, storage, & kitchen				
17AU	R9-10.1117.D.1	<b>Outside activity space on premises:</b>				
17BA	R9-10.1117.D.2	Hard surface section				
17BE	R9-10.1117.D.3	Available shaded area				
17BI	R9-10.1117.D.4	Means of egress without returning to facility				
17BO	R9-10.1117.E.1	One working toilet that flushes/seat & sink/running water				
17BU	R9-10.1117.E.2.a	<b>Bathroom</b> used by participants provide pvtcy & accessible; a mirror:				
17CA/17CE/17CI/17CO	R9-10.1117.E.2.b-e	Toilet paper/Soap/towel dispenser or dryer & grab bars, other				
17CU	R9-10.1117.E.3	<b>Bathroom</b> has a window that opens or other ventilation				
17DA	R9-10.1117.E.4.a	If bathing is provided; privacy when in use:				
17DE/17DO	R9-10.1117.E.4.b &	Shower enclosure, nonporous surface for tub & shower				
17DI	R9-10.1117.E.4.c	Grab bars				
17DU	R9-10.1117.E.5	<b>Dining room</b> furnished accomod Participants				
17EA	R9-10.1117.E.6	Separation between food prep & D/R				
17EE	R9-10.1117.E.7	Food service designated & not a passage area for participants				
17EI	R9-10.1117.E.8	All floors slip resistant				