Quick Reference Guide for Adult Day Health Care Regulations

2025

Standard Reference	Survey Discipline
§ 51.41 Contracts and State home care agreements for certain veterans with service-connected disabilities.	**Fiscal**
§ 51.41 (g) Compliance with Federal laws. Under provider agreements entered into under this section, State homes are not required to comply with reporting and auditing requirements imposed under the Service Contract Act of 1965, as amended (41 U.S.C. 351, et seq.); however, State homes must comply with all other applicable Federal laws concerning employment and hiring practices including the Fair Labor Standards Act, National Labor Relations Act, the Civil Rights Acts, the Age Discrimination in Employment Act of 1967, the Vocational Rehabilitation Act of 1973, Worker Adjustment and Retraining Notification Act, Sarbanes-Oxley Act of 2002, Occupational Health and Safety Act of 1970, Immigration Reform and Control Act of 1986, Consolidated Omnibus Reconciliation Act, the Family and Medical Leave Act, the Americans with Disabilities Act, the Uniformed Services Employment and Reemployment Rights Act, the Immigration and Nationality Act, the Consumer Credit Protection Act, the Employee Polygraph Protection Act, and the Employee Retirement Income Security Act.	Fiscal
§51.43 Drugs and medicines for certain veterans	**Fiscal**
§ 51.43 (a) (1)-(2) Drugs and medicines for certain veterans. In addition to the per diem payments under §51.40 of this part, the Secretary will furnish drugs and medicines to a State home as may be ordered by prescription of a duly licensed physician as specific therapy in the treatment of illness or injury for a veteran receiving nursing home care in a State home if—(1) The veteran: (i) Has a singular or combined rating of less than 50 percent based on one or more service-connected disabilities and needs the drugs and medicines for a service connected disability; and (ii) Needs nursing home care for reasons that do not include care for a VA adjudicated service-connected disability; or (2) The veteran: (i) Has a singular or combined rating of 50 or 60 percent based on one or more service-connected disabilities and needs the drugs and medicines; and (ii) Needs nursing home care for reasons that do not include care for a VA adjudicated service-connected disability.	Fiscal
§ 51.43 (b) Drugs and medicines for certain veterans. VA will also furnish drugs and medicines to a State home for a veteran receiving nursing home, domiciliary, or adult day health care in a State home pursuant to 38 U.S.C. 1712(d), as implemented by §17.96 of this chapter, subject to the limitation in §51.41(c)(2).	Fiscal
§ 51.43 (d) Drugs and medicines for certain veterans. VA may furnish a drug or medicine under this section and under §17.96 of this chapter by having the drug or medicine delivered to the State home in which the veteran resides by mail or other means and packaged in a form that is mutually acceptable to the State home and to VA set forth in a written agreement.	Fiscal
§ 51.43 (e) Drugs and medicines for certain veterans. As a condition for receiving drugs or medicine under this section or under §17.96 of this chapter, the State must submit to the VA medical center of jurisdiction a completed VA Form 10-0460 with the corresponding prescription(s) for each eligible veteran.	Fiscal
§ 51.400 Participant Rights	**Clinical**
§ 51.400 Participant Rights	Clinical

The State home must protect and promote the rights of a participant in an adult day health care program, including the rights set forth in § 51.70, except for the right set forth in § 51.70(m). For purposes of this section, the references to resident in the cited section also refer to a participant in this section.	
§51.70 Resident rights.	**Clinical/Fiscal**
§51.70 Resident rights. **The resident has the right to a dignified existence, self determination, and communication with and access to persons and services inside and outside the facility. The facility management must protect and promote the rights of each resident, including each of the following rights:**	**Clinical**
§ 51.70 (a) (1) – (5) Exercise of rights. The resident has the right to a dignified existence, self determination, and communication with and access to persons and services inside and outside the facility. The facility management must protect and promote the rights of each resident, including each of the following rights: (a) Exercise of rights. (1) The resident has a right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. (2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility management in exercising his or her rights. (3) The resident has the right to freedom from chemical or physical restraint. (4) In the case of a resident determined incompetent under the laws of a State by a court of jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf. (5) In the case of a resident who has not been determined incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law.	Clinical
§ 51.70 (b) (1) – (2) Notice of rights and services. (1) The facility management must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Such notification must be made prior to or upon admission and periodically during the resident's stay. (2) The resident or his or her legal representative has the right: (i) Upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and (ii) After receipt of his or her records for review, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and with 2 working days advance notice to the facility management.	Clinical
§ 51.70 (b) (3) – (6) Notice of rights and services. (3) The resident has the right to be fully informed in language that he or she can understand of his or her total health status; (4) The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (b)(7) of this section; and (5) The facility management must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services to be billed to the resident. (6) The facility management must furnish a written description of legal rights which includes: (i) A description of the manner of protecting personal funds, under paragraph (c) of this section; (ii) A statement that the resident may file a complaint with the State (agency) concerning resident abuse, neglect, misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.	Clinical

§ 51.70 (b) (7) – (8) Notice of rights and services. (7) The facility management must have written policies and procedures regarding advance directives (e.g., living wills) that include provisions to inform and provide written information to all residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. If an individual is incapacitated at the time of admission and is unable to receive information (due to the incapacitating conditions) or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's family or surrogate in the same manner that it issues other materials about policies and procedures to the family of the incapacitated individual or to a surrogate or other concerned persons in accordance with State law. The facility management is not relieved of its obligation to provide this information to the individual once he or she is no longer incapacitated or unable to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. (8) The facility management must inform each resident of the name and way of contacting the primary physician responsible for his or her care.	Clinical
§ 51.70 (b) 9 – (i) Notification of changes. (i) Facility management must immediately inform the resident; consult with the primary physician; and if known, notify the resident's legal representative or an interested family member when there is— (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §51.80(a) of this part.	Clinical
§ 51.70 (b) 9 (ii)– (iii) Notification of changes. The facility management must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is— (A) A change in room or roommate assignment as specified in §51.100(f)(2); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. (iii) The facility management must record and periodically update the address and phone number of the resident's legal representative or interested family member.	Clinical
§ 51.70 (c) (1) – (2) Protection of resident funds. (1) The resident has the right to manage his or her financial affairs, and the facility management may not require residents to deposit their personal funds with the facility. (2) Management of personal funds. Upon written authorization of a resident, the facility management must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3) through (c)(6) of this section.	Fiscal
§ 51.70 (c) (3) Deposit of funds. (i) Funds in excess of $100. The facility management must deposit any residents' personal funds in excess of $100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) (ii) Funds less	Fiscal

than $100. The facility management must maintain a resident's personal funds that do not exceed $100 in a non-interest bearing account, interest-bearing account, or petty cash fund.	
§ 51.70 (c) (4) Accounting and records. The facility management must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (i) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (ii) The individual financial record must be available through quarterly statements and on request from the resident or his or her legal representative.	Fiscal
§ 51.70 (c) (5) Conveyance upon death. Upon the death of a resident with a personal fund deposited with the facility, the facility management must convey within 90 calendar days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate; or other appropriate individual or entity, if State law allows.	Fiscal
§ 51.70 (c) (6) Assurance of financial security. The facility management must purchase a surety bond, or otherwise provide assurance satisfactory to the Under Secretary for Health, to assure the security of all personal funds of residents deposited with the facility.	Fiscal
§ 51.70 (d) (1) – (2) Free choice. The resident has the right to— (1) Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and (2) Unless determined incompetent or otherwise determined to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.	Clinical
§ 51.70 (e) (1) – (3) Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. (1) Residents have a right to personal privacy in their accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. This does not require the facility management to give a private room to each resident. (2) Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility; (3) The resident's right to refuse release of personal and clinical records does not apply when— (i) The resident is transferred to another health care institution; or (ii) Record release is required by law.	Clinical
§ 51.70 (f) (1) – (2) Grievances. A resident has the right to— (1) Voice grievances without discrimination or reprisal. Residents may voice grievances with respect to treatment received and not received; and (2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.	Clinical
§ 51.70 (g) (1) – (2) Examination of survey results.	Clinical

A resident has the right to— (1) Examine the results of the most recent VA survey with respect to the facility. The facility management must make the results available for examination in a place readily accessible to residents, and must post a notice of their availability; and (2) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.	
§ 51.70 (h) (1) – (2) Work. The resident has the right to— (1) Refuse to perform services for the facility; (2) Perform services for the facility, if he or she chooses, when— (i) The facility has documented the need or desire for work in the plan of care; (ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid; (iii) Compensation for paid services is at or above prevailing rates; and (iv) The resident agrees to the work arrangement described in the plan of care.	Clinical
§ 51.70 (i) Mail. The resident must have the right to privacy in written communications, including the right to— Send and promptly receive mail that is unopened; and (2) Have access to stationery, postage, and writing implements at the resident's own expense.	Clinical
§ 51.70 (j) (1) – (2) Access and visitation rights. (1) The resident has the right and the facility management must provide immediate access to any resident by the following: (i) Any representative of the Under Secretary for Health; (ii) Any representative of the State; (iii) Physicians of the resident's choice (to provide care in the nursing home, physicians must meet the provisions of §51.210(j)); (iv) The State long term care ombudsman; (v) Immediate family or other relatives of the resident subject to the resident's right to deny or withdraw consent at any time; and (vi) Others who are visiting subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time. (2) The facility management must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.	Clinical
§ 51.70 (j) (3) Access and visitation rights. The facility management must allow representatives of the State Ombudsman Program, described in paragraph (j)(1)(iv) of this section, to examine a resident's clinical records with the permission of the resident or the resident's legal representative, subject to State law.	Clinical
§ 51.70 (k) Telephone. The resident has the right to reasonable access to use a telephone where calls can be made without being overheard.	Clinical
§ 51.70 (l) Personal property. The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	Clinical
§ 51.70 (n) Self-Administration of Drugs. An individual resident may self-administer drugs if the interdisciplinary team, as defined by § 51.110(e)(2)(ii), has determined that this practice is safe.	Clinical

§ 51.405 Participant and family caregiver responsibilities.	Clinical
§ 51.405 Participant and family caregiver responsibilities. The State home must post a written statement of participant and family caregiver responsibilities in a place where participants in the adult day health care program and their families will see it and must provide a copy to the participant and caregiver at or before the time of the intake screening. The statement of responsibilities must include the following: (a) Treat personnel with respect and courtesy; (b) Communicate with staff to develop a relationship of trust; (c) Make appropriate choices and seek appropriate care; (d) Ask questions and confirm your understanding of instructions; (e) Share opinions, concerns, and complaints with the program director; (f) Communicate any changes in the participant's condition; (g) Communicate to the program director about medications and remedies used by the participant; (h) Let the program director know if the participant decides not to follow any instructions or treatment; and (i) Communicate with the adult day health care staff if the participant is unable to attend adult day health care.	Clinical
§ 51.410 Transfer and discharge.	**Clinical**
§ 51.410 (a) Definition. For purposes of this section, the term “transfer or discharge” includes movement of a participant to a program outside of the adult day health care program whether or not the program of care is in the same facility.	Clinical
§ 51.410 (b) Transfer and discharge requirements. At the time of intake screening, the State home must discuss the possible reasons for transfer or discharge with the participant and, to the extent practicable and appropriate, with family members (subject to the consent of the participant) or the participant’s legal representatives. In the case of a transfer and discharge to a hospital, the transfer and discharge must be to the hospital closest to the adult day health care facility that can provide the necessary care. The State home must permit each participant to remain in the program of care, and not transfer or discharge the participant from the program of care unless: (1) The transfer and discharge is necessary for the participant's welfare and the participant's needs cannot be met in the adult day health care setting; (2) The transfer and discharge is appropriate because the participant's health has improved sufficiently so that the participant no longer needs the services provided in the adult day health care program; (3) The safety of individuals in the facility is endangered; (4) The health of individuals in the facility would otherwise be endangered; (5) The participant has failed, after reasonable and appropriate notice, to pay for participation in the adult day health care program; or (6) The adult day health care program ceases to operate.	Clinical
§ 51.410 (c) Notice before transfer or discharge. Before an adult day health care program undertakes the transfer or discharge of a participant, the State home must: (1) Notify the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner he or she	Clinical

understands. The resident has the right to decide whether to have the State home notify his or her legal representative or interested family member of changes; (2) Record the reasons in the participant's clinical record; and (3) Include in the notice the items described in paragraph (e) of this section. (3) Include in the notice the items described in paragraph (e) of this section.	
§ 51.410 (d) Timing of the notice. (1) The notice of transfer or discharge required under paragraph (c) of this section must be made by the State home at least 30 calendar days before the participant is given a transfer or discharge, except when specified in paragraph (d)(2) of this section. (2) Notice may be made as soon as practicable before a transfer or discharge when (i) The safety of individuals in the facility would be endangered; (ii) The health of individuals in the facility would be otherwise endangered; (iii) The participant's health improves sufficiently that the participant no longer needs the services provided by the adult day health care program of care; or (iv) The participant's needs cannot be met in the adult day health care program of care.	Clinical
§ 51.410 (e) Contents of the notice. The written notice specified in paragraph (c) of this section must include the following: (1) The reason for the transfer or discharge; (2) The effective date of the transfer or discharge; (3) The location to which the participant is taken in accordance with the transfer or discharge, if any; (4) A statement that the participant has the right to appeal the action to the State official responsible for the oversight of State home programs; and (5) The name, address and telephone number of the first listed of the following that exists in the State: (i) The State long-term care ombudsman, if the long-term care ombudsman serves adult day health care facilities; or (ii) Any State ombudsman or advocate who serves adult day health care participants; or (iii) The State agency responsible for oversight of State adult day care facilities.	Clinical
§ 51.410 (f) Orientation for transfer and discharge. The State home must provide sufficient preparation and orientation to participants to ensure safe and orderly transfer or discharge from the State home.	Clinical
§ 51.410 (g) Written policy. The State home must have in effect written transfer and discharge procedures that reasonably ensure that: (1) Participants will be given a transfer or discharge from the adult day health care program to the hospital when transfer or discharge is medically appropriate as determined by a physician; and (2) Medical and other information needed for care and treatment of participants will be exchanged between the facility and the hospital.	Clinical
§ 51.411 Program practices.	**Clinical**
§ 51.411 (a) Equal access to quality care. The State home must establish and maintain identical policies and practices regarding transfer and discharge under § 51.410 and the provision of services for all participants regardless of the source of payment.	Clinical
§ 51.411 (b) Admission policy.	Clinical

The State home must not require a third-party guarantee of payment as a condition of admission or expedited admission, or continued admission in the program of care. However, the State home may require a participant or an individual who has legal access to a participant's income or resources to pay for the care from the participant's income or resources, when available.	
§ 51.411 (c) Hours of operation. Each adult day health care program must provide at least 8 hours of operation 5 days a week. The hours of operation must be flexible and responsive to caregiver needs.	Clinical
§ 51.415 Restraints, abuse, and staff treatment of participants.	**Clinical**
§ 51.415 Restraints, abuse, and staff treatment of participants. The State home must meet the requirements regarding the use of restraints, abuse, and other matters concerning staff treatment of participants set forth in § 51.90. For purposes of this section, the references in the cited section to resident refer to a participant in this section.	Clinical
§51.90	**Clinical**
§ 51.90 (a) (1) – (4) Restraints. (1) The resident has a right to be free from any chemical or physical restraints imposed for purposes of discipline or convenience. When a restraint is applied or used, the purpose of the restraint is reviewed and is justified as a therapeutic intervention. (i) Chemical restraint is the inappropriate use of a sedating psychotropic drug to manage or control behavior. (ii) Physical restraint is any method of physically restricting a person's freedom of movement, physical activity or normal access to his or her body. Bed rails and vest restraints are examples of physical restraints. (2) The facility management uses a system to achieve a restraint-free environment. (3) The facility management collects data about the use of restraints. (4) When alternatives to the use of restraint are ineffective, a restraint must be safely and appropriately used.	Clinical
§ 51.90 (b) (1) – (5) Abuse. The resident has the right to be free from mental, physical, sexual, and verbal abuse or neglect, corporal punishment, and involuntary seclusion. (1) Mental abuse includes humiliation, harassment, and threats of punishment or deprivation. (2) Physical abuse includes hitting, slapping, pinching, or kicking. Also includes controlling behavior through corporal punishment. (3) Sexual abuse includes sexual harassment, sexual coercion, and sexual assault. (4) Neglect is any impaired quality of life for an individual because of the absence of minimal services or resources to meet basic needs. Includes withholding or inadequately providing food and hydration (without physician, resident, or surrogate approval), clothing, medical care, and good hygiene. May also include placing the individual in unsafe or unsupervised conditions. (5) Involuntary seclusion is a resident's separation from other residents or from the resident's room against his or her will or the will of his or her legal representative.	Clinical
§ 51.90 (c) (1) Staff treatment of residents. The facility management must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. (1) The facility management must: (i) Not employ individuals who— (A) Have been found guilty of abusing, neglecting, or mistreating individuals by a court of law; or (B) Have had a finding entered into an applicable State registry or with the applicable licensing authority concerning abuse, neglect, mistreatment of individuals or misappropriation of their property; and	Clinical

(ii) Report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.	
§ 51.90 (c) (2) Staff treatment of residents. The facility management must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures.	Clinical
§ 51.90 (c) (3) Staff treatment of residents. The facility management must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	Clinical
§ 51.90 (c) (4) Staff treatment of residents. The results of all investigations must be reported to the administrator or the designated representative and to other officials in accordance with State law within 5 working days of the incident, and appropriate corrective action must be taken if the alleged violation is verified.	Clinical
§ 51.420 Quality of Life.	**Clinical**
§ 51.420 (a) Dignity. The State home must provide an environment that supports the quality of life of each participant by maximizing the participant's potential strengths and skills. (a) Dignity. The State home must promote care for participants in a manner and in an environment that maintains or enhances each participant's dignity and respect in full recognition of his or her individuality.	Clinical
§ 51.420 (b) Self-determination and participation. Self-determination and participation. The State home must ensure that the participant has the right to: (1) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; (2) Interact with members of the community both inside and outside the facility; and (3) Make choices about aspects of his or her life in the facility that are significant to the participant.	Clinical
§ 51.420 (c) Participant and family concerns. The State home must document any concerns submitted to the management of the program by participants or their family members. (1) A participant's family has the right to meet with families of other participants in the program. (2) Staff or visitors may attend meetings of participant or family groups at the group's invitation. (3) The State home must respond to written requests that result from group meetings. (4) The State home must listen to the views of any participant or family group and act upon the concerns of participants and families regarding policy and operational decisions affecting participant care in the program.	Clinical
§ 51.420 (d) Participation in other activities. The State home must ensure that a participant has the right to participate in social, religious, and community activities that do not interfere with the rights of other participants in the program	Clinical
§ 51.420 (e) (1) – (2) Therapeutic participant activities.	Clinical

(1) The State home must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each participant. (2) The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who: (i) Is licensed, if applicable, by the State in which practicing; and (ii) Is certified as a therapeutic recreation specialist or an activities professional by a recognized certifying body.	
§ 51.420 (e) (3) Therapeutic participant activities. A critical role of adult day health care is to build relationships and create a culture that supports, involves, and validates the participant. Therapeutic activity refers to that supportive culture and is a significant aspect of the individualized comprehensive care plan. A participant's activity includes everything the individual experiences during the day, not just arranged events. As part of effective therapeutic activity, the adult day health care program must: (i) Provide direction and support for participants, including breaking down activities into small, discrete steps or behaviors, if needed by a participant; (ii) Have alternative programming available for any participant unable or unwilling to take part in group activity; (iii) Design activities that promote personal growth and enhance the self-image and/or improve or maintain the functioning level of participants to the extent possible; (iv) Provide opportunities for a variety of involvements (social, intellectual, cultural, economic, emotional, physical, and spiritual) at different levels, including community activities and events; (v) Emphasize participants' strengths and abilities rather than impairments, and contribute to participants' feelings of competence and accomplishment; and (vi) Provide opportunities to voluntarily perform services for community groups and organizations.	Clinical
§ 51.420 (f) (1) – (3) Social services. (1) The State home must provide medically-related social services to participants and their families. (2) An adult day health care program must provide a qualified social worker to furnish social services. (3) A qualified social worker is an individual with: (i) A bachelor's degree in social work from a school accredited by the Council of Social Work Education (Note: A master's degree in social worker with experience in long-term care is preferred); (ii) A social work license from the State in which the State home is located, if that license is offered by the State; and (iii) A minimum of one year of supervised social work experience in a health care setting working directly with individuals.	Clinical
§ 51.420 (f) (4) Social services. The State home must have sufficient social workers and support staff to meet participant and family social service needs. The adult day health care program must: (i) Provide counseling to participants and to families/caregivers; (ii) Facilitate the participant's adaptation to the adult day health care program and active involvement in the comprehensive care plan, if appropriate; (iii) Arrange for services not provided by adult day health care, and work with these resources to coordinate services; (iv) Serve as an advocate for participants by asserting and safeguarding the human and civil rights of the participants;	Clinical

(v) Assess signs of mental illness or dementia and make appropriate referrals; (vi) Provide information and referral for persons not appropriate for adult day health care; (vii) Provide family conferences, and serve as liaison between participant, family/caregiver and program staff; (viii) Provide individual or group counseling and support to caregivers and participants; (ix) Conduct support groups or facilitate participant or family/caregiver participation in support groups; (x) Assist program staff in adapting to changes in participants' behavior; and (xi) Provide or arrange for individual, group, or family psychotherapy for participants with significant psychosocial needs.	
§ 51.420 (f) (5) Social services. Space for social services must be adequate to ensure privacy for interviews.	Clinical
§ 51.420 (g) Environment. The State home must provide: (1) A safe, clean, comfortable, and homelike environment, and support the participants' ability to function as independently as possible and to engage in program activities; (2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; (3) Private storage space for each participant sufficient for a change of clothes. Upon request of the participant, the State home must offer storage space that can be secured with a lock; (4) Interior signs to facilitate participants' ability to move about the facility independently and safely; (5) A clean bed or reclining chair available for acute illness; (6) A shower for participants; (7) Adequate and comfortable lighting levels in all areas; (8) Comfortable and safe temperature levels; and (9) Comfortable sound levels.	Clinical
§ 51.425 Physician orders and participant medical assessment.	**Clinical**
§ 51.425 (a) Admission. The State home must have a written policy to determine how to coordinate and complete the written initial and comprehensive assessment processes upon admission, annually, and as required by a change in the participant's condition. The State home must also outline in its policy how it will complete, implement, review, and revise the assessments. (a) Admission. At the time each participant is admitted, the State home must have physician orders for the participant's immediate care. An initial medical assessment including a medical history and physical examination with documentation of tuberculosis screening must be completed by a physician or other health care provider qualified under State law no earlier than 30 calendar days before admission and no later than 7 calendar days after admission. The findings must be recorded in the participant's medical record.	Clinical
§ 51.425 (b) Comprehensive assessments. The State home must complete the comprehensive assessment no later than 14 calendar days after admission. The State home must develop a comprehensive care plan for each participant based on his or her comprehensive assessment. The State home must review comprehensive assessments annually, as well as promptly after every significant change in the participant's physical, mental, or social condition. The State home must immediately change the participant's comprehensive care plan after a significant change is identified.	Clinical

At minimum, the written comprehensive assessment must address the following: (1) Ability to ambulate, (2) Ability to use bathroom facilities, (3) Ability to eat and swallow, (4) Ability to hear, (5) Ability to see, (6) Ability to experience feeling and movement, (7) Ability to communicate, (8) Risk of wandering, (9) Risk of elopement, (10) Risk of suicide, (11) Risk of deficiencies regarding social interactions, and (12) Special needs (such as medication, diet, nutrition, hydration, or prosthetics).	
§ 51.425 (c) Coordination of assessments. (1) Each initial and subsequent comprehensive assessment must be conducted and coordinated with the participation of appropriate health professionals. (2) Each person who completes a portion of an assessment must sign and certify the accuracy of that portion of the assessment. (3) The results of the assessments must be used to develop, review, and revise the participant's individualized comprehensive care plan.	Clinical
§ 51.425 (d) (1) Comprehensive care plans. The State home must ensure that each participant has a comprehensive care plan no later than 21 calendar days after admission. A participant's comprehensive care plan must be individualized and must include measurable objectives and timetables to meet all physical, mental, and psychosocial needs identified in the most recent assessment. The comprehensive care plan must describe the following: (i) The services that are to be provided as part of the program of care and by other sources to attain or maintain the participant's highest physical, mental, and psychosocial well-being as required under § 51.430; (ii) Any services that would otherwise be required under § 51.430 but are not provided due to the participant's exercise of rights under § 51.70, including the right to refuse treatment under § 51.70(b)(4); (iii) Type and scope of interventions to be provided in order to reach desired, realistic outcomes; (iv) Roles of participant and family/caregiver; and (v) Discharge or transition plan, including specific criteria for discharge or transfer.	Clinical
§ 51.425 (d) (2) Comprehensive care plans. The services provided or arranged by the State home must (i) Meet professional standards of quality; and (ii) Be provided by qualified persons in accordance with each participant's comprehensive care plan.	Clinical
§ 51.425 (e) Discharge summary. Prior to discharging a participant, the State home must prepare a discharge summary that includes the following: (1) A summary of the participant's care; (2) A summary of the participant's status at the time of the discharge to include items in paragraph (b) of this section; and	Clinical

(3) A discharge/transition plan related to changes in service needs and changes in functional status that prompted transition to another program of care.	
§ 51.430 Quality of care.	**Clinical**
§ 51.430 Quality of care. Each participant must receive, and the State home must provide, the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and comprehensive care plan.	Clinical
§51.430 (a) Reporting of sentinel events- (a) Reporting of sentinel events— (1) Definition. A “sentinel event” is defined in § 51.120(a)(1).	Clinical
§ 51.120 (a) (1) Each resident must receive and the facility management must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. (a) Reporting of Sentinel Events—(1) Definition. A sentinel event is an adverse event that results in the loss of life or limb or permanent loss of function.	Clinical
§ 51.430 (2) Duty to report sentinel events. The State home must comply with the duties to report sentinel events as set forth in § 51.120(a)(3), except that the duty to report applies only to a sentinel event that occurs while the participant is under the care of the State home, including while in State home-provided transportation	Clinical
§ 51.120 (a) (3) Reporting of sentinel events. The facility management must report sentinel events to the director of VA medical center of jurisdiction within 24 hours of identification. The VA medical center of jurisdiction must report sentinel events by calling VA Network Director (10N 1-22) and Office of Geriatrics and Extended Care in VA Central Office within 24 hours of notification.	Clinical
§ 51.430 (a) (3) Review and prevention of sentinel events. The State home must establish a mechanism to review and analyze a sentinel event resulting in a written report to be submitted to the VA Medical Center of jurisdiction no later than 10 working days after the event. The purpose of the review and analysis of a sentinel event is to prevent future injuries to participants, visitors, and personnel.	Clinical
§ 51.430 (b) (1) Activities of daily living. Based on the comprehensive assessment of a participant, the State home must ensure that: (1) No diminution in activities of daily living. A participant's abilities in activities of daily living do not diminish unless the circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the participant's ability to (i) Bathe, dress, and groom; (ii) Transfer and ambulate; (iii) Toilet; and (iv) Eat.	Clinical
§ 51.430 (b) (2) Appropriate treatment and services given. A participant is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (b)(1) of this section.	Clinical

§ 51.430 (b) (3) Necessary services provided to participant unable to carry out activities of daily living. A participant who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, hydration, grooming, personal and oral hygiene, mobility, and bladder and bowel elimination.	Clinical
§ 51.430 (c) Mental and psychosocial functioning. The State home must make counseling and related psychosocial services available for improving mental and psychosocial functioning of participants with mental or psychosocial needs. The services available must include counseling and psychosocial services provided by licensed independent mental health professionals.	Clinical
§ 51.430 (d) Medication errors. The State home must comply with § 51.120(n) with respect to medication errors.	Clinical
§ 51.120 (n) Medication errors. The facility management must ensure that— (1) Medication errors are identified and reviewed on a timely basis; and (2) strategies for preventing medication errors and adverse reactions are implemented.	Clinical
§ 51.435 Nursing services.	**Clinical**
§ 51.435 (a) Nursing services. The State home must provide an organized nursing service with a sufficient number of qualified nursing personnel to meet the total nursing care needs, as determined by participant assessments and individualized comprehensive care plans, of all participants in the program. (a) There must be at least one registered nurse on duty each day of operation of the adult day health care program. This nurse must be currently licensed by the State and must have, in writing, administrative authority, responsibility, and accountability for the functions, activities, and training of the nursing and program assistants.	Clinical
§ 51.435 (b) Nursing services. The number and level of nursing staff is determined by the authorized capacity of participants and the nursing care needs of the participants.	Clinical
§ 51.435 (c) Nursing services. Nurse staffing must be adequate for meeting the standards of this part.	Clinical
§51.440 Dietary services.	**Clinical**
§ 51.440 Dietary services. The State home must comply with the requirements concerning the dietary services set forth in § 51.140, except paragraph 51.140(f). For purposes of this section, the references in the cited section to resident refer to a participant in subpart F of this part. The State home adult day health care program will provide nourishment to participants on the following schedule: (a) At regular times comparable to normal mealtimes in the community, each participant may receive and program management must provide at least two meals daily for those veterans staying more than four hours and at least one meal for those staying less than four hours. (b) The program management must offer snacks and fluids as appropriate to meet the participants' nutritional and fluid needs.	Clinical
§51.140 Dietary services.	**Clinical**
§ 51.140 Dietary services. The facility management must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.	Clinical

§ 51.140 (a) Staffing. (a) Staffing. The facility management must employ a qualified dietitian either full-time, part-time, or on a consultant basis. (1) If a dietitian is not employed, the facility management must designate a person to serve as the director of food service who receives at least a monthly scheduled consultation from a qualified dietitian. (2) A qualified dietitian is one who is qualified based upon registration by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics.	Clinical
§ 51.140 (b) Sufficient staff. The facility management must employ sufficient support personnel competent to carry out the functions of the dietary service.	Clinical
§ 51.140 (c) Menus and nutritional adequacy. Menus must— (1) Meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; (2) Be prepared in advance; and (3) Be followed.	Clinical
§ 51.140 (d) Food. Each resident receives and the facility provides— (1) Food prepared by methods that conserve nutritive value, flavor, and appearance; (2) Food that is palatable, attractive, and at the proper temperature; (3) Food prepared in a form designed to meet individual needs; and (4) Substitutes offered of similar nutritive value to residents.	Clinical
§ 51.140 (e) Therapeutic diets. Therapeutic diets must be prescribed by the primary care physician.	Clinical
§ 51.140 (g) Assistive devices. The facility management must provide special eating equipment and utensils for residents who need them.	Clinical
§ 51.140 (h) Sanitary conditions. The facility must: (1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; (2) Store, prepare, distribute, and serve food under sanitary conditions; and (3) Dispose of garbage and refuse properly.	Clinical
§ 51.445 Physician services.	**Clinical**
§ 51.445 Physician services. As a condition of enrollment in adult day health care program, a participant must have a written physician order for admission. Each participant's medical record must contain the name of the participant's primary care physician. If a participant's medical needs require that the participant be placed in an adult day health care program that offers medical supervision, the primary care physician must state so in the order for admission. Each participant must remain under the care of a physician.	Clinical
§ 51.445 (a) Physician supervision. If the adult day health care program offers medical supervision, the program management must ensure that (1) The medical care of each participant is supervised by a primary care physician; and (2) Another physician is available to supervise the medical care of participants when their primary care physician is unavailable.	Clinical

§ 51.445 (b) Frequency of physician reviews. If the adult day health care program offers medical supervision: (1) The participant must be seen by the primary care physician at least annually and as indicated by a change of condition. (2) The program management must have a policy to help ensure that adequate medical services are provided to the participant. (3) At the option of the primary care physician, required reviews in the program after the initial review may alternate between personal physician reviews and reviews by a physician assistant, nurse practitioner, or clinical nurse specialist in accordance with paragraph (e) of this section.	Clinical
§ 51.445 (c) Availability of acute care. If the adult day health care program offers medical supervision, the program management must provide or arrange for the provision of acute care when it is indicated.	Clinical
§ 51.445 (d) Availability of physicians for emergency care. In case of an emergency, the program management must ensure that participants are able to obtain necessary emergency care.	Clinical
§ 51.445 (e) (1) Physician delegation of tasks. A primary care physician may delegate tasks to (i) A certified physician assistant or a certified nurse practitioner, or (ii) A clinical nurse specialist who- (A) Is acting within the scope of practice as defined by State law; and (B) Is under the supervision of the physician.	Clinical
§ 51.445 (e) (2) Physician delegation of tasks. The primary care physician may not delegate a task when the provisions of this part specify that the primary care physician must perform it personally, or when the delegation is prohibited under State law or by the State home's policies.	Clinical
§ 51.450 Specialized rehabilitative services.	**Clinical**
§ 51.450 (a) Provision of services. If specialized rehabilitative services such as, but not limited to, physical therapy, speech therapy, occupational therapy, and mental health services for mental illness are required in the participant's comprehensive care plan, program management must (1) Provide the required services; or (2) Obtain the required services and equipment from an outside resource, in accordance with § 51.210(h), from a provider of specialized rehabilitative services.	Clinical
§ 51.450 (b) Written order. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.	Clinical
§ 51.455 Dental services.	**Clinical**
§ 51.455 Dental services. (a)If the adult day health care program offers medical supervision, program management must, if necessary, assist the participant and family/caregiver (1) In making dental appointments; and (2) By arranging for transportation to and from the dental services. (b) If the adult day health care program offers medical supervision, program management must promptly assist and refer participants with lost or damaged dentures to a dentist.	Clinical
§ 51.460 Administration of drugs.	**Clinical**

§ 51.460 Administration of drugs. If the adult day health care program offers medical supervision, the program management must assist participants with the management of medication and have a system for disseminating drug information to participants and program staff in accordance with this section.	Clinical
§ 51.460 (a) Procedures. The State home must (1) Provide reminders or prompts to participants to initiate and follow through with self-administration of medications. (2) Establish a system of records to document the administration of drugs by participants and/or staff. (3) Ensure that drugs and biologicals used by participants are labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration dates when applicable. (4) Store all drugs, biologicals, and controlled schedule II drugs listed in 21 CFR 1308.12 in locked compartments under proper temperature controls, permit only authorized personnel to have access, and otherwise comply with all applicable State and Federal laws.	Clinical
§ 51.460 (b) Service consultation. The State home must provide the services of a pharmacist licensed in the State in which the program is located who provides consultation, as needed, on all the provision of drugs.	Clinical
§ 51.465 Infection control.	**Clinical**
§ 51.465 Infection control. The State home must meet the requirements concerning infection control set forth in § 51.190. For purposes of this section, the references in the cited section to resident refer to a participant in this section.	Clinical
§ 51.190 Infection control.	**Clinical**
§ 51.190 (a) Infection control program. The facility management must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection control program. The facility management must establish an infection control program under which it— (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.	Clinical
§ 51.190 (b) Preventing spread of infection. (1) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility management must isolate the resident. (2) The facility management must prohibit employees with a communicable disease or infected skin lesions from engaging in any contact with residents or their environment that would transmit the disease. (3) The facility management must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.	Clinical
§ 51.190 (c) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	Clinical
§ 51.470 Physical environment.	**Life Safety**
§ 51.470 Physical environment.	LSC

The State home must ensure that the physical environment is designed, constructed, equipped, and maintained to protect the health and safety of participants, personnel, and the public.	
§ 51.470 (a) Life safety from fire. The State home must meet the applicable requirements of National Fire Protection Association's NFPA 101, Life Safety from fire, as incorporated by reference in § 51.200.	LSC
§ 51.470 (b)(1) Space and equipment. The State home must— (i) Provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide participants with needed services as required by this subpart F and as identified in each participant's comprehensive care plan; and (ii) Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.	LSC
§ 51.470 (b)(2)-(3) Space and equipment. (2) Each adult day health care program, when it is co-located in a nursing home, domiciliary, or other care facility, must have its own separate designated space during operational hours. (3) The indoor space for adult day health care must be at least 100 square feet per participant including office space for staff and must be 60 square feet per participant excluding office space for staff.	LSC
§ 51.470 (b)(4) Space and equipment. Each program of care will need to design and partition its space to meet its needs, but the following functional areas must be available: (i) A dividable multipurpose room or area for group activities, including dining, with adequate table-setting space. (ii) Rehabilitation rooms or an area for individual and group treatments for occupational therapy, physical therapy, and other treatment modalities. (iii) A kitchen area for refrigerated food storage, the preparation of meals and/or training participants in activities of daily living. (iv) An examination and/or medication room. (v) A quiet room (with a bed or a reclining chair), which functions to separate participants who become ill or disruptive, or who require rest, privacy, or observation. It should be separate from activity areas, near a restroom, and supervised. (vi) Bathing facilities adequate to facilitate bathing of participants with functional impairments. (vii) Toilet facilities and bathrooms easily accessible to people with mobility problems, including participants in wheelchairs. There must be at least one toilet for every eight participants. The toilets must be equipped for use by persons with limited mobility, easily accessible from all programs areas, i.e., preferably within 40 feet from that area, designed to allow assistance from one or two staff, and barrier-free. (viii) Adequate storage space. There should be space to store arts and crafts materials, wheelchairs, chairs, individual handiwork, and general supplies. Locked cabinets must be provided for files, records, supplies, and medications. (ix) An individual room for counseling and interviewing participants and family members. (x) A reception area. (xi) An outside space that is used for outdoor activities that is safe, accessible to indoor areas, and accessible to those with a disability. This space may include recreational space and garden area. It should be easily supervised by staff.	LSC
§ 51.470 (c) Furnishings. Furnishings must be available for all participants. This must include functional furniture appropriate to the participants' needs. Furnishings must be attractive, comfortable, and homelike, while being sturdy and safe.	LSC

§ 51.470 (d) Participant call system. The coordinator's station must be equipped to receive participant calls through a communication system from: (1) Clinic rooms; and (2) Toilet and bathing facilities.	LSC
§ 51.470 (e) Other environmental conditions. The State home must provide a safe, functional, sanitary, and comfortable environment for the participants, staff and the public. The facility management must (1) Establish procedures to ensure that water is available to essential areas if there is a loss of normal water supply; (2) Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two; (3) Equip corridors, when available, with firmly-secured handrails on each side; and (4) Maintain an effective pest control program so that the facility is free of pests and rodents.	LSC
§ 51.200 Life safety from fire	**Life Safety**
§ 51.200 (a) Life safety from fire. The facility management must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. (a) Life safety from fire. The facility must meet the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.	LSC
§ 51.475 Administration.	**Administrative**
§ 51.475 Administration. For purposes of this section, the references in the cited section to nursing home and nursing home care refer to adult day health care programs and adult day health care. The State home must comply with all administration requirements set forth in § 51.210 except for the following if the adult day health care program does not offer medical supervision: (a) Medical director. State home adult day health care programs are not required to designate a primary care physician to serve as a medical director, and therefore are not required to comply with § 51.210(i). (b) **Laboratory services, radiology, and other diagnostic services.** State home adult day health care programs are not required to provide the medical services identified in § 51.210(m) and (n). (c) **Quality assessment and assurance committee.** State home adult day health care programs are not required to comply with § 51.210(p), regarding quality assessment and assurance committees consisting of specified medical providers and staff.	Admin
§51.210 Administration.	**Administrative**
§ 51.210 (a) Governing body. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well being of each resident. (a) Governing body. (1) The State must have a governing body, or designated person functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and (2) The governing body or State official with oversight for the facility appoints the administrator who is— (i) Licensed by the State where licensing is required; and (ii) Responsible for operation and management of the facility.	Admin

§ 51.210 (b) Disclosure of State agency and individual responsible for oversight of facility. Disclosure of State agency and individual responsible for oversight of facility. The State must give written notice to the Office of Geriatrics and Extended Care, VA Headquarters, 810 Vermont Avenue, NW, Washington, DC 20420, at the time of the change, if any of the following change: (1) The State agency and individual responsible for oversight of a State home facility; (2) The State home administrator; (3) The director of nursing services (or other individual in charge of nursing services); and (4) The State employee responsible for oversight of the State home if a contractor operates the State home	Admin
§ 51.210 (c) (1) – (6) Required Information. The facility management must submit the following to the director of the VA medical center of jurisdiction as part of the application for recognition and thereafter as often as necessary to be current or as specified: (1) The copy of legal and administrative action establishing the State-operated facility (e.g., State laws); (2) Site plan of facility and surroundings; (3) Legal title, lease, or other document establishing right to occupy facility; (4) Organizational charts and the operational plan of the facility; (5) The number of the staff by category indicating full-time, part-time and minority designation (annual at time of survey); (6) The number of nursing home patients who are veterans and non-veterans, the number of veterans who are minorities and the number of non-veterans who are minorities (annual at time of survey);	Admin
§ 51.210 (c) (7) Required Information. Annual State Fire Marshall's report;	Admin or LSC
§ 51.210 (c) (8)-(11) Required Information. (8) Annual certification from the responsible State Agency showing compliance with Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112) (VA Form 10-0143A, which is available at any VA medical center and at http://www.va.gov/vaforms); (9) Annual certification for Drug-Free Workplace Act of 1988 (VA Form 10-0143, which is available at any VA medical center and at http://www.va.gov/vaforms); (10) Annual certification regarding lobbying in compliance with Public Law 101-121 (VA Form 10-0144, which is available at any VA medical center and at http://www.va.gov/vaforms); and (11) Annual certification of compliance with Title VI of the Civil Rights Act of 1964 as incorporated in Title 38 CFR 18.1-18.3 (VA Form 10-0144A, which is available at any VA medical center and at http://www.va.gov/vaforms).	Admin
§ 51.210 (d) Percentage of Veterans. The percent of the facility residents eligible for VA nursing home care must be at least 75 percent veterans except that the veteran percentage need only be more than 50 percent if the facility was constructed or renovated solely with State funds. All non-veteran residents must be spouses of veterans, or parents any of whose children died while serving in the Armed Forces.	Admin
§ 51.210 (e) Management Contract Facility. If a facility is operated by an entity contracting with the State, the State must assign a State employee to monitor the operations of the facility on a full-time onsite basis.	Admin
§ 51.210 (f) Licensure. The facility and facility management must comply with applicable State and local licensure laws.	Admin
§ 51.210 (g) Staff qualifications.	Admin

(1) The facility management must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. (2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws.	
§ 51.210 (h) Use of outside resources. (1) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility management must have that service furnished to residents by a person or agency outside the facility under a written agreement described in paragraph (h)(2) of this section. (2) Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for— (i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and (ii) The timeliness of the services. (3) If a veteran requires health care that the State home is not required to provide under this part, the State home may assist the veteran in obtaining that care from sources outside the State home, including the Veterans Health Administration. If VA is contacted about providing such care, VA will determine the best option for obtaining the needed services and will notify the veteran or the authorized representative of the veteran.	Admin
§ 51.210 (j) Credentialing and Privileging. Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care practitioner, which may include physicians, podiatrists, dentists, psychologists, physician assistants, nurse practitioners, licensed nurses to provide patient care services in or for a health care organization. Privileging is the process whereby a specific scope and content of patient care services are authorized for a health care practitioner by the facility management, based on evaluation of the individual's credentials and performance. (1) The facility management must uniformly apply credentialing criteria to licensed practitioners applying to provide resident care or treatment under the facility's care. (2) The facility management must verify and uniformly apply the following core criteria: current licensure; current certification, if applicable, relevant education, training, and experience; current competence; and a statement that the individual is able to perform the services he or she is applying to provide. (3) The facility management must decide whether to authorize the independent practitioner to provide resident care or treatment, and each credentials file must indicate that these criteria are uniformly and individually applied. (4) The facility management must maintain documentation of current credentials for each licensed independent practitioner practicing within the facility. (5) When reappointing a licensed independent practitioner, the facility management must review the individual's record of experience. (6) The facility management systematically must assess whether individuals with clinical privileges act within the scope of privileges granted.	Admin
§ 51.210 (k) (1) – (2) Required training of nursing aides. (1) Nurse aide means any individual providing nursing or nursing-related services to residents in a facility who is not a licensed health professional, a registered dietitian, or a volunteer who provide such services without pay. (2) The facility management must not use any individual working in the facility as a nurse aide whether permanent or not unless: (i) That individual is competent to provide nursing and nursing related services; and	Admin

(ii) That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State.	
§ 51.210 (k) (3) Registry verification. (3) Before allowing an individual to serve as a nurse aide, facility management must receive registry verification that the individual has met competency evaluation requirements unless the individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.	Admin
§ 51.210 (k) (4) Multi-State registry verification. (4) Multi-State registry verification. Before allowing an individual to serve as a nurse aide, facility management must seek information from every State registry established under HHS regulations at 42 CFR 483.156 which the facility believes will include information on the individual.	Admin
§ 51.210 (k) (5) Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.	Admin
§ 51.210 (k) (6) Regular in-service education. (6) Regular in-service education. The facility management must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must— (i) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; (ii) Address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and (iii) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired	Admin
§ 51.210 (l) Proficiency of Nurse aides. The facility management must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.	Admin
§ 51.210 (o) (1) Clinical records. (1) The facility management must maintain clinical records on each resident in accordance with accepted professional standards and practices that are— (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized.	Admin
§ 51.210 (o) (2) Clinical records. Clinical records must be retained for— (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law.	Admin
§ 51.210 (o) (3) Clinical records.	Admin

The facility management must safeguard clinical record information against loss, destruction, or unauthorized use;	
§ 51.210 (o) (4) Clinical records. The facility management must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is required by— (i) Transfer to another health care institution; (ii) Law; (iii) Third party payment contract; (iv) The resident or; (v) The resident's authorized agent or representative.	Admin
§ 51.210 (o) (5) Clinical records. The clinical record must contain— (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The plan of care and services provided; (iv) The results of any pre-admission screening conducted by the State; and (v) Progress notes.	Admin
§ 51.480 Transportation.	**Administrative**
§ 51.480 Transportation. Transportation of participants to and from the adult day health care facility must be a component of the overall program of care.	Admin
§ 51.480 (a) (1)-(2) Transportation. (1) Except as provided in paragraph (a)(2) of this section, the State home must provide for transportation to enable participants, including persons with disabilities, to attend the program and to participate in State home-sponsored outings. (2) The veteran or the family of a veteran may decline transportation offered by the adult day health care program and make their own arrangements for transportation.	Admin
§ 51.480 (b) Transportation. The State home must have a transportation policy that includes procedures for routine and emergency transportation. All transportation (including that provided under contract) must be in compliance with such procedures.	Admin
§ 51.480 (c) Transportation. The State home must ensure that the transportation it provides is by drivers who have access to a device for two-way communication.	Admin
§ 51.480 (d) Transportation. All systems and vehicles used by the State home to comply with this section must meet all applicable local, State and Federal regulations.	Admin
§ 51.480 (e) Transportation. The State home must ensure that the care needs of each participant are addressed during transportation furnished by the home.	Admin