

ADHC/CBAS Center Name: _____

ADHC/CBAS Center Address: _____

Health Authority Guidelines Review and Conformance	Complete
<p>Review of Centers for Disease Control and Prevention (CDC) Guidance: Provider has reviewed and will remain current with CDC guidance related to COVID-19, including but not limited to the following topics:</p> <ul style="list-style-type: none"> • Prevention and Infection Control • Business and Workplace Safety • Vaccines/Testing • Fully Vaccinated Individuals • Gatherings <p>CDC COVID-19</p>	
<p>Review of California Department of Public Health (CDPH) Guidance: Provider has reviewed and will remain current with CDPH guidance related to COVID-19.</p> <p>COVID-19 Home Page CDPH Guidance Page CDPH All Facility Letters</p>	
<p>Review of County Public Health Guidance: Provider has reviewed and will remain current with local County Public Health Department guidance. <u>Note:</u> It is up to each provider to seek out and adhere to their local county public health department guidelines and restrictions for operation to the best of their ability.</p> <p>COVID19.CA.Gov Blueprint for a Safer Economy</p>	
<p>Update Workplace Operating Conditions: Provider has fulfilled requirements and will remain in conformance with workplace guidelines as needed to meet CDC, CDPH, Cal/OSHA, and local requirements. This includes ensuring that the Cal/OSHA COVID-19 Model Prevention Program or equivalent is current, updated, kept on file, and followed.</p> <p><u>Cal/OSHA COVID-19 Model Prevention Program (Fillable Word)</u> English and Español</p> <p>Cal/OSHA COVID-19 Prevention Emergency Temporary Standards Workplaces and Businesses COVID-19 & The Workplace</p>	
<p>IMPORTANT NOTE: Providers must modify operations or suspend in-center services as needed based on changes in operational and safety concerns and/or updated guidelines from health authorities. The staff member designated to ensure training and protocols remain up to date is:</p> <p>Name: _____ Title : _____</p>	

Physical Plant Inspection and Safety Plan	Complete
<p>Heating, Ventilation, and Air Conditioning (HVAC) System:</p> <p>Provider ensures that all mechanical systems are in good working order including the following:</p> <ul style="list-style-type: none"> • Filters with the greatest compatible MERV rating per system are used without significantly diminishing airflow. • Filters and parts are cleaned, replaced, and checked to ensure optimal operation at all times. <p><u>Note:</u> If facilities have been vacant, inspection and maintenance by qualified professionals is considered prior to resumption of services and changes to equipment. Anyone handling air filters must wear, at a minimum, a fit-tested N95 respirator.</p> <p>Title 22 CCR, § 78507 Maintenance and Housekeeping</p>	
<p>Natural Ventilation:</p> <p>Provider ensures the following:</p> <ul style="list-style-type: none"> • Passive ventilation with fresh outside air is maximized, subject to environmental and local conditions. • Portable air cleaners (PACs) are considered in areas where fresh air and/or mechanical ventilation cannot be improved. • Ventilation and physical distancing shall be prioritized in areas where the program necessitates the removal of masks (i.e., eating) and where participants have the potential to congregate (i.e., common areas, bathrooms). Maximize use of outdoor areas whenever possible. <p>Ventilation in Buildings</p>	
<p>Cleaning and Maintenance:</p> <p>Provider ensures the following:</p> <ul style="list-style-type: none"> • Enhanced cleaning and disinfecting of common areas, including all surfaces, have taken place; protocols for on-going cleaning have been implemented and kept on file on premises. • Necessary disinfectant supplies and equipment are stocked and available for use by staff/participants as needed. <p>Guidance for Cleaning and Disinfecting Your Facility</p>	
<p>Personal Protective Equipment (PPE):</p> <p>Provider ensures an adequate stock of Personal Protective Equipment (PPE) and disinfecting/sanitizing products are available for staff/participant use and replenished as needed.</p>	
<p>Facility/Environmental Conditions:</p> <p>Provider has reviewed and implemented the most recent guidance and standards allowable under facility/environmental conditions.</p> <p>Guidance on Ventilation, Filtration, and Air Quality in Indoor Environments Ventilation in Buildings</p>	

Infection Control	Complete
<p>Prevention:</p> <p>Provider has developed protocols and provided participant/staff training regarding:</p> <ul style="list-style-type: none"> • Standard hygiene, Universal Precautions, and infection avoidance measures. • Proper use of Personal Protective Equipment (PPE). • Potential exposure to COVID-19 and criteria for testing. • Vaccination Resources for participants and staff. <p><u>Cleaning & Disinfecting Your Facility</u></p>	
<p>Physical Distancing:</p> <p>Provider has established protocols for ensuring physical distancing as staff and participants interact and move throughout the center and ensures that accommodations are in place for when physical distancing is not possible.</p> <p><u>Social Distancing-Keep a Safe Distance to Slow the Spread</u></p>	
<p>Mitigation:</p> <p>Provider has implemented protocols for infection mitigation of COVID-19 in accordance with current guidelines and has provided staff training. Topics include, but are not limited to:</p> <ul style="list-style-type: none"> • Required response for staff/participants/visitors exhibiting common symptoms of COVID-19 or have positive test results. • Requirement that all staff and participants use face coverings (masks) whenever possible. • Requirement of screening for symptoms. • Visitor Policy. <p><u>Infection Control Recommendations for Healthcare Personnel</u> <u>Updated Healthcare Infection Control Recommendations</u> <u>Prevent Getting Sick</u></p>	
<p>Vaccination:</p> <p>Provider ensures that the center shall have resources for assisting participants/caregivers in receiving vaccination for COVID-19 and shall maintain an up-to-date census of vaccinated participants/staff on file.</p> <p><u>COVID.19.CA.Gov/Vaccines</u></p>	
<p>Resources:</p> <p><u>Interim Guidance for Risk Assessment and Restrictions for Healthcare Personnel</u> <u>CDPH Guidance for the Prevention of COVID-19 Transmission for Gatherings</u></p>	

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
CBAS CONGREGATE CENTER SERVICES CHECKLIST
 CDA 7027 (NEW 04/2021)



Service Planning	Complete
<p>Re-Entry: Provider has established protocols and facility-specific timelines for determining when/how participants will be served inside the center with respect to guidelines established in CDA ACL 21-04. <u>Note:</u> Evaluation and/or Assessment by the multidisciplinary team (MDT) must take place prior to initiating in-center care at the facility and be documented in the participant's health record.</p>	
<p>Staffing: Provider has completed the following:</p> <ul style="list-style-type: none"> Assessed the need for staffing changes for delivering continued TAS and in-center services. Submitted CDA ADH 0006 (REV 04/2020) "Staffing/Services Arrangement" to reflect any staffing changes if different from previous submission. <p><u>Note:</u> Appropriate staffing must be utilized to safely deliver service, whether in-center, remotely via TAS, or in conjunction. Any necessary staffing changes must be implemented prior to bringing participants and caregivers into the center and a revised CDA ADH 0006 must be re-submitted to CDA, as necessary.</p> <p>CDA ADH 0006 (REV 04/2020) CDA ADH 0006i (REV 04/2020)</p>	
<p>Transportation: Provider has established protocols established for safe and appropriate transportation with respect to vaccination status. <u>Note:</u> Transportation must take place with adherence to current local, CDPH, and CDC guidelines and restrictions.</p> <p>The COVID-19 Pandemic-Public Transportation Responds Cleaning and Disinfection for Non-emergency Transport Vehicles</p>	

I attest that, effective _____(date), all the requirements specified above have been met.

Signature/Date of Provider or Legal Representative

Title of Provider or Legal Representative

Provider will maintain documentation substantiating that all the requirements specified in this form have been met and make available to CDA and CDPH upon request.

FOR STATE USE ONLY - APPROVED BY:

Signature/Date of CDA Representative

Title of CDA Representative