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Title 22@ Social Security

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Division 5@ Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

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Chapter 10@ Adult Day Health Centers

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Article 4@ Administration

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Section 78431@ Participant Health Records

78431 Participant Health Records

(a)

Each adult day health center shall maintain a standard health record for each participant which includes, but is not limited to: (1) Identifying information including: (A) Name, address, telephone number, birth date, Social Security and Medi-Cal numbers. (B) Directions between home and adult day health center. (C) Name, address and telephone number of personal physician; name, address and telephone number of responsible person. (2) Admission data including: (A) Referral source. (B) Reason for application as given by referral source, participant and family or others. (C) Number of days scheduled for attendance, method of transportation and fee. (3) Daily records of participant's attendance and services utilized, including transportation. (4) Records of: (A) Referrals to other providers. (B) Dates and substance of communication with the participant's physician, family members and other persons providing assistance. (5) Medication records. (6) Progress notes by providers of basic services. (7) Assessment of the participant by the multidisciplinary team. (8) Record of physician's health examination of participant. (9) Individual plan of care. (10) A written clearance by a physician for participants who have been absent for 30 days due to illness.

(1)

Identifying information including: (A) Name, address, telephone number, birth date, Social Security and Medi-Cal numbers. (B) Directions between home and adult day

health center. (C) Name, address and telephone number of personal physician; name, address and telephone number of responsible person.

(A)

Name, address, telephone number, birth date, Social Security and Medi-Cal numbers.

(B)

Directions between home and adult day health center.

(C)

Name, address and telephone number of personal physician; name, address and telephone number of responsible person.

(2)

Admission data including: (A) Referral source. (B) Reason for application as given by referral source, participant and family or others. (C) Number of days scheduled for attendance, method of transportation and fee.

(A)

Referral source.

(B)

Reason for application as given by referral source, participant and family or others.

(C)

Number of days scheduled for attendance, method of transportation and fee.

(3)

Daily records of participant's attendance and services utilized, including transportation.

(4)

Records of: (A) Referrals to other providers. (B) Dates and substance of communication with the participant's physician, family members and other persons providing assistance.

(A)

Referrals to other providers.

(B)

Dates and substance of communication with the participant's physician, family members and other persons providing assistance.

(5)

Medication records.

(6)

Progress notes by providers of basic services.

(7)

Assessment of the participant by the multidisciplinary team.

(8)

Record of physician's health examination of participant.

(9)

Individual plan of care.

(10)

A written clearance by a physician for participants who have been absent for 30 days due to illness.