

STANDARDS AND REGULATIONS
FOR
LICENSED ADULT DAY CARE CENTERS

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**STANDARDS AND REGULATIONS
FOR
LICENSED ADULT DAY CARE CENTERS**

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TABLE OF CONTENTS

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
STANDARDS AND REGULATIONS FOR
LICENSED ADULT DAY CARE CENTERS
22 VAC 40-60-10 et seq.

PART I.	1
GENERAL PROVISIONS.	1
22 VAC 40-60-10. Definitions.	1
22 VAC 40-60-20. Legal base.	5
22 VAC 40-60-30. Board authority.	5
22 VAC 40-60-40. Purpose.	5
22 VAC 40-60-50. Applicability.	6
22 VAC 40-60-60. Facilities not covered.	6
PART II.	7
ADMINISTRATION.	7
22 VAC 40-60-70. (Repealed.)	7
22 VAC 40-60-80. Licensee.	7
22 VAC 40-60-90. Requirements for licensee.	8
22 VAC 40-60-100. (Repealed.)	8
22 VAC 40-60-110. Deceptive representation or advertisement.	8
22 VAC 40-60-120. Operational responsibilities.	8
22 VAC 40-60-130. (Repealed.)	9
22 VAC 40-60-140. Liability insurance.	9
22 VAC 40-60-150. Recordkeeping requirement.	10
22 VAC 40-60-160. Confidentiality.	10
22 VAC 40-60-170. Record updating.	10
22 VAC 40-60-180. Consent for disclosure.	10
22 VAC 40-60-190. Record storage.	10
PART III.	10
PERSONNEL.	10
22 VAC 40-60-200. General qualifications.	10
22 VAC 40-60-210. (Repealed.)	11
22 VAC 40-60-220. (Repealed.)	11
22 VAC 40-60-230. (Repealed.)	11
22 VAC 40-60-235. Employee records and health requirements.	11
22 VAC 40-60-240. (Repealed.)	13
22 VAC 40-60-250. (Repealed.)	13
22 VAC 40-60-260. Report affecting performance of duties.	14
22 VAC 40-60-270. Removal of staff.	14
22 VAC 40-60-280. Orientation and staff training.	14
22 VAC 40-60-300. Staff development.	16
22 VAC 40-60-310. (Repealed.)	16
22 VAC 40-60-320. Director.	16
22 VAC 40-60-330. Assistant director.	18
22 VAC 40-60-340. Volunteers.	18

TABLE OF CONTENTS

22 VAC 40-60-350. (Repealed.).....	19
22 VAC 40-60-360. (Repealed.).....	19
PART IV.	19
SUPERVISION.	19
22 VAC 40-60-370. General supervision.....	19
22 VAC 40-60-380. Staff-to-participant ratio.	20
22 VAC 40-60-390. Additional staffing.....	20
PART V.	20
BUILDINGS AND GROUNDS.	20
22 VAC 40-60-400. Physical environment.	20
22 VAC 40-60-410. Location of facility.....	20
22 VAC 40-60-420. Approval from other agencies; requirements prior to initial licensure.	20
22 VAC 40-60-425. Approval from other agencies; requirements subsequent to initial licensure.	21
22 VAC 40-60-430. Special requirements for nonambulatory or physically impaired individuals.	21
22 VAC 40-60-440. Maintenance of buildings and grounds.	21
22 VAC 40-60-450. Sanitation.	22
22 VAC 40-60-460. Lighting.	23
22 VAC 40-60-470. Heating, ventilation, and cooling.....	24
22 VAC 40-60-480. (Repealed.).....	24
22 VAC 40-60-490. General areas.	24
22 VAC 40-60-500. Privacy space.....	25
22 VAC 40-60-510. Restroom facilities.	25
22 VAC 40-60-520. Dining area.....	26
22 VAC 40-60-530. (Repealed.).....	26
22 VAC 40-60-540. (Repealed.).....	26
22 VAC 40-60-550. Rest area.....	27
22 VAC 40-60-554. Storage.....	27
22 VAC 40-60-556. Telephones.....	27
PART VI.	27
ADMISSION, RETENTION AND DISCHARGE.	27
22 VAC 40-60-560. Admission policies.	27
22 VAC 40-60-564. Assessment procedures.	28
22 VAC 40-60-570. Plan of care for each participant.....	29
22 VAC 40-60-580. Agreement.	30
22 VAC 40-60-590. Participant record.	30
22 VAC 40-60-600. Physical examinations/medical information at admission.	31
22 VAC 40-60-610. Medical reports after admission.....	32
22 VAC 40-60-620 (Repealed.).....	33
22 VAC 40-60-630. (Repealed.).....	33
22 VAC 40-60-640 (Repealed.).....	33
22 VAC 40-60-650. (Repealed.).....	33
22 VAC 40-60-660. Discharge when needs not met.	33
22 VAC 40-60-670. (Repealed.).....	33
22 VAC 40-60-680. Center initiated discharge.....	33

TABLE OF CONTENTS

22 VAC 40-60-690. Non-center initiated discharge.	34
PART VII.	34
PROGRAMS AND SERVICES.	34
22 VAC 40-60-691. Goals of programs and services.....	34
22 VAC 40-60-692. Rights of participants.	35
22 VAC 40-60-694. Health care supervision.....	35
22 VAC 40-60-695. Health care services.	36
22 VAC 40-60-697. Preventing the spread of disease.	37
22 VAC 40-60-698. Medication management.....	38
22 VAC 40-60-699. Assistance with activities of daily living.	41
22 VAC 40-60-700. Planning the activities.	45
22 VAC 40-6-705. Implementing the activities.....	46
22 VAC 40-60-710. (Repealed.).....	47
22 VAC 40-60-720. (Repealed.).....	47
22 VAC 40-60-730. (Repealed.).....	47
22 VAC 40-60-740. (Repealed.).....	47
22 VAC 40-60-750. (Repealed.).....	47
22 VAC 40-60-760. (Repealed.).....	47
22 VAC 40-60-770. General nutrition and food service.	47
22 VAC 40-60-780. Serving of meals and snacks.	47
22 VAC 40-60-790. (Repealed.).....	47
22 VAC 40-60-800. Nutritional requirements.	48
22 VAC 40-60-810. (Repealed.).....	48
22 VAC 40-60-820. (Repealed.).....	48
22 VAC 40-60-830. (Repealed.).....	48
22 VAC 40-60-840. (Repealed.).....	48
22 VAC 40-60-850. Food service.....	48
22 VAC 40-60-860. Menus.	48
22 VAC 40-60-870. (Repealed.).....	49
22 VAC 40-60-880. Transportation services.....	49
22 VAC 40-60-885. Field trips.	50
22 VAC 40-60-890. (Repealed.).....	51
22 VAC 40-60-900. (Repealed.).....	51
22 VAC 40-60-910. (Repealed.).....	51
22 VAC 40-60-920 (Repealed.).....	51
22 VAC 40-60-930. (Repealed.).....	51
22 VAC 40-60-940. (Repealed.).....	51
22 VAC 40-60-950. (Repealed.).....	51
PART VIII.	52
EMERGENCY PREPAREDNESS.	52
22 VAC 40-60-960. First aid certification and cardiopulmonary resuscitation (CPR).	52
22 VAC 40-60-970. (Repealed.).....	52
22 VAC 40-60-980. First aid and emergency supplies.	52
22 VAC 40-60-990. (Repealed.).....	53
22 VAC 40-60-1000. (Repealed.).....	53
22 VAC 40-60-1010. Emergency heating units.....	53

TABLE OF CONTENTS

22 VAC 40-60-1020. Plan for emergencies. 54
22 VAC 40-60-1030. (Repealed.)..... 57
22 VAC 40-60-1040. (Repealed.)..... 57
22 VAC 40-60-1050. (Repealed.)..... 57
22 VAC 40-60-1060. (Repealed.)..... 57

**PART I.
GENERAL PROVISIONS.**

22 VAC 40-60-10. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Administer medication” means to open a container of medicine or to remove the prescribed dosage and to give it to the participant for whom it is prescribed.

Section 54.1-3408 of the Code of Virginia states that only persons authorized by state law may administer drugs. People authorized to administer medication include licensed physicians, registered nurses, licensed practical nurses, physician assistants, and other individuals who meet the requirements of the law. In addition to these persons designated by law, a person may administer medications who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to security and recordkeeping, when the drugs administered would be normally self-administered by a program participant in an adult day care center licensed by the Department of Social Services.

“Adult” means any person 18 years of age or older.

“Adult day care center” means "any facility, that is either operated for profit or that desires licensure and that provides supplementary care and protection during only a part of the day to four or more aged, infirm or disabled adults who reside elsewhere except (i) a facility or portion of a facility licensed by the State Board of Health or the Department of Behavioral Health and Developmental Services, and (ii) the home or residence of an individual who cares for only persons related to him by blood or marriage." (§ 63.2-100 of the Code of Virginia)

Advance directive" means (i) a witnessed written document, voluntarily executed by the declarant in accordance with the requirements of § 54.1-2983 of the Code of Virginia, or (ii) a witnessed oral statement, made by the declarant subsequent to the time he is diagnosed as suffering from a terminal condition and in accordance with the provisions of § 54.1-2983 of the Code of Virginia.

22 VAC 40-60-10.

“Ambulatory” means the condition of a participant who is physically and mentally capable of self-preservation by evacuating in response to an emergency to a refuge area as defined by the Uniform Statewide Building Code without the assistance of another person, or from the structure itself without the assistance of another person if there is no such refuge area within the structure, even if such participant may require the assistance of a wheelchair, walker, cane, prosthetic device, or a single verbal command to evacuate.

“Care” means assistance with the activities and tasks of daily living provided to participants.

“Character and reputation” means findings have established that knowledgeable and objective people agree that the subject maintains business and professional, family, and community relationships which are characterized by honesty, fairness, truthfulness, and a concern for the well-being of others to the extent that the subject is considered suitable to be entrusted with the health, safety, and welfare of aged, infirm, or disabled adults.

“Commissioner” means the Commissioner of Social Services, also known as the Director of the Virginia Department of Social Services.

"Communicable disease" means a disease that may be transmitted directly or indirectly from one individual to another.

“Contrast” means a significant difference in diversity of adjacent parts by color, tone, or light.

“Department” means the Virginia Department of Social Services.

“Department's representative” means an employee or designee of the Virginia Department of Social Services who is acting as the authorized agent of the Commissioner of Social Services.

“Direct care staff” means the staff in an adult day care center who are actively providing care, guidance, and interaction with participants.

“Director” means the person who has been delegated responsibility for the programmatic and administrative functions of the adult day care program.

22 VAC 40-60-10.

“Disabled” means the inability to perform some or all of the activities and tasks of daily living due to physical or mental impairments or injuries.

“Infirm” means the inability to perform some or all of the activities and tasks of daily living because of weakness or illness.

“Legal guardian” means an individual who has legal control and management of the person, or the property, or of both the person and the property of the participant. A legal guardian is appointed by a court. A legal guardian of the person is appointed to see that the participant has proper care and supervision in keeping with his needs. A legal guardian of the property is appointed to manage the financial affairs in the best interest of the participant.

“Licensee” means any person, association, partnership, corporation or governmental unit to whom the license is issued.

"Licensed health care professional" means any health care professional currently licensed by the Commonwealth of Virginia to practice within the scope of his profession, such as a clinical social worker, dentist, licensed practical nurse, nurse practitioner, pharmacist, physical therapist, physician, physician assistant, psychologist, registered nurse, and speech-language pathologist.

“Licensed practical nurse” means any individual who holds a current, valid, license from the Commonwealth of Virginia as an L.P.N.

“Nonambulatory” means the condition of a participant of an adult day care center who by reason of physical or mental impairment is not capable of self-preservation by evacuating in response to an emergency to a refuge area as defined by the Uniform Statewide Building Code without the assistance of another person, or from the structure itself without the assistance of another person if there is no such safe refuge area within the structure.

“Nurse” means any individual who holds a current, valid license from the Commonwealth of Virginia as a licensed practical nurse or as a registered nurse.

“Participant” means an aged, infirm or disabled adult who takes part in the program of care and receives services from the center.

"Personal representative" means the person representing or standing in the place of the resident for the conduct of his affairs. This may include a guardian, committee, attorney-in-fact under the

22 VAC 40-60-10.

durable power of attorney, next of kin, decedent, trustee, or other person expressly named by the participant as his agent.

“Physician” means any individual licensed to practice medicine in any of the 50 states or the District of Columbia.

“Program director” means the person responsible for programmatic functions and supervision of all staff who work directly with participants.

“Protection” means the intent to prevent harm and to provide oversight of the participant.

“Registered nurse” means any individual who holds a current, valid license from the Commonwealth of Virginia as an R.N.

“Respite care” means temporary care given to a person to relieve family members or other caregivers. These standards apply only if respite care is provided during part of the day. If 24-hour respite care is planned or provided for four or more people, the Standards for Licensed Assisted Living Facilities (22VAC40-72) shall apply.

“Snack” means a light meal or nutritious meal supplement.

“Sponsor” means an individual, partnership, association, or corporation responsible for the operation of an adult day care center subject to licensure.

“Staff or staff person” means compensated administrative, program, and service personnel including the licensee when the licensee is an individual.

"Standard precautions" means an approach to infection control. According to the concept of standard precautions, all human blood and certain human body fluids are treated as if known to be infectious for human immunodeficiency virus (HIV), hepatitis B virus, and other blood borne pathogens.

“Supplementary care” means a part of the total care that is required by participants. Supplementary care augments the care that the family or other persons provide. Care provided by an adult day care center is supplementary care.

22 VAC 40-60-10.

“Supervision” means the general oversight of the physical and mental well-being of participants.

"These standards" means the requirements in this chapter, 22VAC40-60, Standards and Regulations for Licensed Adult Day Care Centers.

"Volunteer” means a person who works at the center and:

1. Is not compensated; and
2. Is supervised by a staff member when working with participants.

22 VAC 40-60-20. Legal base.

Chapter 17 of Title 63.2 of the Code of Virginia describes the responsibility of the Department of Social Services for the regulation of adult day care centers.

22 VAC 40-60-30. Board authority.

Section 63.2-1733 of the Code of Virginia requires the State Board of Social Services to prescribe standards for certain activities, services and facilities for adult day care centers.

22 VAC 40-60-40. Purpose.

The purpose of this chapter is to protect aged, infirm, or disabled adults who are away from their homes during a part of the day by:

1. Ensuring that the activities, services, and facilities of adult day care centers are conducive to the well-being of the participants; and
2. Reducing risks in the caregiving environment.

22 VAC 40-60-50. Applicability.

This chapter applies to any facility:

1. That is operated for profit or desires to be licensed; and
2. That provides supplementary care and protection for four or more adults:
 - a. Who are aged, infirm or disabled;
 - b. Who are in care for less than 24 hours per day; and
 - c. Who reside elsewhere.

22 VAC 40-60-60. Facilities not covered.

The following types of facilities are not subject to licensure as an adult day care center:

1. A facility or portion of a facility licensed by the State Board of Health;
2. A facility or portion of a facility licensed by the State Board of Behavioral Health and Developmental Services;
3. A home or residence of an individual who provides care only for persons related to him by blood or marriage;
4. A facility or a portion of a facility that is licensed by the Department of Behavioral Health and Developmental Services, and that conducts a mental health program where treatment is provided for adults who are experiencing varying degrees of mental health related problems;
5. A facility or a portion of a facility licensed by the Department of Behavioral Health and Developmental Services that conducts a mental retardation program where treatment is provided for mentally retarded or developmentally disabled adults;

22 VAC 40-60-60.

6. A facility or a portion of a facility that conducts programs whose primary purpose is training or employment for physically or mentally impaired adults (e.g., sheltered workshops, etc.); and

7. A facility or a portion of a facility that conducts a socialization or recreation activity program for adults who do not receive assistance with the activities or tasks of daily living or protective oversight and supervision (e.g., senior centers, etc.).

**PART II.
ADMINISTRATION.**

22 VAC 40-60-70. (Repealed.)

22 VAC 40-60-80. Licensee.

- A. When the center is sponsored by an individual proprietorship, the individual is the licensee.
- B. When the center is sponsored by a partnership, the partnership shall serve as the licensee and have a written agreement (articles of partnership) that allows operation and maintenance of an adult day care center.
- C. When the center is sponsored by an unincorporated association, the association shall have a governing board that serves as the licensee and have a written constitution or written by-laws that allows the operation and maintenance of an adult day care center.
- D. When the center is sponsored by a corporation, the corporation shall have a governing board that serves as the licensee and have a charter, articles of incorporation or certificate of authority to transact business in the Commonwealth of Virginia that specifies that the purpose of the corporation allows operation and maintenance of an adult day care center.
- E. When the center is sponsored by a public agency, the governmental unit sponsoring the center shall be the licensee.

22 VAC 40-60-90. Requirements for licensee.

A. The licensee shall ensure compliance with all regulations for licensed adult day care centers and terms of the license issued by the department; with other relevant federal, state or local laws and regulations; and with the center's own policies.

B. The licensee shall meet the following requirements:

1. The licensee shall be of good character and reputation.
2. The licensee shall protect the physical and mental well-being of the participants.
3. The licensee shall keep such records and make such reports as required by this chapter for licensed adult day care centers. Such records and reports may be inspected at any reasonable time in order to determine compliance with this chapter.
4. The licensee shall meet the qualifications of the administrator if he assumes those duties.

22 VAC 40-60-100. (Repealed.)**22 VAC 40-60-110. Deceptive representation or advertisement.**

An adult day care center shall not make, publish, disseminate, circulate, or place before the public, or cause, directly or indirectly, to be made an advertisement of any sort regarding services or anything so offered to the public, that contains any promise, assertion, representation, or statement of fact which is untrue, deceptive, or misleading.

22 VAC 40-60-120. Operational responsibilities.

The licensee shall be responsible for the overall planning of the program and services to be provided by the center. The operational responsibilities of the licensee shall include, but not be limited to, the following:

22 VAC 40-60-120.

1. To develop a written statement of the purpose and scope of the services to be provided by the center, a description of adults who may be accepted into the program as well as those whom the program cannot serve, and written policies under which the center will operate;

NOTE: This requirement applies only to initial application for licensure unless there is a significant change.

2. To ensure that the center's activities, services, and facilities are maintained in compliance with this chapter, with the terms of the current license issued by the department and with other relevant federal, state, or local laws and regulations;

3. To appoint and identify in writing a director to be responsible for the day-to-day operation and management of the center, except when the sponsor is an individual who serves as the director or a partnership in which a partner serves as the director;

4. To provide for an adequate number of qualified staff capable of carrying out the operation of the program;

5. To develop a written organizational chart indicating lines of authority and a staffing plan which includes a staffing schedule; and

6. To establish sound policies under which the center shall operate.

22 VAC 40-60-130. (Repealed)**22 VAC 40-60-140. Liability insurance.**

The center shall maintain public liability insurance for bodily injury with a minimum limit of at least \$1,000,000 for each occurrence or \$1,000,000 aggregate. Evidence of insurance coverage shall be made available to the department's representative upon request.

NOTE: Language of specific policies may vary provided that the minimum amount of coverage is met.

22 VAC 40-60-150. Recordkeeping requirement.

The licensee shall ensure that the center maintains a system of recordkeeping that complies with these standards.

22 VAC 40-60-160. Confidentiality.

All participants' records shall be treated confidentially.

22 VAC 40-60-170. Record updating.

Records shall be updated and kept current as changes occur.

22 VAC 40-60-180. Consent for disclosure.

If the participant or personal representative consents in writing, records shall be shared with other facilities or agencies to coordinate care or upon referral or discharge.

22 VAC 40-60-190. Record storage.

All records required by these standards for both participants and personnel shall be kept in a locked cabinet or area and retained at the center for five years after termination of enrollment or termination of employment, unless specified otherwise in this chapter.

**PART III.
PERSONNEL.**

22 VAC 40-60-200. General qualifications.

- A. All staff members, including the administrator, shall
1. Be of good character and reputation;
 2. Be competent, qualified and capable of carrying out assigned responsibilities;
 3. Be willing and able to accept training and supervision;

22 VAC 40-60-200.

4. Be considerate, understanding and respectful of aged and disabled persons;

5. Be clean and well groomed; and

6. Meet the requirements specified in the Regulation for Background Checks for Assisted Living Facilities and Adult Day Care Centers (22VAC40-90).

B. All staff members shall be able to communicate in English effectively both orally and in writing as applicable to their job responsibilities.

C. All staff members shall be able to understand and apply these standards as they relate to their respective responsibilities.

D. All staff persons who work directly with participants and who are counted in the staff-to-participant ratio shall be at least 18 years of age.

22 VAC 40-60-210. (Repealed.)

22 VAC 40-60-220. (Repealed.)

22 VAC 40-60-230. (Repealed.)

22 VAC 40-60-235. Employee records and health requirements.

A. A record shall be established for each staff member. It shall not be destroyed until five years after employment is terminated.

B. Personal and social data to be maintained on employees are as follows:

1. Name;

2. Birth date;

2. Current address and telephone number;

4. Position and date employed;

22 VAC 40-60-235.

5. Last previous employment;
6. Copies of at least two references or notations of verbal references, obtained prior to employment, reflecting the date of the reference, the source and the content;
7. An original criminal record report and a sworn disclosure statement;
8. Previous experience or training or both;
9. Social Security number;
10. Name and telephone number of person to contact in an emergency;
11. Documentation of attendance of formal training received after employment, including title of course, location, date and number of contact hours; and
12. Date and reason for termination of employment.

C. The following required health information shall be maintained at the facility for the licensee or administrator or both, each staff member, and each volunteer who comes in contact with participants.

1. Initial tuberculosis examination and report.
 - a. Each individual shall obtain an evaluation documenting the absence of tuberculosis in a communicable form no earlier than 30 days before or no later than seven days after employment or contact with residents.
 - b. Each individual shall submit the results of a Mantoux tuberculin skin test, chest x-ray or bacteriological examination, as deemed appropriate by the examining physician, documenting that the individual is free of tuberculosis in a communicable form.
 - c. The documentation shall include all information contained on the "Report of Tuberculosis Screening" form recommended by the Virginia Department of Health. This documentation shall be maintained at the facility.

22 VAC 40-60-235.

d. An evaluation shall not be required for an individual who (i) has separated from employment with a facility licensed/certified by the Commonwealth of Virginia, (ii) has had a break in service of six months or less, and (iii) submits the original statement of tuberculosis screening to the new employer.

2. Subsequent evaluations for tuberculosis.

a. Any individual who comes in contact with a known case of infectious tuberculosis shall be screened as determined appropriate based on consultation with the local health department.

b. Any individual who develops chronic respiratory symptoms of three weeks duration shall be evaluated immediately for the presence of infectious tuberculosis.

c. Any individual not previously reacting significantly to a Mantoux tuberculin skin test shall be retested annually. Annual chest x-rays are not required in the absence of symptoms.

d. Any individual with documented evidence of previously reacting significantly to a Mantoux tuberculin skin test shall be reevaluated annually by a physician or an official of the local health department. Annual chest x-rays are not required nor indicated except as in subdivisions 1 and 2 of this subsection.

3. Any individual suspected of having infectious tuberculosis shall not be allowed to return to work or have any contact with the participants and staff of the center until a physician has determined that the individual is free of infectious tuberculosis.

4. The facility shall report any active case of tuberculosis developed by a staff member to the local health department.

D. At the request of the administrator of the center or the department, a report of examination by a licensed physician shall be obtained when there are indications that the safety of participants in care may be jeopardized by the physical or mental health of a staff member.

22 VAC 40-60-240. (Repealed.)**22 VAC 40-60-250. (Repealed.)**

22 VAC 40-60-260. Report affecting performance of duties.

Any individual who upon examination or as a result of tests shows indication of a physical or mental condition that may jeopardize the safety of participants in care or that would prevent performance of duties:

1. Shall be removed immediately from contact with participants and food served to participants; and
2. Shall not be allowed contact with participants or food served to participants until the condition is cleared to the satisfaction of the examining physician as evidenced by a signed, dated statement from the physician.

22 VAC 40-60-270. Removal of staff.

Any individual who cannot adequately perform his duties or who may jeopardize the health or safety of the participants shall be relieved of his duties and removed from the center.

22 VAC 40-60-280. Orientation and staff training.

A. Prior to working directly with participants, all staff shall receive training in:

1. Their individual responsibilities in the event of fire, including the location and operation of any fire extinguishers and fire alarm boxes and approved exits;
2. Their individual responsibilities in the event of illness or injuries, including the location and use of the first aid and emergency supplies;
3. Their individual responsibilities in the event of emergencies, such as a lost or missing participant, severe weather, and loss of utilities;
4. Standard precautions; and
5. Participant rights.

B. Staff who work with participants shall receive at least 24 hours of training no later than three weeks after starting employment; part-time staff shall receive the training no later than six weeks after employment.

22 VAC 40-60-280.

C. A supervisor or designated trained staff shall closely oversee the individual's work with participants until training is complete.

D. The following areas or topics shall be covered in the staff training:

1. The purpose and goals of the adult day care center;
2. The policies of the center as they relate to the staff member's responsibilities and to the responsibilities of other staff members;
3. Procedures for detecting and reporting suspected abuse, neglect, or exploitation of participants to the appropriate local department of social services (§ 63.2-1606 of the Code of Virginia);
4. Confidential treatment of personal information about participants and their families;
5. This chapter as it relates to the employee's responsibilities;
6. Needs of the center's target population (for example, those with dementia, developmental disability, depression);
7. Individual capabilities and special needs of the elderly, the cognitively impaired adult, or the handicapped;
8. The specific needs of participants in care, including diagnoses, plans of care, and adjustment issues;
9. The schedule of activities;
10. Behavioral interventions, behavior acceptance and accommodation, and behavior management techniques;
11. Interdisciplinary team approach;
12. Communication skills;

22 VAC 40-60-280.

13. Review of basic terminology;
14. Advance directive policies;
15. How to safely and appropriately help participants perform activities of daily living (ADLs), including good body mechanics;
16. Risk management; and
17. The needs of participants' family members or care givers.

E. The required 24 hours of training can be accomplished through a variety of methods including, but not limited to, formal lecture, observation, self-study of material provided by the center, supervised practice, and audio-visual training.

22 VAC 40-60-300. Staff development.

On an annual basis, employed staff who are primarily responsible for the direct care of the participants shall attend at least eight contact hours of staff development activities which shall consist of in-service training programs, workshops, or conferences relevant to the needs of the population in care. These staff development activities shall be in addition to first aid, CPR, or orientation training.

22 VAC 40-60-310. (Repealed.)**22 VAC 40-60-320. Director.**

A. There shall be one person responsible for the center's program who is present at least 51% of the center's weekly hours of operation and whose responsibilities shall include, but not be limited to, the following areas:

1. The content of the program offered to the participants in care;
2. Programmatic functions, including orientation, training, and scheduling of all staff who directly supervise participants, whether or not the director personally performs these functions;

22 VAC 40-60-320.

3. Management of the supervision provided to all staff who directly supervise participants, whether or not the director individually supervises such staff;
 4. Assignment of a sufficient number of qualified staff to meet the participants' needs for:
 - a. Adequate nutrition;
 - b. Health supervision and maintenance;
 - c. Personal care;
 - d. Socialization, recreation, activities and stimulation;
 - e. Supervision and protection;
 - f. Safety; and
 5. The duties and responsibilities required by this chapter.
- B. The director shall meet the following qualifications.
1. The director shall be at least 21 years of age.
 2. The director shall have completed at least a bachelor's degree from an accredited college or university and two years of experience working with older adults or persons with disabilities. This may be paid full-time employment, or its equivalent in part-time employment, volunteer work, or internship. The following qualifications may be substituted for a bachelor's degree:
 - a. Current licensure as a nursing home administrator from the Board of Long-Term Care Administrators; or
 - b. Current licensure in Virginia as a registered nurse who meets the experience requirements in subdivision 2 of this subsection.

22 VAC 40-60-320.

EXCEPTION: Any person employed in an adult day care center licensed prior to July 1, 2000 as either a director or assistant director shall have completed at least 48 semester hours or 72 quarter hours of post-secondary education from an accredited college or institution, and shall have completed at least two years experience working with older adults or persons with disabilities. This may be paid full-time employment or its equivalent in part-time employment or in volunteer work.

3. The director shall demonstrate knowledge, skills and abilities in the administration and management of the adult day care program including: (i) knowledge and understanding of impaired elderly or disabled individuals, (ii) supervisory and interpersonal skills, (iii) ability to plan and implement the program, and (iv) knowledge of financial management sufficient to ensure program development and continuity.

4. The director shall demonstrate knowledge of supervisory and motivational techniques sufficient to: (i) accomplish day-to-day work; (ii) train, support and develop staff; (iii) plan responsibilities for auxiliary staff to ensure that services are provided to participants.

5. The director shall complete 24 hours of continuing education annually to maintain and develop skills. This training shall be in addition to first aid, CPR, or orientation training.

22 VAC 40-60-330. Assistant director.

If the director is not routinely present in the center at least 51% of the weekly hours of operation, there shall be an officially designated assistant director who shall meet the qualifications of the director and who shall assume responsibility in the absence of the director.

22 VAC 40-60-340. Volunteers.

A. All volunteers used shall:

1. Have qualifications appropriate to the services they render;
2. Be subject to laws and regulations governing confidential treatment of personal information; and
3. Be at least 13 years of age.

22 VAC 40-60-340.

- B. Duties and responsibilities of all volunteers shall be clearly defined.

- C. At least one staff member shall be assigned responsibility for overall selection, supervision and orientation of volunteers.

- D. All volunteers used shall be under the direct supervision of a designated staff person when participants are present.

- E. Volunteers may be counted in the staff-to-participant ratio if both of the following criteria are met:
 - 1. These volunteers meet the qualifications and training requirements for compensated employees; and

 - 2. For each volunteer, there shall be at least one compensated employee also counted in the staff-to-participant ratio.

- F. Criminal history record checks are not required for volunteers.

22 VAC 40-60-350. (Repealed.)

22 VAC 40-60-360. (Repealed.)

PART IV.
SUPERVISION.

22 VAC 40-60-370. General supervision.

- A. During the center's hours of operation, one adult on the premises shall be in charge of the administration of the center. This person shall be either the director or an adult staff member appointed by the licensee or designated by the director.

- B. At least two staff persons shall be on duty at the center and on field trips at all times when one or more participants are present. Both of these staff persons must be at least 18 years of age and one of them must be at least 21 years of age. See 22 VAC 40-60-340 E for use of volunteers as staff.

22 VAC 40-60-380. Staff-to-participant ratio.

There shall be a minimum of one staff person on duty providing direct care and supervision for every six participants in care, whether at the center or on field trips.

NOTE: The staff-to-participant ratio is to be calculated for the center rather than for a room or activity.

22 VAC 40-60-390. Additional staffing.

The number of any additional staff persons required shall depend upon:

1. The program and services the center provides;
2. The functional levels of the participants; and
3. The size and physical layout of the building.

**PART V.
BUILDINGS AND GROUNDS.**

22 VAC 40-60-400. Physical environment.

A center must provide an environment that protects the participants from physical harm but is not so restrictive as to inhibit physical, intellectual, emotional, or social stimulation.

22 VAC 40-60-410. Location of facility.

An adult day care center shall not be located where conditions exist that would be hazardous to the physical health and safety of participants.

22 VAC 40-60-420. Approval from other agencies; requirements prior to initial licensure.

Before issuance of the first license and before use of newly constructed, renovated, remodeled, or altered buildings or sections of buildings, written documentation of the following shall be provided by the applicant or licensee to the licensing representative:

1. Approval from the appropriate authority that each building is in compliance with building and fire codes, or that a plan of correction has been approved; and

22 VAC 40-60-420.

2. Approval from the local health department, or approval of a plan of correction, for meeting the requirements for:

- a. Water supply;
- b. Sewage disposal system; and
- c. Food service, if applicable.

22 VAC 40-60-425. Approval from other agencies; requirements subsequent to initial licensure.

A. An annual fire inspection report shall be provided, or approval of a plan of correction, to the licensing representative from the appropriate fire official.

B. Annual approval from the local health department shall be provided, or approval of a plan of correction, for meeting requirements for:

1. Water supply;
2. Sewage disposal system; and
3. Food service, if applicable.

22 VAC 40-60-430. Special requirements for nonambulatory or physically impaired individuals.

A. If the center is licensed for nonambulatory participants, at least one separate entrance shall be ramped, wheelchair-accessible, or at ground level, with no steps, so that participants can evacuate safely in the event of fire or emergency.

B. Doorways and passageways shall be wide enough to accommodate wheelchairs and walkers, before any participant who uses a wheelchair or a walker is accepted for care.

22 VAC 40-60-440. Maintenance of buildings and grounds.

A. The buildings and grounds shall be well maintained and free from safety hazards.

B. An area shall be available and accessible so that participants shall have opportunities for supervised outdoor activities. The area shall be equipped with appropriate seasonal outdoor furniture.

C. A safe area for discharge and pick-up shall be available to accommodate daily arrival and departure of participants.

22 VAC 40-60-440.

- D. Adequate outdoor lighting shall be provided to ensure safe ambulation and loading and unloading of participants upon arrival and departure if the center operates during hours of dim light or darkness.
- E. Grounds shall be properly maintained to include mowing of grass and removal of snow and ice.
- F. All interior and exterior stairways and ramps shall have a nonslip surface or carpet. If carpet or other covering is used, it shall be secured to the stairways or ramps.
- G. Sturdy handrails shall be provided on all stairways, ramps, elevators, and at all changes in floor level.
- H. All interior and exterior stairways, changes in floor level, and ramps shall be indicated by a warning strip or contrast in color to aid participants who have impaired vision.

22 VAC 40-60-450. Sanitation.

- A. The facility and all furnishings and equipment, inside and out, shall be clean and maintained in good repair and in safe condition.
- B. Adequate provisions for the collection and legal disposal of garbage, ashes and waste material shall be made.
 - 1. Covered, vermin-proof, watertight containers shall be used outdoors.
 - 2. Outdoor containers shall be emptied once a week and kept clean.
 - 3. Indoor wastebaskets shall be emptied daily.
- C. The facility shall be free from insects, rodents, and other pests. The grounds shall be kept free of their breeding places.
- D. Cleaning products, pesticides, and all poisonous or harmful materials shall be stored separately from food and shall be kept in a locked place when not in use.
- E. Adequate kitchen facilities and equipment shall be provided for preparation and serving of meals and snacks or for the catering of meals.
- F. Sufficient working refrigeration shall be available to store perishable food and medicine.
- G. Drinking water shall be available at all times.

22 VAC 40-60-450.

- H. Drinking fountains, if used, shall be of a type approved by the local health department.
- I. Individual disposable cups shall be provided for drinking water when fountains are not used.
- J. If disposable dishes, cups or utensils, or both, are used, they shall be sturdy enough to prevent them from being a safety hazard. They shall be used once and then discarded.
- K. All sheets and pillow cases and center-owned clothing shall be laundered before being used by another person.
- L. All blankets, spreads, and coverings shall be laundered or dry cleaned, as needed.

22 VAC 40-60-460. Lighting.

- A. All areas of the facility shall be well lighted for the safety and comfort of the participants during all hours of operation according to the nature of activities.

NOTE: Special lighting requirements relating to medications are at 22 VAC 40-60-698 D 3.b.

- B. Artificial lighting shall be by electricity.
- C. Emergency lighting.
 - 1. Flashlights or battery lanterns in working order shall be available at all times.
 - 2. Open flame lighting is prohibited.
- D. Additional lighting, as necessary to provide and ensure presence of contrast, shall be available for immediate use in areas that may present safety hazards, such as but not limited to stairways, doorways, passageways, changes in floor level, kitchens, bathrooms and basements.
- E. Hallways, stairwells, foyers, doorways, and exits used by participants shall be kept well lighted at all times when participants are present in the building or buildings. Whenever natural light is not sufficient, artificial lighting shall be used.
- F. Glare shall be kept at a minimum in rooms used by participants.
 - 1. When necessary to reduce glare, windows shall be equipped with shades, curtains or other coverings.
 - 2. All lights, including fluorescent lights, shall be covered with shades or protective fixtures or specially equipped to reduce glare and ensure protection.

22 VAC 40-60-460.

- G. If used, fluorescent lights shall be replaced if they flicker or make noise.
- H. All sources of light including windows, light fixtures, bulbs, etc., shall be kept clean.

22 VAC 40-60-470. Heating, ventilation, and cooling.

- A. Heat shall be supplied from a central heating plant or by an approved electrical heating system.
- B. Areas used by participants shall be well ventilated to the outside and dry.
- C. The temperature of the rooms used by participants shall be maintained at a level safe and suitable for elderly, disabled, and impaired adults:
 - 1. The minimum inside temperature shall be 70° F. This standard applies unless otherwise mandated by federal or state authorities.
 - 2. Fans or air conditioners, or both, shall be available and used when the inside temperature exceeds 84° F.
 - 3. Fans and air conditioners shall be placed to avoid direct drafts on participants and to prevent safety hazards.
 - 4. When air conditioners are not provided, the facility shall develop and implement a plan to protect participants from heat-related illnesses.
 - 5. At least one movable thermometer shall be available in each building for measuring temperatures in individual rooms that do not have a fixed thermostat that shows the temperature in the room.

22 VAC 40-60-480. (Repealed.)**22 VAC 40-60-490. General areas.**

- A. Any center licensed after July 1, 2000 shall provide at least 50 square feet of indoor floor space for each participant, in addition to hallways, office space, bathrooms, storage space, or other rooms or areas that are not normally used for program activities.
- B. There shall be sufficient and suitable space for planned program activities that may be interchangeable or adaptable for a variety of activities including meals.

22 VAC 40-60-490.

1. There shall be at least one room with sufficient space for the participants to gather together for large group activities.

2. There shall be rooms or areas appropriate for small group activities and individual activities.

C. Furnishings.

1. The furniture shall be sturdy, safe, and appropriate for elderly and impaired adults.

2. All centers shall have:

a. At least one chair for each participant and each staff person, excluding any people who remain in wheelchairs throughout the day;

b. Table space adequate for all participants to take part in activities at the same time; and

c. Recliners, lounge chairs, rockers, or other seating to allow participants to relax and rest.

22 VAC 40-60-500. Privacy space.

Space shall be available to allow privacy for participants during interviews, visits, telephone conversations, counseling, therapy, and other similar activities.

22 VAC 40-60-510. Restroom facilities.

A. In any center licensed after July 1, 2000, there shall be a minimum of one toilet that is suitable to accommodate a participant who needs human assistance or specialized equipment available for every 10 participants in attendance.

B. If more than 10 participants are in attendance:

1. Restrooms equipped with more than one toilet shall have each toilet enclosed.

2. Restrooms that are equipped with only one toilet can be used by either men or women.

3. Restrooms that are equipped with multiple stalls must be designated for men or for women.

22 VAC 40-60-510.

C. In any center licensed after July 1, 2000, each restroom having multiple stalls shall have at least one toilet that is suitable to accommodate a participant who needs human assistance or specialized equipment.

D. Sturdy grab bars or safety frames shall be installed beside all toilets used by participants.

E. There shall be a minimum of one sink for every two toilets and the sinks shall be located close enough to toilets to encourage washing of hands after each toileting procedure.

F. There shall be an ample supply of hot and cold running water from an approved source available to the participants at all times.

G. Hot water at taps available to participants shall be maintained within a range of 105° F to 120° .

H. There shall be an adequate supply of toilet tissue, soap, disposable hand towels and disposable gloves in each restroom at all times.

I. If bathing facilities are provided there shall be:

1. Handrails by bathtubs,
2. Handrails in stall showers, and
3. Stools by stall showers.

22 VAC 40-60-520. Dining area.

A. Dining areas shall have a sufficient number of sturdy tables and chairs to serve all residents, either all at one time or in shifts.

B. If the center is licensed for nonambulatory participants, the dining area shall be large enough to provide sufficient table space and floor space to accommodate participants in wheelchairs.

22 VAC 40-60-530. (Repealed.)**22 VAC 40-60-540. (Repealed.)**

22 VAC 40-60-550. Rest area.

A. A separate room or area shall be available for participants who become ill, need to rest, or need to have privacy. The separate room or area shall be equipped with one bed, comfortable cot or recliner for every 12 participants.

B. Additional beds, comfortable cots or recliners shall be available to accommodate scheduled rest periods. In centers that are open for evening or night care, beds shall be available for participants who need them.

C. A minimum of one pillow covered with a pillow case, two sheets and one blanket, spread or covering per bed or cot shall be provided.

D. Additional covering or blankets and pillows shall be available as necessary for recliners.

22 VAC 40-60-554. Storage.

A. Sufficient space shall be provided to store coats, sweaters, umbrellas, toilet articles, and similar personal possessions of participants and staff.

B. Sufficient space shall be available for equipment, materials, and supplies used in the program.

22 VAC 40-60-556. Telephones.

A. Each building shall have at least one operable, nonpay telephone easily accessible to staff. There shall be additional telephones or extensions as may be needed to summon help in an emergency, including one that will operate during power outages.

B. Participants shall have reasonable access to a nonpay telephone on the premises.

C. Privacy shall be provided for participants to use the telephone.

**PART VI.
ADMISSION, RETENTION AND DISCHARGE.**

22 VAC 40-60-560. Admission policies.

A. The adult day care center shall have written admission policies consistent with the program statement required in 22 VAC 40-60-120.

22 VAC 40-60-560.

B. The admission policies shall include admission criteria that shall be discussed with each person entering the program, his family members, or personal representative, as appropriate. A copy of the admission policies shall be available upon request for each of these people.

C. Only those persons who meet the admission criteria shall be admitted to the center.

D. All participants shall be 18 years of age or older.

22 VAC 40-60-564. Assessment procedures.

A. The center staff shall be responsible for conducting or securing a written assessment of an applicant prior to admission.

B. The assessment shall be based upon the information presented by the applicant, family members, friends, personal representative, the report of the required physical examination and from other care providers.

C. The assessment shall be used to identify the person's abilities and needs to determine if and how the program can serve the participant.

D. The assessment shall include at minimum a description of the participant's:

1. Medical and functional condition, including:

a. Ambulatory ability,

b. Ability to perform activities of daily living, such as eating and toileting,

c. Health status.

2. Mental status, including any intellectual impairment and known psychiatric or emotional problems.

22 VAC 40-60-564.

3. Social situation, including living arrangements and the availability of family, friends, and other people and organizations in the community to provide services to the participant, and

4. Economic conditions.

E. The initial assessment shall be reviewed and updated on a scheduled basis, but at least every six months. This reassessment shall be in writing.

F. A reassessment shall also be made and documented in writing when there are changes to indicate that a participant's needs may no longer be met by the current plan of care.

22 VAC 40-60-570. Plan of care for each participant.

A. Prior to admission, a preliminary multi-disciplinary plan of care, based upon the assessment, shall be developed in writing for each participant. The participant and responsible family members shall have opportunity for input. The plan shall be updated and completed within 30 days of admission.

B. The plan shall be designed to maintain or improve the participant's highest level of functional ability. The plan shall include:

1. A description of the participant's needs;
2. Realistic goals to meet those needs;
3. The activities and services to meet those goals and who will provide them; and
4. If appropriate, the time by which the goals should be achieved.

C. The written plan of care and personal information shall be reviewed and updated as significant changes occur and at least every six months. The revised plan of care shall be in writing.

D. The revised plan shall conform to the requirements of the initial plan as specified in subsection B of this section.

22 VAC 40-60-580. Agreement.

A. There shall be a written agreement between the participant and the center. The agreement shall be signed by the participant or personal representative and the center representative.

B. The agreement shall specify the services to be provided by the center, conditions for dismissal or discharge, and financial arrangements. For some participants, the agreement need not specify financial arrangements provided the financial arrangements are made, signed for, and handled by a personal representative.

C. A copy of the agreement shall be given to the participant or to the personal representative, as appropriate, and a copy shall be kept at the center.

D. The agreement shall be reviewed and updated whenever there is any change in the services or the financial arrangements.

22 VAC 40-60-590. Participant record.

A. An individual record containing all information, reports, and documents required by this chapter, and other information relevant to the plan of care, shall be kept for each participant.

B. The following personal information shall be kept current for each participant:

1. Full name of participant, address, and telephone number;
2. Names, addresses, and telephone numbers of at least two family members, friends, or other designated people to be contacted in the event of illness or an emergency;
3. Names, addresses, and telephone numbers of the participant's local primary care provider, personal physician, any other health or social service provider and the name of the preferred hospital in the event of an emergency;
4. Information regarding advance directives, if applicable; and
5. A current photograph or written description of the participant.

22 VAC 40-60-600. Physical examinations/medical information at admission.

A. Screening for tuberculosis and a physical examination by or under the direction of a licensed physician shall be obtained either within 30 days prior to acceptance for admission or within 30 days prior to admission.

B. The report of the required physical examination shall include:

1. The date of the physical examination.
2. All diagnoses and significant medical problems.
3. Any special requirements and all recommendations for care including:
 - a. A list of all medications including dosages, route, and frequency of administration;
 - b. Any special diet or any food intolerances;
 - c. Any allergies such as, but not limited to, medication allergies, food allergies, animal allergies;
 - d. Any therapy, treatments or procedures the individual is undergoing or should receive, and by whom; and
 - e. Any restrictions or limitations on physical activities or program participation.
4. A statement that the individual is or is not capable of administering his own medications without assistance.
5. A statement that the individual is or is not physically and mentally capable of self-preservation by being able to respond in an emergency, either to an area of safe refuge or from the building, without the assistance of another person, even if he may require the assistance of a wheelchair, walker, cane, prosthetic device, or a single verbal command.

22 VAC 40-60-600.

6. A statement that the individual does not have tuberculosis in a communicable form, including the type of test for tuberculosis and the results. This information shall include the results of a Mantoux tuberculin skin test, chest x-ray, or bacteriological examination as deemed appropriate by a physician to rule out tuberculosis in a communicable form. Documentation is required, which includes the information contained on the form recommended by the Virginia Department of Health.

7. The signature of a licensed physician, the physician's designee, or an official of a local health department.

22 VAC 40-60-610. Medical reports after admission.**A. Subsequent medical evaluations.**

1. Each participant shall annually submit a report of physical examination by a physician including the information required in subdivisions B 1 through 5 and B 7 of 22 VAC 40-60-600 (annual screening for tuberculosis is not required for participants).

2. At the request of the licensee or director of the facility or the Department of Social Services, a report of examination by a physician shall be obtained when there are indications that the day care center can no longer provide appropriate or safe care because of changes in the participant's physical or mental health. The written report of the physical examination shall be:

a. Dated.

b. Signed by a physician, the physician's designee, or an official of a local health department.

c. Used in evaluating the participant's continued suitability for adult day care.

3. All medical reports shall be kept at the center where the participant is served.

22 VAC 40-60-610.

B. Subsequent evaluations for tuberculosis.

1. Any individual who comes in contact with a known case of infectious tuberculosis shall be screened as deemed appropriate in consultation with the local health department.

2. Any individual who develops respiratory symptoms of three or more weeks' duration shall be evaluated immediately for the presence of infectious tuberculosis.

3. If an individual develops an active case of tuberculosis, the center shall report this information to the local health department.

22 VAC 40-60-620 (Repealed.)**22 VAC 40-60-630. (Repealed.)****22 VAC 40-60-640 (Repealed.)****22 VAC 40-60-650. (Repealed.)****22 VAC 40-60-660. Discharge when needs not met.**

When the participant's needs can no longer be met by the program of care, plans shall be made for the participant's discharge.

22 VAC 40-60-670. (Repealed.)**22 VAC 40-60-680. Center initiated discharge.**

A. When the center initiates the discharge, a written discharge notice shall identify the reasons for discharge and outline the services needed by the participant upon discharge. The discharge notice shall be discussed with the participant and family members or personal representative whenever possible. Although primary responsibility for the location and delivery of these services falls upon the participant and family members or personal representative, adult day care staff shall assist, when possible.

22 VAC 40-60-680.

B. The center shall notify the participant and family members or personal representative at least 14 calendar days prior to the actual discharge date.

C. When a participant's condition presents an immediate and serious risk to the health, safety or welfare of the participant or others and immediate discharge is necessary, the 14-day notification of planned discharge does not apply.

D. The center shall have a process by which participants, family members or personal representatives can appeal a center-initiated discharge.

22 VAC 40-60-690. Non-center initiated discharge.

When the participant, a family member or personal representative initiates the discharge, adult day care staff shall offer to assist the participant with the transition from adult day care to other appropriate programs or services, such as counseling or arranging a visit to the other program or preparing a transfer report for the new program.

**PART VII.
PROGRAMS AND SERVICES.**

22 VAC 40-60-691. Goals of programs and services.

Programs and services shall be designed to:

1. Keep participants active, within the limitations permitted by physicians' orders.
2. Encourage participants to maintain maximal independence in the activities of daily living.
3. Assist participants to adjust to their disabilities and to redirect their interests if they are no longer able to maintain involvement in past activities.

22 VAC 40-60-692. Rights of participants.

- A. The participant shall be treated as an adult with consideration, respect and dignity, including privacy in treatment and in care for personal needs.
- B. The participant shall be encouraged and supported to maintain the highest level of personal and functional independence that conditions and circumstances permit.
- C. The participant shall be encouraged to participate in planning for his care, in program planning, and in deciding to participate in a given activity, to the extent possible.
- D. The participant shall be involved in a program of services designed to promote a positive attitude about his usefulness and capabilities, and designed to encourage learning, growth, and awareness of constructive ways to develop talents and interests.
- E. The participant shall be cared for in an atmosphere of sincere interest and concern in which needed support and services are provided.
- F. The privacy and confidentiality of each participant shall be fully respected.
- G. The participant shall not be abused, exploited, punished, coerced or threatened in any way.
- H. The participant shall be protected from solicitation, harassment and unwanted visitors.
- I. Services provided shall meet acceptable standards of care. There shall be a good faith effort to provide care according to the plan of care. Satisfaction with care shall be routinely checked and concerns addressed.
- J. The participant shall have the right to voice grievances about care or treatment without discrimination or reprisal.

22 VAC 40-60-694. Health care supervision.

Each participant's physical and mental health, behavior and attitude shall be continually monitored and significant changes discussed with the staff, the participant, family members, physician or clinic, or personal representative, as appropriate. A written notification in the participant's record shall document the change and the persons to whom it was reported.

22 VAC 40-60-695. Health care services.

A. A program of health care monitoring shall be in place to assess the participant's health status and to maintain functional abilities. Health care monitoring shall be on-going and shall include, but not be limited to:

1. Blood pressure;
2. Weight;
3. Hydration;
4. Circulation;
5. Respiration;
6. Positioning;
7. Skin integrity;
8. Nutritional status;
9. Elimination; and
10. Sensory capabilities.

B. When center staff identify the need for additional health care services or referral to other providers, this need shall be discussed with the participant, family members, or personal representative, as appropriate. The discussion shall be documented in the participant's record and included in the update of the plan of care.

C. In the event the center provides skilled health care services to meet the needs of the participant, the provider of health care shall be licensed, certified or registered as required by law.

D. Facilities shall arrange for specialized rehabilitative services by qualified personnel as needed by the participant. Rehabilitative services include physical therapy, occupational therapy and speech-language pathology services. Rehabilitative services may be indicated when the participant has lost or has shown a change in his ability to respond or to perform a given task and requires professional

22 VAC 40-60-695.

rehabilitative services in an effort to regain lost function. Rehabilitative services may also be indicated to evaluate the appropriateness and individual response to use of assistive technology.

E. All rehabilitative services rendered by a rehabilitative professional shall be performed only upon written medical referral by a physician or other health care professional.

22 VAC 40-60-697. Preventing the spread of disease.

A. If a participant arrives at the center with the signs and symptoms listed in subsection B of this section, the participant shall not be allowed to attend until the symptoms no longer exist.

B. The participant shall be excluded if he has:

1. A temperature over 100° F;
2. Recurrent vomiting or diarrhea;
3. An upper respiratory infection; or
4. Any other communicable disease.

C. If a participant develops signs or symptoms listed in subsection B of this section during the day, the following shall apply:

1. He shall be separated from all other participants in care;
2. The appropriate family member or personal representative shall be notified immediately in order to make arrangements for the participant to leave the center as soon as possible;
3. The ill participant shall be checked every 15 minutes, or more often if circumstances indicate, until he leaves the center; and
4. The details of the illness and action taken shall be documented in the participant's record.

22 VAC 40-60-697.

D. When a participant at the center has been exposed to a communicable disease, the family or personal representative shall be informed unless forbidden by law.

E. If a participant requires emergency care or leaves the center with a communicable disease, a written statement of health status from the participant's health care provider may be required before the participant can return to the center.

F. The center shall have a plan to implement the procedures of standard precautions.

G. Staff and participants shall wash their hands before eating, after toileting or assisting with toileting, and after contact with any body fluids.

22 VAC 40-60-698. Medication management.

A. The center shall have a written policy for medication management. The center's medication policies shall address methods of administering medication and shall include:

1. Any general restrictions of the center;
2. Duration of the authorization for the medication;
3. Methods to prevent the use of outdated medication;
4. Methods to maintain an adequate supply of medication; and
5. A plan for proper disposal of medication.

B. Prescription and nonprescription medications, including physician's samples, shall be given to a participant according to the center's written medication policies and only with written or verbal authorization from the physician or prescriber, or the physician's authorized agent. For the purposes of this section, an "authorized agent" means an employee of the physician who is under his immediate and personal supervision. Verbal orders shall be reviewed and signed by the physician or prescriber within 10 working days.

22 VAC 40-60-698.

C. The center shall maintain a list of all medications, including those taken at home and at the center, for each participant. The center shall attempt to verify and update the list of center-administered medications with the prescribing health care professional at least twice a year. Unsuccessful attempts to verify shall be documented.

D. The following standards shall apply when medications are administered to participants at the adult day care center:

1. All medication shall be in the original container with the prescription label or direction label attached and legible. Sample medications shall be in the original packaging and labeled with the name and strength of the medication.
2. All medication shall be labeled with the participant's name, the name of the medication, the strength and dosage amount, the route of administration, and the frequency of administration.
3. The medication shall be kept in a locked compartment or area, not accessible to participants. The locked compartment or area shall be free from direct sunlight and high temperatures, free from dampness, and shall remain darkened when closed.
4. The area in which the medication is prepared shall have sufficient light so that the labels can be read accurately and the correct dosage can be clearly determined.
5. Medication shall be refrigerated, if required. When medication is stored in a refrigerator used for food, the medications shall be stored together in a locked container in a clearly defined area. If a refrigerator is used for medication only, it is permissible to store dietary supplements and foods and liquids used for medication administration.
6. Unless it is contrary to the day care center's policy, a participant may take his own medication provided that:
 - a. A physician has deemed the participant capable of administering medication to himself;
 - b. The physician has given written authorization for the participant to self-administer medication to himself; and

22 VAC 40-60-698.

c. Medications are stored in a locked area or compartment and provided to the participant by staff upon request.

7. When the center staff administers medications to participants, the following standards shall apply:

a. Each staff person who administers medication shall be authorized by § 54.1-3408 of the Virginia Drug Control Act. All staff responsible for medication administration shall successfully complete the most current medication training program developed by the department and approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications. All staff who have successfully completed the medication management training program shall also successfully complete the most current refresher course developed by the department and approved by the Board of Nursing. The refresher course shall be completed every three years.

b. All medications shall be removed from the pharmacy container and be administered by the same person within one hour of the prescribed time. Once medications have been removed from the pharmacy container, the medication must be given within one-half hour and shall be kept in a locked area until given.

c. Documentation shall be maintained of all medications, including prescription, nonprescription, and sample medication, administered to the participants while at the day care center. This documentation shall become part of the participant's permanent record and shall include:

- (1) Name of participant;
- (2) Date medication prescribed;
- (3) Drug product name;
- (4) Dosage and strength of medication;
- (5) Route of administration;
- (6) Frequency of administration;

22 VAC 40-60-698.

- (7) Date and time given and initials of staff administering the medication;
- (8) Date the medication is discontinued or changed;
- (9) Any medication errors or omissions;
- (10) Notation of any adverse effects or unusual reactions that occur; and
- (11) The name, signature, and initials of all staff administering medications.

E. The use of PRN (as needed) medications is prohibited unless one or more of the following conditions exist:

- 1. A participant is capable of determining when medication is needed;
- 2. A licensed health care professional administers the medication;
- 3. The participant's physician has provided detailed written instructions, including symptoms that might indicate the need for the medication, exact dosage, the exact time frames the medication is to be given in a 24-hour period, and directions for what to do if symptoms persist; or
- 4. The center staff has telephoned the participant's physician prior to administering the medication and explained the symptoms and received a documented verbal order that includes the information in subdivision 3 of this subsection.

22 VAC 40-60-699. Assistance with activities of daily living.

If the center serves participants who need assistance with activities of daily living (ADLs), the following standards shall apply:

- 1. Assistance with eating/feeding.
 - a. Dining areas shall be supervised by staff whenever meals or snacks are served. There shall be at least one staff member who is trained in the procedures of "abdominal thrusts" in each area when participants are eating.

22 VAC 40-60-699.

b. Additional staff shall be present in the dining areas to assist participants who cannot eat independently. These staff members shall be trained in eating assistance techniques.

c. Self-feeding skills of participants shall be continuously observed and evaluated so that meals and snacks are not missed because of a participant's inability to feed himself.

d. Appropriate adapted utensils, including adapted plates/bowls and cups with straws and handles, shall be provided for those participants who need them. Information about effective eating adaptations shall be shared with appropriate family care givers of those participants. Assistance shall be provided to those participants who need it with such activities as opening containers and cutting food.

e. Low-stimulus dining areas shall be provided for participants with head injuries or other conditions that impair concentration.

f. Changes in food and liquid intake shall be documented and changes made in the care plan to ensure adequate intake. Families shall be notified of such changes.

2. Assistance with ambulation/transfer.

a. The ability of the participant to safely transfer and ambulate shall be continually monitored, changes documented, and the plan of care changed to maximize the participant's safety.

b. There shall be adequate staff to provide individualized assistance to get to activities, meals and the restroom if the center serves participants with transfer/ambulation deficits.

c. The center shall have at least one wheelchair available for emergency use, even if all participants are ambulatory or have their own wheelchairs.

d. All staff shall be trained in providing assistance with ambulation and transfer, safe use of ambulation/transfer equipment, and procedures for monitoring and reporting malfunctioning equipment.

22 VAC 40-60-699.

e. Staff shall identify unmet needs, equipment and repairs, document their recommendations and refer families to appropriate resources, even when participants or families are responsible for purchasing and maintaining equipment.

f. Participants who use wheelchairs shall be offered other seating options throughout the day, if appropriate.

g. There shall be a plan for ambulating those participants who cannot walk independently to maintain maximum mobility.

3. Assistance with toileting.

a. Participants shall be assessed to determine their individual toileting needs. These needs shall be reflected in the plan of care and shared with family care givers. Staff shall follow toileting procedures for each participant, such as transferring techniques.

b. Equipment to aid in toileting such as gait belts, elevated toilet seats, and grab bars shall be available and within easy reach of participants and staff.

c. Participants who are at risk of falling, or who have other safety risks, shall not be left alone while toileting.

d. All supplies, such as incontinence products, extra clothing, and latex gloves, shall be available and prepared prior to toileting a participant so that the participant is not left unattended while necessary items are being retrieved.

e. Staff and participants shall wash their hands after each toileting procedure.

f. Privacy, confidentiality and dignity shall be maintained for participants during toileting, including closing doors and not discussing needs in front of others.

g. Staff shall arrange for coverage of program responsibilities when they must leave the group to assist with toileting a participant.

22 VAC 40-60-699.

4. Assistance with bathing.

a. The center shall ensure the privacy and dignity of a participant who is assisted with bathing/showering.

b. A shower chair, bench or other seating, safety equipment such as grab bars, and nonslip surfaces shall be provided.

c. Adequate supplies to complete the bathing process shall be provided such as, but not limited to, towels, soap, wash cloths and shampoo, unless the participant brings these items from home.

d. The participant shall never be left unattended in the shower or bath. If the bathing area is not in sight or sound of other occupied parts of the building, there shall be an emergency call system to summon additional assistance.

5. Assistance with dressing.

a. Extra clothing shall be available for participants who need to change during the day. Each participant can keep a change of clothing at the center or the center can keep a supply to use as needed.

b. Participants' clothing, equipment and supplies kept at the center shall be properly labeled and stored to prevent loss.

c. If the center serves participants who cannot dress themselves, there shall be staff available to assist with coats, hats, and gloves as participants arrive and depart. Assistance with dressing shall be available for those who need it for rest periods and toileting.

d. Special attention shall be given to footwear of participants who are at risk of falling. Staff shall encourage family members to provide appropriate shoes and shall document those recommendations.

22 VAC 40-60-700. Planning the activities.

A. Activities shall be planned to support the plans of care for the participants and shall be consistent with the program statement and the admission policies.

B. Activities shall be planned under the supervision of the director who shall encourage involvement of participants and staff in the planning.

C. The activities shall take into consideration individual differences in age, health status, sensory deficits, life-style, ethnicity, religious affiliation, values, experiences, needs, interests, abilities, and skills by providing opportunities for a variety of types and levels of involvement.

D. All activities shall:

1. Support the physical, social, mental, and emotional abilities and skills of participants;
2. Promote or maintain the participant's highest level of independence or functioning; and
3. Be within the economic capabilities of the participants and their families.

E. Physical activities shall be encouraged to the extent recommended by each participant's physician.

F. Schedule of activities.

1. There shall be planned activities and programs whenever the center is in operation.
2. A written schedule of activities shall be developed at least monthly.
3. The schedule shall include:
 - a. Group activities for all participants or small groups of participants; and
 - b. The name, type, date and hour of the activity.
4. If one activity is substituted for another, the change shall be noted on the schedule.

22 VAC 40-60-700.

5. The current month's schedule shall be posted in a readily accessible location in the center or otherwise be made available to participants and their families.

6. The schedule of activities for the past six months shall be kept at the center.

7. If a participant requires an individual schedule of activities, that schedule shall be a part of the plan of care and shall be kept in the participant's record.

G. Adequate supplies and equipment appropriate for the program activities shall be available in the center.

22 VAC 40-6-705. Implementing the activities.

A. During a programmed activity, there shall be an adequate number of staff to lead the activity, to assist the participants with the activity, to supervise the general area, and to re-direct any individuals who require different activities.

B. During the activity, each participant shall be encouraged to join in at his level, to include observing.

C. All equipment and supplies used shall be accounted for at the end of the activity so that a safe environment can be maintained.

D. The staff leading the activity shall have a general understanding of the following:

1. Attention spans and functional levels of the participants in the group;

2. Methods to adapt the activity to meet the needs and abilities of the participants;

3. Various methods of engaging and motivating individuals to participate; and

4. The importance of providing appropriate instruction, education, and guidance throughout the activity.

22 VAC 40-60-710. (Repealed.)

22 VAC 40-60-720. (Repealed.)

22 VAC 40-60-730. (Repealed.)

22 VAC 40-60-740. (Repealed.)

22 VAC 40-60-750. (Repealed.)

22 VAC 40-60-760. (Repealed.)

22 VAC 40-60-770. General nutrition and food service.

Meals and snacks shall be provided by the center. The center shall either prepare the food or have it catered.

NOTE: The center is expected to encourage, but not require, participants to eat the meals and snacks provided by the center. If a participant brings food from home, the center is not required to confiscate the food or to prevent the participant from eating the food. The fact that the participant brought food does not relieve the center of its responsibility to provide meals and snacks.

22 VAC 40-60-780. Serving of meals and snacks.

A. Centers shall serve appropriate meals and snacks, depending on the hours of operation; i.e., a center open during the hours of 7 a.m. to 1 p.m. must serve a morning snack and a mid-day meal; a center open during the hours of 8 a.m. to 5 p.m. must serve a morning snack, a mid-day meal, and an afternoon snack; a center open during the hours of 2 p.m. to 6 p.m. must serve an afternoon snack; a center open after 6 p.m. must serve an evening meal. Centers open after 9 p.m. shall serve an evening snack.

B. Participants shall be served all meals and snacks scheduled for the period during which they are present.

C. There shall be at least two hours between snacks and meals.

22 VAC 40-60-790. (Repealed.)

22 VAC 40-60-800. Nutritional requirements.

A. Unless otherwise ordered in writing by the participant's physician, the daily menu, including snacks, for each participant shall follow the most recent nutritional requirements of a recognized authority such as the Child and Adult Care Food Program of the United States Department of Agriculture (USDA).

B. Other foods may be added and additional servings may be served to enhance the meals or meet individual needs.

C. The center shall provide a variety of fruits and vegetables for meals and snacks to include at least one good source of Vitamin C daily and a good source of Vitamin A at least three times a week.

D. If a participant needs to follow a special or modified diet recommended by a physician, the day care center shall ensure that the diet is provided in accordance with the physician's orders while the participant is in the day care center.

22 VAC 40-60-810. (Repealed.)

22 VAC 40-60-820. (Repealed.)

22 VAC 40-60-830. (Repealed.)

22 VAC 40-60-840. (Repealed.)

22 VAC 40-60-850. Food service.

If catering or contract food service is used, the service shall be approved by the local health department. The center shall be responsible for monitoring continued compliance.

22 VAC 40-60-860. Menus.

A. A menu listing all meals and snacks to be served by the center during the current one-week period shall be dated and posted in a location conspicuous to participants and responsible persons.

22 VAC 40-60-860.

EXCEPTION: When meals or snacks are catered or provided by contract food service and the caterer refuses to provide menus in advance, the menus shall be retained by the center as records and made available to participants, personal representatives, and family members as requested.

- B. Menus shall indicate substitutions.
- C. Menus shall be kept at the center for three months.

22 VAC 40-60-870. (Repealed.)**22 VAC 40-60-880. Transportation services.**

- A. If the adult day care center does not provide transportation directly or by contract for participants, the standards in this section do not apply.
- B. Centers that provide participant transportation directly or by contract shall ensure that the following requirements are met:
 - 1. The vehicle shall be accessible and appropriate for the participants being transported. Participants who use wheelchairs shall be transported in a vehicle that is equipped with a ramp or hydraulic lift to allow entry and exit.
 - 2. The vehicle's seats shall be attached to the floor and wheelchairs shall be secured when the vehicle is in motion.
 - 3. Arrangement of wheelchairs and other equipment in the vehicle shall not impede access to exits.
 - 4. The vehicle shall be insured with at least the minimum limits established by Virginia state statutes.
 - 5. If the vehicle does not have air conditioning, it shall have windows that can be opened.
 - 6. The vehicle shall meet the safety standards set by the Department of Motor Vehicles and shall be kept in satisfactory condition to ensure the safety of participants.

22 VAC 40-60-880.

7. If volunteers supply personal vehicles, the center shall be responsible for ensuring that the requirements of this subsection are met.

C. Centers that provide participant transportation directly or by contract shall ensure that during transportation the following requirements are met:

1. Virginia statutes about safety belts are followed.
2. Every person remains seated while the vehicle is in motion.
3. Doors are properly closed and locked while the vehicle is in motion.
4. Consideration is given to the supervision and safety needs of participants.
5. The following information is in vehicles used for transportation:
 - a. The center's name, address and phone number;
 - b. A list of the names of the participants being transported; and
 - c. A list of the names, addresses and telephone numbers of participants' emergency contact persons.

22 VAC 40-60-885. Field trips.

A. Each center that takes participants on field trips shall develop and implement a written policy regarding field trips. The policy shall address the following:

1. A communication plan between center staff and staff who are accompanying participants on a field trip;
2. Maintenance of staff-to-participant ratio at the center and on the field trip as required by 22 VAC 40-60-380;

22 VAC 40-60-885.

3. Provision of adequate food and water for participants of field trips; and

4. Cold storage of food taken on field trips.

B. Before leaving on a field trip, a list of participants taking the trip, and a schedule of the trip's events and locations shall be left at the center and shall be accessible to staff.

C. A wheelchair that is available for emergency use shall be taken on field trips.

D. The requirements of 22 VAC 40-60-880 B and C apply when participants are transported on field trips.

E. At least one staff person on each vehicle on the field trip shall have current certification in first aid and CPR as required by 22 VAC 40-60-960.

F. A first aid kit and the names and emergency contacts of participants shall be taken on all field trips.

22 VAC 40-60-890. (Repealed.)

22 VAC 40-60-900. (Repealed.)

22 VAC 40-60-910. (Repealed.)

22 VAC 40-60-920 (Repealed.)

22 VAC 40-60-930. (Repealed.)

22 VAC 40-60-940. (Repealed.)

22 VAC 40-60-950. (Repealed.)

PART VIII
EMERGENCY PREPAREDNESS.

22 VAC 40-60-960. First aid certification and cardiopulmonary resuscitation (CPR).

There shall be at least one staff member trained in first aid, cardiopulmonary resuscitation, on the premises during the center's hours of operation and also one person on field trips and whenever participants are in care. This person shall be available to participants and shall:

1. Have current certification in first aid, cardiopulmonary resuscitation by the American Red Cross, American Heart Association, National Safety Council, or other designated program approved by the Department of Social Services; or
2. Be an R.N. or L.P.N. with a current license from the Board of Nursing.

22 VAC 40-60-970. (Repealed.)

22 VAC 40-60-980. First aid and emergency supplies.

A. Each building of the center and all vehicles shall contain a first aid kit which shall include but not be limited to:

1. Scissors;
2. Tweezers;
3. Gauze pads;
4. Adhesive tape;
5. Band-aids, assorted sizes;
6. Triangular bandages;
7. Flexible gauze;
8. An antiseptic cleansing solution;
9. An anti-bacterial ointment;
10. Bee sting swabs or preparation;

22 VAC 40-60-980.

11. Ice pack or ice bag;
12. Thermometer;
13. Small flash light;
14. Single use gloves, such as surgical or examining gloves;
15. Syrup of ipecac;
16. Activated charcoal preparation; and
17. The first aid instructional manual.

B. The first aid kit shall be stored so that it is easily accessible to staff but not accessible to participants.

C. The first aid kit shall be checked annually for expiration dates and items shall be replaced as necessary.

22 VAC 40-60-990. (Repealed.)

22 VAC 40-60-1000. (Repealed.)

22 VAC 40-60-1010. Emergency heating units.

A. Gas stoves, coal stoves, wood stoves, oil stoves, portable electric heaters, kerosene heaters, and portable heating units of a similar nature shall not be used in areas used by participants, except in an emergency such as a power outage in cold weather.

B. When any of the above heating sources are used, care shall be taken to protect participants from injuries.

C. Any heating units used in an emergency shall have been previously inspected and approved by the appropriate fire safety official.

22 VAC 40-60-1020. Plan for emergencies.

A. A written plan shall be developed for each of the following situations: (i) medical and mental health emergencies, (ii) wandering and missing participants, (iii) building evacuations, (iv) severe weather and loss of utilities, and (v) transportation emergencies. Professionals in the appropriate fields shall be consulted in preparing these plans.

B. Plan for medical and mental health emergencies.

1. There shall be instructions for handling medical emergencies such as (i) calling the rescue squad, ambulance service, or participant's physician, and (ii) providing first aid and CPR, if appropriate.

2. A specific plan shall be developed for handling mental health emergencies such as, but not limited to, catastrophic reaction or the need for a temporary detention order.

3. Pertinent medical information and history shall be made available to the rescue squad or sent with the participant if hospitalized, or both. This should include any advance directive information.

4. The participant's family or personal representative and physician shall be notified as soon as possible.

C. Plan for wandering and missing participants.

1. If the center serves participants who wander, a door bell or alarm shall be installed or attached to alert staff to wandering participants.

2. A plan shall be developed that outlines the procedures to be followed in the event of a missing participant. The procedure shall include, but not be limited to:

a. Notification of internal staff;

b. Areas to be searched;

c. Notification of emergency personnel;

d. Notification of family or personal representative; and

e. Expectations upon locating the participant, such as medical attention and documentation requirements.

D. Plan for building evacuation.

22 VAC 40-60-1020.

1. There shall be a written plan for emergency evacuations. The plan shall include procedures to be followed in the event of a fire or other emergency.
 2. A drawing, showing exits, telephones, fire extinguishers and fire alarm boxes, if any, shall be posted.
 3. A copy of the emergency plan shall be posted in a conspicuous place on each floor of each building.
 4. Evacuation drills shall be held in accordance with the requirements of the Virginia Statewide Fire Prevention Code.
 5. A record of the required evacuation drills shall be kept at the center for one year. The record shall include:
 - a. The date of the drill;
 - b. The time required to evacuate;
 - c. The total number of staff and participants involved;
 - d. Problems encountered, if any; and
 - e. The names of any participants who were present in the center and who did not take part in the drill, and the reasons.
- E. Plan for severe weather and loss of utilities.
1. A written plan shall be developed that shall include general procedures to be followed during loss of utilities or during severe weather, including plans for relocating participants if necessary.
 2. Emergency equipment shall be available for use in the event of loss of utilities such as, but not limited to, a working flashlight, extra batteries, a portable radio, and a telephone.
 3. A plan shall be in place to provide an emergency meal and a supply of water to all participants in the event that meals are not able to be prepared.

22 VAC 40-60-1020.

F. Plan for transportation emergencies.

1. For centers that are responsible for transporting participants, a plan shall be developed that outlines the procedures to be followed in the event of a vehicle emergency. This plan shall be readily accessible in the vehicle and shall include:

- a. A method to communicate with the center;
- b. A list of participants' names;
- c. Telephone numbers for vehicle repair; and
- d. Options for alternate transportation.

2. For centers that contract transportation, the center shall ensure that emergency procedures are in place.

3. A plan shall be developed that outlines the procedures to be followed in the event that a participant's scheduled transportation does not arrive or the participant is stranded at the center.

G. A generic number such as 911 shall be posted in a conspicuous place near each telephone. If a generic number is not available, the following numbers shall be posted near each phone:

1. A physician or hospital;
2. An ambulance or rescue squad service;
3. The local fire department; and
4. The local police department.

H. A written record shall be made and kept on file of all emergencies. This record shall include:

1. Date;
2. Type of emergency;
3. Names of any participants requiring medical treatment;
4. Description of the outcome of the emergency; and

22 VAC 40-60-1020.

5. Date and time other persons or agencies were contacted, utilized, and notified.

I. The Department of Social Services, Division of Licensing Programs, shall be notified within 24 hours following the incident any time the police or fire department must be called because of an emergency such as fire, natural disaster, or criminal activity.

22 VAC 40-60-1030. (Repealed.)

22 VAC 40-60-1040. (Repealed.)

22 VAC 40-60-1050. (Repealed.)

22 VAC 40-60-1060. (Repealed.)

REPORT OF TUBERCULOSIS SCREENING

Name: _____ Date of Birth: _____

TO WHOM IT MAY CONCERN:

The above named individual has been evaluated by _____.
(Name of health dept/facility/practice)

Chest X-ray Report – No active disease Date of Chest X-ray: _____

The individual listed above has no symptoms or radiographic findings compatible with active tuberculosis. The individual is free of tuberculosis in a communicable form.

Signature/Title: _____ Date: _____
(MD/designee or Health Department Official)

Print Name/Title: _____ Phone: _____

Address: _____

Chest X-ray Report – Abnormal Report Date of Chest X-ray: _____

Active tuberculosis cannot be ruled out in the individual listed above. The individual should be referred to a physician or health department for further evaluation.

Signature/Title: _____ Date: _____
(MD/designee or Health Department Official)

Print Name/Title: _____ Phone: _____

Address: _____

Tuberculin Skin Test (PPD) Date given: _____ Date read: _____

Results: _____ mm _____ Negative _____ Positive

Based on the above information the above named individual can be considered free of tuberculosis in communicable form.

Signature/Title _____ Date _____
(MD/designee or Health Department Official)

Print Name/Title: _____ Phone: _____

Address _____

REPORT OF TB SCREENING

Name: _____ Date of Birth: _____

TO WHOM IT MAY CONCERN:

The above named individual has been evaluated by _____.
(Name of health dept/facility/practice)

_____ A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

_____ A tuberculin skin test (PPD) was administered on _____ and results, read on _____, were as follows:
_____ mm _____ Negative _____ Positive.

_____ The individual has a history of a positive tuberculin skin test (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

_____ The individual either is currently receiving or has completed adequate medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

_____ The individual had a chest x-ray on _____ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature/Title: _____ Date: _____
(MD/designee or Health Department Official)

Print Name/Title: _____ Phone: _____

Address: _____

