



Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Center • Bland Bryant Building

55 Wade Avenue • Catonsville, Maryland 21228-4663

Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor - Joshua M. Sharfstein M.D., Secretary

New Adult Medical Day Care Required
Documentation

The following are required elements for the opening of a Medical Adult Day Care Center and should be submitted to the Office of Health Care Quality (OHCQ) when applying for *initial licensure*. Documentation that should be procedural may be included within the Center's overall Policies and Procedures Manual.

1. **Zoning Approval for the Site** (must be obtained for review by the State Architect and by DHMH/Medicaid Program and DHMH/OHCQ). Zoning approval must be obtained from the local municipal government, and the process to obtain zoning approval for a new Center does vary within Maryland.
2. **Occupancy and Use Permit**. An occupancy and use must be obtained from the local municipal government, and the process to obtain one does vary within Maryland. A valid Occupancy and Use Permit must be available for review by the DHMH/OHCQ prior to the Pre-Opening of a Medical Adult Day Care Center.
3. **Food Service Permits** (may be required, requirements vary within Maryland). If required by the Local Health Department, a copy will be required by DHMH/OHCQ.
 - a. If food obtained from outside sources, copies of a valid food service permit (for each approved source USED) must be on file (FOR ALL CENTERS)
 - b. Compliance with COMAR 10.15.03 must be maintained, for all aspects of food service (FOR ALL CENTERS). Some elements for approval of the food service activity within a Medical Adult Day Care Center include the following:
 - i. Training of staff;
 - ii. Proper practices of staff personal hygiene;
 - iii. Maintenance of sanitary food storage facilities;
 - iv. Adequate type and function for refrigerated storage;
 - v. Adequate serving area, equipped with cleanable surfaces, for food service and dining;
 - vi. Adequate facilities for washing, rinsing and sanitizing of serving utensils, and use of proper chemical sanitizing agents with test kits to verify appropriate concentrations;
 - vii. Documentation of, and adherence to, the HACCP procedures for food service at the Center (this may be reviewed by the Local Health Department).
4. **Copy of local FIRE AUTHORITY APPROVAL** (requirements vary within Maryland) for the site by the Center. Shall include approval with reference to compliance with most recently applicable health facility standards for the Federal Life Safety Code. This approval may include review and approval of a fire suppression system with hood

exhaust for Centers that are to prepare foods on site and/or where such a hood exhaust system was required by the Local Health Department.

5. ***Plans Review Approval.*** You must submit plans of your proposed center to be reviewed by the Maryland Department of Health and Mental Hygiene General Service Administration (GSA), 201 W. Preston Street lobby level, Baltimore, MD 21201 (410) 767-5921. A copy of the letter of approval from GSA must be submitted to the OHCQ. All centers are subject to review by GSA should there be changes to centers, relocation of centers, and construction of new centers.
6. **Copy of written contractual arrangement for the removal of Special Medical Wastes from the Center.** In addition, a tour of the Center will include inspection of the location(s) where Special Medical Wastes (including sharps) will be accumulated and held while awaiting pick-up and transport for proper disposal.
7. ***Copy of written contractual arrangement for the removal of trash and refuse from the Center,*** access to service via on-site dumpsters, municipal service, or by other means.
8. ***Copy of written contractual arrangement for regular service of the Center for pest control.***
9. ***Copy of written procedures for the Center, which, specify the means for maintaining the staffs readiness to respond in an emergency situation,*** including but not limited to: fires, natural disasters, loss of electrical power or other utilities (water supply, air conditioning, hot water, lighting, etc.), a labor shortage, need to evacuate the Center, the methods for contacting family or residential service providers in the event that emergency closure of the Center would be necessary. Terrorist incident and/or attack, etc. This shall include a WRITTEN AGREEMENT with another group, for the temporary relocation of the Center in an emergency situation.
10. ***Medical Assistance Funding.*** To secure Medical Assistance funding for your center's participants, to learn about the waiver process and to get advice as to Medicaid's regulatory requirements for Medical Adult Day Care, please contact Ms. Evalyn Curry, Office of Health Services, (Medicaid), at (410) 767-1444.

Forward all documentation/correspondence to: Office of Health Care Quality
Adult Medical Day Care
Bland Bryant Building
55 Wade Avenue
Catonsville, MD 21228

If you have further questions about this process, you may contact our help line at (410) 402-8217 or AMDC.help@mayland.gov

Name of Program: _____

Program Address: _____

Important Factors in Becoming an Adult Medical Day Care Provider

I understand that:

- I may not operate an Adult Medical Day Care Program in the State of Maryland without obtaining a license from the Secretary and complying with the requirements of COMAR 10.12.04.04.
- I shall provide the Department with photo copies of written approval(s) from the appropriate authorities documenting compliance with zoning, building, health, fire regulations and codes as required. [10.12.04.04 A (2)(a)]
- The two year license fee, based upon total licensed capacity of the center, shall be computed at a rate of \$200.00, plus \$12.00 times the licensed capacity of the center. [10.12.04.04 (2)(a)]
- The non-refundable application fee shall be payable by certified check or money order to the Department /DHMH/OHCQ/AMDC. [10.12.04.04A (2)(b)]
- The application fee includes a maximum of two pre-licensure site visits by the Department. When additional site visits are required before issuance of a license due to significant regulatory violations, the Department shall assess an additional fee of \$100.00 per site visit. [10.12.04.04A(2)c]
- If I fail to comply with COMAR 10.12.04 and any other applicable state and local laws and regulations, I understand that this is grounds for sanctions, as specified in COMAR 10.12.04.42.
- I may not advertise, represent or imply to the public that my adult medical day program is authorized to provide a service that the program is not licensed, certified or otherwise authorized to provide by OHCQ.
- The licensee shall notify the department of any change of ownership, and the new owner shall apply to the Department for a license. [10.12.04.04D(5)]
- The number of participants cared for at any one time in a center may not exceed the licensed capacity of the center. [10.12.04.04D(6)]
- The current license shall become void immediately and the licensee shall return the license to the Secretary, if the center is sold or leased, ceases to operate, moves to a new permanent location; or has its license denied, suspended or revoked. [10.12.04.04)1-4)]
- Any part of the center, and any surrounding accessory buildings, are considered part of the center, and are subject to inspection. [10.22.04.06A]
- The governing body shall establish and maintain sound operation procedures. [10.12.04.08]
- The governing body shall maintain the required staffing pattern and ratio. [10.12.04.13]

Signature of Applicant(s):

| | | |
|------|-------|------|
| Name | Title | Date |
|------|-------|------|



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

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INITIAL – PRE-LICENSURE CHECKLIST FOR ADULT DAY CARE
(NEW FACILITY)

THE CENTER DIRECTOR SHALL VERIFY COMPLIANCE
with

EACH ITEM by INITIALING AND NOTING DATE OF REVIEW
THIS LIST MUST ACCOMPANY YOUR APPLICATION PACKET

___ All required **furniture and supplies are present; grab rails; protective devices in place.**

___ Participant records including required current physicals are on-site for RN review.

___ Written signed Consultant Agreements specifying names, hours, duties for each.

___ Staff physicals, background and reference checks are completed and on-site.

___ A rest area and bed are provided as required.

Policy and Procedures Manual including: personnel policies, hiring, and firing responsibility, termination procedures, written position descriptions for each job specifying qualifications required and duties.

Nutrition Services: Kitchen/food preparation areas must be functional, sanitary and adequate to serve the participant population. Please **forward** a copy of **food service contract** if meals are to be catered, include:
___ copy of meal and snack menus with time of serving.

___ Fiscal documents, including a written annual budget.

___ Pharmacy Policies including administration and medication recording and secure storage.

___ Scheduling and topics and documentation of ongoing required in-service training.

ALL starred (*) items required a signed copy of the document noted to forwarded

___* 1) Physician and 2) Substitute physician written agreements staffing names and terms of agreements.

___* Written Transportation Agreement setting hours of transport, back-up arrangements.

* Contract listing name of Activities Coordinator and a copy of person's resume must be forwarded. A
___ written Activities program noting each day of week shall also be forwarded.

* Written daily staffing pattern: A 1:7 staff ratio is required for Adult Day Care, exclusive of the center's director.
You will need to forward a written, complete list of each paid direct patient care staff position having direct care
___ contact by noting the position title, and days and hours of work as follows:

(EXAMPLE)

- 1) Registered Nurse Full time (works Monday – Friday, 8:00am – 4:30pm)
- 2) Activities Coordinator – Part time (works Monday, Tuesday, and Friday, 10:00am – 2:00pm Wednesday and Thursday 9:30am – 1:30pm)
- 3) Program Assistant #1 – Full time: (works Monday – Friday, 8:00am – 4:30pm)
- 4) Program Assistant #2 – Part time: (works Tuesday and Thursday, 8:00am – 4:00pm)
- 5) Program Assistant #3 – Part time: (works Monday, Wednesday, and Friday, 8:00am – 4:00pm)

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.maryland.gov

(A monthly calendar of scheduled staffing for existing center is acceptable)

Printed name of Center Director

Signature

Date

This checklist is to be used as a guideline. (Consult state COMAR Regulations 10.12.04 for a complete listing of all requirements).

- Simply put, an Adult Day Care Center must be **COMPLETE IN EVERY DETAIL** and **READY TO BEGIN PROVIDING CARE FOR PARTICIPANTS AT THE TIME OF YOUR INSPECTION.**
- **All** Starred (*) documents must be completed and forwarded together in ONE packet along with this checklist, your completed, notarized application and ownership.

We will not schedule a site survey until we have received all required documentation.

Should you have any questions regarding the requirements, please feel free to contact Ms. Stella Odunukwe, Adult Medical Day Care Coordinator, at 410-402-8217.



STATE OF MARYLAND

DHMH

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New Adult Medical

Day Care Required

Documentation

Name of Program: _____

Program Address: _____

Checklist for Opening an Adult Medical Day Care (AMDC) Center

The following are required elements for the opening of a Medical Adult Day Care Center and should be submitted to the Office of Health Care Quality (OHCQ) when applying for initial licensure. Documentation that should be procedural may be included within the Center's overall Policies and Procedural Manual. Please check off when completed and return to OHCQ.

- Zoning permit
- Use and occupancy permit
- Food service permit
- Fire alarm installation report
- Fire suppression (sprinkler) system report
- Fire inspection report from local fire department including verification of proper type and adequate number of extinguishers installed.

Copies of service agreements for:

- Fire alarm maintenance system
- Local building, plumbing, and electrical permits (final approval copies)
- Local food service approval (Health Department Report)

Copies of contracts for:

- Food service and vendor food service permit
- If food is cooked on site, verification of staff training and permit from local health department to cook food on site.
- Copy of HACCP plan for center (final approval). HACCP = Hazard Analysis & Critical Control Points plan.

Copies of contracts for center service vendors:

- Pest control, trash, refuse disposal, medical waste disposal, HVAC service, electrical, lighting, maintenance/general repairs, housekeeping (if not a center employee)

Checklist for Opening An Adult Medical Day Care (AMDC) Cont.

Consultant contracts:

- Dietitian
- Medical Director
- PT/OT (if service is provided)

Receipts for: (unless already not in place)

- Purchase of food service equipment and supplies (i.e. refrigerators, ice maker, hot holding cabinets, food thermometers (thermometer calibration, storage between food temperature checks, and sanitizing policy).
- Chemical sanitizers for washing of food service, measuring and serving utensils, hair nets, and other supplies needed for food service operations.
- Copies of insurance binders for hazard, workers' compensation, and any vehicles owned and operated by the center.

Credentials:

- Center Director (minimum Bachelor's degree preferably in health and human services from an accredited college or university)
- Supervising Registered Nurse (RN) license
- Full time Activities Coordinator who is a therapeutic recreation graduate or has documentation of three (3) years of experience in activities coordination or therapeutic recreation for the aged, individuals with disabilities, or other special populations.

Application for licensure can be obtained by going to our website:

<http://dhmh.maryland.gov/ohcg/AMDC/default.aspx>

Signature of Applicant(s):

Name
Date

Title

We will not schedule a site survey until we have received all required documentation.

For questions regarding these requirements, please contact Stella Odunukwe at (410) 402-8217

Guidelines for Health Care Facilities in Maryland (new construction, renovation, additions, relocation)

OCTOBER 2014

Richard H. Serra, Jr.
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DHMH / Office of Health Care Quality
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This general guideline was developed to assist providers and regulators to understand the process, and the documentation required, for approval of the physical structure for health care facilities. This guideline is applicable to all new facilities, facilities to be renovated, or facilities to be relocated or enlarged. As new information is obtained, this guideline will be revised and reissued.

1. An entity must notify DHMH – Office of Health Care Quality in writing when they propose construction of a new building or renovating an existing building. Hospitals and nursing homes must first gain approval from the Maryland Health Care Commission (MHCC). That approval from the MD Health Care Commission must be granted if there is to be an increase in the number or beds, for a new facility. The COMMISSION shall respond to the entity making the request IN WRITING. The COMMISSION should copy OHCQ with all correspondence. The facility should copy OHCQ any correspondence sent to the COMMISSION. Other types of health care facilities may not need to obtain approval from the Maryland Health Care Commission as noted above. Some of the types of facilities not required to gain this approval include assisted living facilities, adult medical day care facilities, and DDA and MHA programs.

2. The facility must comply with local building codes and ordinances, local zoning requirements, and it must comply with all applicable Federal, State, local and COMAR requirements. Plans for construction, renovation, or additions must be submitted to DHMH, c/o Office of Budget, Fiscal Planning and Engineering Services. This unit will verify that the plans have been prepared by an accredited architect. Also, they will seek a letter from the architect that states whether or not the plans submitted will meet all applicable Federal, State, local and COMAR requirements. Once the architect submits plans and a letter of certification, they will be notified in writing that construction may proceed and that the Office of Health Care Quality be notified when the project is 95% complete. This writer recommends that the entity request the assistance of a licensing surveyor that is fully familiar with the COMAR licensing and/or Federal CMS certification requirements for the type of health care facility to be constructed or renovated. Further it is recommended that that licensing surveyor review the project and conduct project visits at approximately 50% of completion. In this way, the surveyor may be able to identify features within the health care facility that were inadvertently missed in the plans. Such a review by a health care facility surveyor is optional, and such reviews are unofficial.

3. Plans must be submitted to the following:

DHMH, Office of Budget, Fiscal Planning and Engineering Services
201 W. Preston Street, Baltimore, MD 21201
Mr. James Soucy, Program Manager
Mr. Will Andalora, Architect (will.andalora@maryland.gov)
Phone: (410) 767-5926
Fax: (410) 333-5608

The plans may consist of a half-sized set (approximately 15” by 21”) or they can be submitted in an electronic form (i.e., .pdf). All plans must be signed by the architect and be marked or sealed (by written or electronic means). The plans then submitted via email, on a digital storage device, or available via DHMH download from the submitters secured web location. A letter attesting that submitted plans meet all applicable Federal, State, and Local or COMAR requirements must be provided. This letter may be written or electronic, provided there is a signature (written or electronic, as applicable).

Plans for all new health care facilities, or those to be renovated, should ALSO be forwarded to the Office of Health Care Quality. Please contact the program staff, corresponding to the unit which regulates the type of health care type involved, for email address or mailing address. For directory assistance within the Office of Health Care Quality, please call (410) 402-8015.

Plans may be submitted in an electronic form (i.e., .pdf files), which is preferred. A detailed cover letter explaining the proposed project should accompany any submission (i.e. scope of work, floor plans, etc).

If the project proposed is the renovation (or expansion) of an existing health care facility, all providers must assure that measures be maintained to protect patients, residents, staff and the general public during any renovation or construction activities.

4. As the building is constructed or renovated, local officials will conduct inspections to verify adherence to applicable codes. Upon completion of all work, and verification by inspection that all work was conducted in accordance with applicable Federal, State and local requirements, the local government will issue a USE and OCCUPANCY permit. The local officials that typically conduct the inspection of health care facilities include staff from the local building review group, the local health department and local fire authority. The local health department will conduct a separate review prior to the issuance of FOOD SERVICE PERMIT, where applicable. In the case of a renovation or for an addition, a USE and OCCUPANCY permit may not be issued. In those cases, permits issued by the local government must be properly completed. Written evidence of the completion, typically a final inspection approval sticker, will be sufficient.

5. In the case of HOSPITALS and NURSING HOMES, the Office of the STATE FIRE MARSHAL shall conduct an inspection to determine compliance with the LIFE SAFETY CODE. For compliance with and inclusion in CMS Programs (Centers for Medicare and Medicaid Services, U.S. Government) the version of NFPA 101, Life Safety Code, currently adopted by CMS will be used to determine compliance. In addition, the local fire authority, where applicable, will also conduct an independent review and that would be part of the local permit approvals based on the Codes adopted by the local jurisdiction.

6. OHCQ will conduct a pre-opening inspection only after being provided with copies of the approvals from the local authorities, the Office of the State Fire Marshal, etc. (Refer to item 14 of this guideline for required submissions at the time of pre-licensure inspection or post renovation inspection (when applicable)).

7. Depending on whether the project was a renovation or addition to an existing health care facility, construction of a new facility, construction of a new facility to replace an existing facility, the opening of a totally new health care facility, etc., the Office of Health Care Quality will have to conduct an appropriate pre-opening review as applicable. Some scenarios include the following:

Scenario A: For renovation or addition to an existing health care facility.

- If there is to be an increase in licensed capacity, verify the increase has been approved by the Maryland Health Care Commission, where applicable;
- Verify that all proper documentation has been received from the local authority and/or the Office of the State Fire Marshal;
- Verify that policies and procedures have been modified to take into account the new facility layout (i.e. emergency and disaster plan, etc.).
- Inspect the facility to determine if State licensing (COMAR) and Federal Certification regulations / requirements have been met.
- Verify that space requirements for the increased capacity will be met for the corresponding required space as provided for bedrooms, treatment rooms, service areas, utility rooms, day rooms, dining rooms, etc.;
- For residential care facilities, receive and review a new bed listing which summarizes all bedrooms (inclusive of number of beds per bedroom). In addition, receive and review a new medical care staffing pattern for the increased capacity;
- Receive and review a new set of floor plans for the facility.
- Verify that exit diagrams for emergency evacuation of the facility, are posted conspicuously (preferably in close proximity to a portable fire extinguisher or a fire alarm pull station) and thorough out the building or complex. The diagram should indicate in RED the location where the user is viewing the diagram, and the best exit pathways from that location.
- Verify that the renovations completed correspond to the renovations documented within the facility's architectural plans. In addition, verify that the work was completed in good order.

Scenario B: For construction of a new building that replaces an existing health care facility.

-Receive and review all acceptance testing, etc. as listed in item 14 of this guideline.

-For NURSING HOMES, Schedule and conduct a mock meal demonstration where facility staff will be required to prepare and serve food as a demonstration of readiness to serve the residents upon their transfer from the existing health care facility.

-Review that policies and procedures have been modified to take into account the new facility layout (i.e. emergency and disaster plan, etc.).

Scenario C: For construction of a totally new health care facility.

Same as "a" above, with a much more of a detailed review of policies, procedures, contracts and agreements as these would be for a totally new operation.

Scenario D: Relocation of an existing health care facility. The new location will be considered as a new health care facility. Refer to scenario C, above. In addition, policies, procedures, contracts and agreements must be revised as applicable for the facility's new location. Staff training as to the changes must also be conducted.

8. All new HOSPITALS constructed in Maryland must meet the requirements of the 2006 AIA Guidelines for Health Care Facilities.

9. All health care facilities are to comply with the latest version of the Americans with Disabilities Act (ADA), and the ADA Accessibility Guidelines. For more information regarding ADA compliance, contact the following Maryland agency:

Maryland Department of Disabilities
217 East Redwood Street; Suite 1300
Baltimore, Maryland 21202
Phone: (410) 767-3660

10. All health care providers must receive State and Federal approval to conduct laboratory testing at their facility. The provider must receive approval from the Laboratory Unit of the Office of Health Care Quality (OHCQ) when laboratory testing will be provided at the facility. This includes the use of on-site test kits or via the use of laboratory testing meters, such as a glucometer (i.e., CLIA Waiver). For more information, contact the Laboratories Unit of the Office of Health Care Quality at (410) 402-8025.

11. A copy of the facility's FEDERAL APPROVAL for the dispensing of narcotics must be obtained, when applicable.

12. All health care facilities must be insured for general liability, worker's compensation, and for any automobiles (if applicable). A binder for this required insurance must be provided or retained on site and available for review upon request by the health facility surveyor.

13. Residential Care Facilities, such as skilled nursing homes and assisted living programs must obtain a SURETY BOND for resident funds being held in trust for the residents. Evidence of such a SURETY BOND and the required records of resident fund accounts, must be retained on site and available for review upon request by the health facility surveyor.

14. The following is a list of required documentation that must be received and reviewed by the Office of Health Care Quality prior to the issuance of a license. Some of the following items listed may not be applicable, depending upon the type of health care facility involved.

a. **Verification that the zoning** for the center is compliant with local government requirements. This normally required by the local government prior to applying for a use and occupancy permit.

b. **Fire alarm installation report** that fully documents and details the system, including Initial Acceptance Testing or Re-acceptance Testing as required by NFPA 72, National Fire Alarm and Signaling Code.

c. **Copy of service agreement for vendor that will monitor the fire alarm system as required by NFPA 72.**

d. **Copy of service agreement** from a vendor for ongoing maintenance **and testing of the fire alarm system as required by NFPA 72.**

e. **Fire suppression systems installation and testing reports, when applicable**, including flow tests and Acceptance Tests as required by NFPA 13, Standard for the Installation of Sprinkler Systems; NFPA 14, Standard for the Installation of Standpipe, Private Hydrant and Hose Systems; NFPA 17A Standard for Wet Chemical Extinguishing Systems; NFPA 20, Standard for the Installation of Stationary Pumps for Fire Protection; NFPA 24, Standard for the Installation of Private Service Fire Mains and Their Appurtenances; and any other applicable Federal, State, local or COMAR requirements.

- f. **Copy of service agreement(s) for ongoing** maintenance and testing of the fire suppression systems and for fire alarm system as required by appropriate NFPA Code, inclusive of NFPA 25.
- g. **Installation report if delayed egress (electro-magnetic door locks)** are installed at exit doors and stairwells, or if installed by the provider for other reasons inclusive of elopement control. The report must detail that the equipment was tested while the fire alarm and detection system was activated, and it was determined that the electro-magnetic door lock had deactivated when the alarm system was activated.
- h. **Verification that adequate number and type of portable fire extinguishers** have been installed at the center as required by the local fire authority. Additionally, copy of a service agreement with a vendor who will conduct annual inspections of portable fire extinguishers and be able to test and recertify these devices as required.
- i. Installation report for the fire suppression system used for a commercial kitchen cooking hood. Additionally, copy of a service agreement with a vendor who will conduct semi-annual inspections of the fire suppression system for the kitchen cooking hood, as required. Further, the commercial cooking hood system shall be professionally cleaned on a regular basis and as instructed by the local fire authority. Verification of such cleaning must be retained and available for review upon request by the health facility surveyor.
- j. **Local fire authority** approval (i.e., final inspection report approving initial occupancy).
- k. **Copy of elevator permit(s) and vendor installation** report (if elevator is installed or renovated). Additionally, verification of the installation of additional telephone/communication lines for the elevator and confirmation that these report to the same monitoring company for the fire alarm system.
- l. Copy of the installation and initial testing reports for the Emergency Power System (if there is a on site emergency power system) including Acceptance Test as required by NFPA 99 and 110, Standard for Emergency and Standby Power Systems.
- m. **Local building, plumbing, electrical permit approvals** (copy of final inspection stickers)
- n. **Local Use and Occupancy permit (copy of permit).**
- o. **Local health department approval (copy of final inspection report).**
- p. **Local health department food service permit (copy of permit).**

q. **Contract for food service** for vendor to be used for provision of ready to eat food, and a copy of that vendor's food service permit. If food cooked on site by facility center staff, verification of staff training and overall approval by local health department for the facility to cook foods on site.

r. **Copy of HACCP Plan for facility** (whether food is prepared on site or when ready to eat food is obtained and then served on site by facility staff).

s. **Copy of receipts for the purchase of food service equipment and supplies.** Retain all such records and have available for review upon request by the health facility surveyor.

t. **Copy of insurance binders** for hazard, worker's compensation, and for any automobiles owned and operated by the provider. If staff from the provider is to transport patients or residents, verification of health screening and training of the drivers will be required. Records for such training and health screening to be retained by the provider and available for review upon request by the health facility surveyor. Retain all such records and have available for review upon request by the health facility surveyor.

u. **Copy of contracts by service vendors to the center** (i.e., general repair, maintenance of major building systems (i.e., HVAC, electrical, plumbing and lighting), pest control management, refuse disposal, and Special Medical Waste disposal. Retain all such records and have available for review upon request by the health facility surveyor.

v. **Copy of annual budget that describes funding for maintenance and housekeeping of the center.** Retain all such records and have available for review upon request by the health facility surveyor.

w. **Copy of the written preventative maintenance plan for the center** along with the procedures (this would include the contracted service by vendors as well as work performed by in-house staff: Who, what, where, when, why, how). Retain all such records and have available for review upon request by the health facility surveyor.

x. Copy of the Emergency and Disaster Plan. Retain all such records and have available for review upon request by the health facility surveyor.