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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-03128 (02/2023) | | | | | | **STATE OF WISCONSIN**  Page 1 of 2 | | | | | | | |
| **ADULT DAY CARE CENTER**  **PARTICIPANT RECORD REVIEW** | | | | | | | | | | | | | |
| Name – Participant | | | | | SOD ID Number | | | Start of Care | | Agency License Number | | | |
| Date of Review | | | | Surveyor Number | | | Pay Source | | Open  Closed | | | | |
| Discharge Date | | | | |
| **TAG** | **DHS** | | **REGULATION** | | | | | | | | **YES** | **NO** | **N/A** |
| **PARTICIPANT RECORD – ENROLLMENT INFORMATION** | | | | | | | | | | | | | |
| E 179 | 105.14(5)(b)(2)a. | | Patient’s full name, address, telephone number, date of birth and living arrangement | | | | | | | |  |  |  |
| E 179 | 105.14(5)(b)(2)b. | | Patient’s designated contact/legal representative’s name, address, and telephone number | | | | | | | |  |  |  |
| E 179 | 105.14(5)(b)(2)c. | | Primary physician’s name, address, and telephone number | | | | | | | |  |  |  |
| E 179 | 105.14(5)(b)(2)d. | | Referring or coordinating agency and case manager’s name and address | | | | | | | |  |  |  |
| E 179 | 105.14(5)(b)(2)e. | | Patient’s advance directives (e.g., do-not-resuscitate order) | | | | | | | |  |  |  |
| E 180 | 105.14(5)(b)3. | | Signed agreement services/cost/rights | | | | | | | |  |  |  |
| E 181 | 105.14(5)(b)4. | | Communicable Disease Screening within 90 days before or 7 days after enrollment | | | | | | | |  |  |  |
| E 199 | 105.14(7)(a)2. | | Comprehensive assessment | | | | | | | |  |  |  |
| E 200 | 105.14(7)(b)1. | | Service plan developed within 30 days | | | | | | | |  |  |  |
| E 201 | 105.14(7)(b)2. | | Service plan: review at least every 6 months or when necessary | | | | | | | |  |  |  |
| **PARTICIPANT RIGHTS** | | | | | | | | | | | | | |
| E 185 | 105.14(6)(a) | | Right: Prohibition from any forms of Coercion | | | | | | | |  |  |  |
| E 186 | 105.14(6)(b)1 | | Right: Respect and Dignity | | | | | | | |  |  |  |
| E 187 | 105.14(6)(b)2 | | Right: Free of Abuse, Neglect, Misappropriation | | | | | | | |  |  |  |
| E 188 | 105.14(6)(b)3 | | Right: Participate Service Plan Development | | | | | | | |  |  |  |
| E 189 | 105.14(6)(b)4 | | Right: Refuse to Participate in Activities | | | | | | | |  |  |  |
| E 190 | 105.14(6)(b)5 | | Right: Privacy and Confidentiality | | | | | | | |  |  |  |
| E 191 | 105.14(6)(b)6 | | Right: Fully Informed of Services and Charges | | | | | | | |  |  |  |
| E 192 | 105.14(6)(b)7 | | Right: Fully Informed Reason for Discharge/Appeals | | | | | | | |  |  |  |
| E 193 | 105.14(6)(b)8 | | Right: Initiate Grievance/Informed Procedure | | | | | | | |  |  |  |
| E 194 | 105.14(6)(b)9 | | Right: Physical Restraints | | | | | | | |  |  |  |
| E 195 | 105.14(6)(b)10 | | Right: Free from Seclusion | | | | | | | |  |  |  |
| E 196 | 105.14(6)(b)11 | | Right: Free from Chemical Restraints | | | | | | | |  |  |  |
| E 197 | 105.14(6)(b)12 | | Right: Recorded, Filmed, Photographed | | | | | | | |  |  |  |
| **PARTICIPANT RECORD – MEDICATIONS, SELF ADMINISTRATION** | | | | | | | | | | | | | |
| E 209 | 105.14(7)(d)2. | | Self-administration | | | | | | | |  |  |  |
| **PARTICIPANT RECORD – MEDICATIONS, CAREGIVER ADMINISTRATION** | | | | | | | | | | | | | |
| E 210 | 105.14(7)(d)(3)a. | | Written order from prescribing practitioner | | | | | | | |  |  |  |
| E 210 | 105.14(7)(d)(3)b. | | Listing of current medications with dosage, frequency and route of administration | | | | | | | |  |  |  |
| E 210 | 105.14(7)(d)(3)c. | | Over-the-counter and prescription medications are in original labeled containers and stored in a locked safe place | | | | | | | |  |  |  |
| E 210 | 105.14(7)(d)(3)d. | | Non-licensed caregivers have consulted with prescribing practitioner or pharmacist about administrated medication | | | | | | | |  |  |  |
| E 210 | 105.14(7)(d)(3)e. | | Written side effects and adverse reactions of each medication | | | | | | | |  |  |  |
| **TAG** | **DHS** | | **REGULATION** | | | | | | | | **YES** | **NO** | **N/A** |
| E 210 | 105.14(7)(d)(3)f. | | Administration of medications such as name of medication, dosage, method of administration, date and time administered and name of caregiver who administration medication | | | | | | | |  |  |  |
| E 210 | 105.14(7)(d)(3)a. | | Written order from prescribing practitioner | | | | | | | |  |  |  |
| **PARTICIPANT RECORD – MEDICATION, OTHER ADMINISTRATION RN DELEGATION** | | | | | | | | | | | | | |
| E 211 | 105.14(7)(d)(3)g. | | Medication administration delivered vaginally or rectally administered by a registered nurse or by a licensed practical nurse or delegated to a non-licensed caregiver pursuant to s. [N 6.03(3)](https://docs.legis.wisconsin.gov/code/admin_code/n/6/03/3). | | | | | | | |  |  |  |
| **PARTICIPANT RECORD – PROGRAM SERVICES ADCC shall provide or arrange for services to meet the needs of each participant in all of the areas:** | | | | | | | | | | | | | |
| E 212 | 105.14(7)(e)1. | | Leisure activities-shall provide programming for individual and group activities that encourage creativity, social interaction, and physical exercise. Outings to points of interest and involvement with general community | | | | | | | |  |  |  |
| E 213 | 105.14(7)(e)2. | | Personal care-shall provide assistance to meet a participant's assessed needs for ADL's | | | | | | | |  |  |  |
| E 214 | 105.14(7)(e)3. | | Supervision-shall provide supervision appropriate to the participant's needs | | | | | | | |  |  |  |
| E 215 | 105.14(7)(e)4. | | Communication skills-shall provide services to meet the participant's communication needs | | | | | | | |  |  |  |
| E 216 | 105.14(7)(e)5. | | Health monitoring-At a minimum, a quarterly note shall document how a participant is responding to the service plan | | | | | | | |  |  |  |
| E 217 | 105.14(7)(e)6. | | Behavior management-shall provide services to manage a participant's behaviors that may be harmful to themselves or others | | | | | | | |  |  |  |
| E 218 | 105.14(7)(e)7. | | Transportation-liability insurance and ensure vehicle is safe and well-maintained | | | | | | | |  |  |  |
|  |  | | **DISCHARGE PROCEDURES** | | | | | | | |  |  |  |
| E 183 | 105.14(5)(c)2 a-f | | *Involuntary Discharge Criteria for Cause:* a. nonpayment of charges, b. participant requires care beyond ADCC certification, c. participant requires care inconsistent with ADCC's program description and beyond terms of enrollment, d. participant requires medical care that ADCC cannot provide, e. there is imminent risk of serious harm to the health or safety of the participant, f. as otherwise permitted by law | | | | | | | |  |  |  |
| E 184 | 105.14(5)(c)3 | | *Involuntary Discharge 30 day Notice:* at least 30 days prior ADCC shall provide written notice of involuntary discharge to the participant or legal rep. If the continued presence of participant endangers the health, safety or welfare of the participant or other participant, no 30-day advanced notice required. | | | | | | | |  |  |  |
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| **TAG** | | **COMMENTS** | | | | | | | | | | | |
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