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| **J:\Mydocuments\SCDOA Seals\SCDOA Logo BLACK.png****Site Monitoring Tool: III-C1 & III-C2 (p. 1 – 5)** |
| **AAA** |  | **Meal Prep Site?** |   \*Y N |
| **Provider** |  | **QA Monitor** |   |
| **Site** |  | **Monitoring Date(s)** |   |
| **Person(s) Interviewed**  |   |
| This tool is to be used by AAA and QA staff to ensure that the provider is compliant with applicable state and federal laws and regulations as well as SCDOA contract and policy requirements in its site level operations in the areas of food safety, congregate service, and home delivered service where applicable. Space is provided below to monitor for additional areas of identified risk and AAA-provider contract requirements. |

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| Food Safety Monitoring Section |
| **Monitoring Question****\*Only complete (\*) section if a meal prep site** | **C** | **NC** | **NA** | **Notes** | **Monitoring Guidance and Standard Documentation** |
| **\*1. Is the facility compliant with SCDHEC safety regulations?  Is the inspection posted?****SCDOA PP, CH. 500, SEC. 503, P.144** | [ ]  | [ ]  | [ ]  | *Date of last inspection \_\_\_\_\_\_ Score\_\_\_\_\_**Any major findings?* | Review documentation of last health inspection including posting of score.<https://apps.dhec.sc.gov/Environment/FoodGrades/><https://www.dhec.sc.gov/sites/default/files/Library/Regulations/R.61-25.pdf> |
| **2. Are staff regularly trained on proper food safety and portion control practices?****SCDOA Minimum Meal Specs p.21** | [ ]  | [ ]  | [ ]  | *\_\_\_\_\_When was your last formal training session?* *\_\_\_\_\_Do any staff hold ServSafe Certifications (Food Handler and/or Food Protection Manager)?**\_\_\_\_\_How many training sessions are conducted each year?**\_\_\_\_\_What topics are covered during these training sessions?* | Review training plan/agendas and staff sign-in sheets. Relevant trainings should also be made available to volunteers.* For locations that prepare meals, the manager must hold a valid ServSafe Protection Manager Certification per DHEC regulations.
* AAA personnel in charge of overseeing and monitoring the nutrition program shall maintain a Food Handler credential at the minimum.
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| **3. Are staff and volunteers aware of employee health and sick leave policies?** | [ ]  | [ ]  | [ ]  | *\_\_\_What is the policy on employee health and sick leave?* | Verify staff and volunteers are aware of the provider’s sick leave policy.  |
|  | **C** | **NC** | **NA** | **Notes** | **Monitoring Guidance and Standard Documentation** |
| **4. Does staff follow proper hand washing procedures?****SCDHEC Regulation 61-25, Ch. 2, Section 3** | [ ]  | [ ]  | [ ]  | *\_\_\_Observe employee/volunteer w/ food contact washing hands* **Y/N Designated Handwashing Station**[ ]  [ ]  *Handwashing sign*[ ]  [ ]  *Hot water (> 100 °F)*[ ]  [ ]  *Soap*[ ]  [ ]  *Single-use towels or air dryer* | Verify that staff have knowledge of and can demonstrate proper hand washing technique as outlined here: <https://www.servsafe.com/ServSafe/media/ServSafe/Documents/Handwashing.pdf><https://www.servsafe.com/ServSafe/media/ServSafe/Documents/When-And-How-to-Wash-Your-Hands-Quiz.pdf> |
| **5. Are all equipment and utensils cleaned and sanitized as appropriate?****SCDHEC Regulation 61-25,** **Ch. 4, Section 3, 6 & 7** | [ ]  | [ ]  | [ ]  | *\_\_\_Observe that food carriers used to transport meals are clean and can easily be sanitized.**\_\_\_Observe equipment/utensil sanitation as appropriate to facility type (prep site versus catered food site)**\_\_\_Utensils from caterer should arrive wrapped or covered.**Sanitizer effectiveness is confirmed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_. (testing strip)* **Y/N (if testing strips used, complete below)**[ ]  [ ]  *Testing strip shows correct concentration*[ ]  [ ]  *Correct testing strip used (chlorine/iodine/quats)*[ ]  [ ]  *Testing strips not expired* | Verify that staff have knowledge of and can demonstrate proper sanitation technique: <https://www.servsafe.com/ServSafe/media/ServSafe/Documents/Cleaning-vs-Sanitizing-Quiz.pdf><https://www.servsafe.com/ServSafe/media/ServSafe/Documents/How-to-Clean-And-Sanitize-in-a-Three-Compartment-Sink-Quiz.pdf><https://www.servsafe.com/ServSafe/media/ServSafe/Documents/Clean-and-Sanitize-in-a-Three-Compartment-Sink.pdf> |
| **6. Food, single use supplies and cleaning supplies are stored in a safe manner (away from food).****SCDHEC Regulation 61-25, 7-201.11** | [ ]  | [ ]  | [ ]  | *\_\_Observe location of cleaning supplies* | Verify that chemicals are located in an area that is not above food, equipment, utensils, linens, and single-service and single-use articles. |
| **7. Are staff following proper hygiene practices for safe food handling?****SCDHEC Regulation 61-25, Ch. 2, Section 3 & 4** | [ ]  | [ ]  | [ ]  |  Y/N[ ]  [ ]  *Hair restraints*[ ]  [ ]  *Clean clothing*[ ]  [ ]  *No gum chewing*[ ]  [ ]  *Following jewelry policy*  *(Ex: plain ring band okay)*[ ]  [ ]  *Eat/drink in approved areas only*[ ]  [ ]  *Wearing gloves/replacing gloves as appropriate*[ ] [ ]  *Wounds/cuts covered with bandage* | Verify that staff are following proper food hygiene practices.<https://www.servsafe.com/ServSafe/media/ServSafe/Documents/Before-You-Come-To-Work.pdf><https://www.servsafe.com/ServSafe/media/ServSafe/Documents/Before-You-Come-to-Work-Quiz.pdf> |
|  | **C** | **NC** | **NA** | **Notes** | **Monitoring Guidance and Standard Documentation** |
| **8. Is food portioned properly and correct utensils used?** | [ ]  | [ ]  | [ ]  | \_\_Observe that proper utensils are being utilized | Verify that staff are referring to the menu and serving guide for proper portioning. |
| **9. Is an approved method of food service used? Examples:****a.) Sneeze guards on display cases;****b.) Plates are prepared in protected areas (pass through a service window or doorway).** | [ ]  | [ ]  | [ ]  |  | Observe designated area for where food is being plated/served. |
| **10. Does staff know how to identify a possible foodborne illness outbreak?** | [ ]  | [ ]  | [ ]  | *\_\_\_What would you do if you became aware of a foodborne illness that appeared to originate from your site?* | Verify that staff, particularly the person in charge, has knowledge of what to do if they are faced with a suspected foodborne illness outbreak. |
| **11. (a) Are thermometers available for temperature monitoring? Is staff knowledgeable in proper calibration and use?****SCDHEC Regulation 61-25, 4-502.11** | [ ]  | [ ]  | [ ]  | *\_\_\_Observe staff calibrating thermometers**\_\_\_Does frequency of calibration match policy**\_\_\_Review calibration log* | Verify that there is a thermometer on site and that staff can demonstrate knowledge in how to properly calibrate it by type being used (dial versus digital).<https://www.servsafe.com/ServSafe/media/ServSafe/Documents/Calibrate-a-Thermometer.pdf><https://www.servsafe.com/ServSafe/media/ServSafe/Documents/How-to-Calibrate-A-Thermometer-Quiz.pdf> |
|  | **C** | **NC** | **NA** | **Notes** | **Monitoring Guidance and Standard Documentation** |
| **11. (b) Are hot/cold foods served at safe temperatures?****SCDHEC Regulation 61-25, 3-202.11** | [ ]  | [ ]  | [ ]  | *\_\_\_Review records for “start” temperature of food items**\_\_\_Observe that temperatures are being recorded correctly by staff**\_\_\_Observe voucher, etc. for time food is removed from the primary heat source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| Time Arrived: | HDM Plated: | Group Plated: |
| Hot Reading: | Hot Reading: | Hot Reading: |
| Cold Reading: | Cold Reading:  | Cold Reading: |
| Frozen Meals stored at 0°F and delivered in frozen solid state? Y [ ]  N [ ]  |

 | **Packed foods (“start” temp.)** coming from the caterer should have been at least 165°F or above for hot foods and cold foods should have been at 40°F or below when leaving the caterer facility.Review that **receiving temperature** for hot food is >/= 135°F and cold food is </= 41°F.Observe that frozen meals are received at 0°F or lower or frozen solid state. |
| **\*12. Is food stored in a manner that prevents contamination from other sources?** | [ ]  | [ ]  | [ ]  | *\_\_\_Observe food storage, closed containers, dated, vertical storage correct* | Verify that all foods are stored in closed containers and dated and that foods are stored vertically as outlined here: <https://www.servsafe.com/ServSafe/media/ServSafe/Documents/Properly-Store-Food.pdf><https://www.servsafe.com/ServSafe/media/ServSafe/Documents/How-to-Store-Food-Properly-Quiz.pdf> |
| **13. Are meals transported (HDM) in insulated containers or insulated blankets?** | [ ]  | [ ]  | [ ]  |  |  Verify that HDMs are transported in appropriate equipment. |
|  | **C** | **NC** | **NA** | **Notes** | **Monitoring Guidance and Standard Documentation** |
| **14. Are HDM test meals sent out to record temperatures?** | [ ]  | [ ]  | [ ]  | *\_\_\_Observe that temperatures are being recorded and that corrective action is taken as appropriate* | Verify that there is a standardized process/procedure for testing HDM temperatures. How frequent is testing conducted? |
| **Have previous findings been resolved?** | [ ]  | [ ]  | [ ]  |  |  |

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| III-C1: Group Dining Monitoring Section (p. 6 - 11) |
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| **Monitoring Question** | **C** | **NC** | **NA** | **Notes** | **Monitoring Guidance and Standard Documentation** |
| **C1. Are participant records up to date and in order? Are participants eligible to receive services?****SCDOA PP. CH5, P. 120, 121, 125, 126** | [ ]  | [ ]  | [ ]  | *\_\_\_3 records reviewed* | Review hardcopy records to ensure that assessments are up to date and that participants were eligible to receive services in accordance with SCDOA policies. Site review should include at least 3 records of current participants identified from recent site records (e.g. current week’s meal attendance roster).  |
| **C2. Is proper sign-in sheet used at the site? Are records maintained/filed for a minimum of 3 years? How are reservations handled?****SCDOA PP. CH. 500, SEC 503 (F)** | [ ]  | [ ]  | [ ]  | *\_\_\_Review sign-in sheet. Do number of signatures match number of seniors at the location?**\_\_\_Review reservation lists* | Review policy/procedure for signing-in, record retention, and reservations- Where are records maintained/filed? |
| **C3. Are meals served 5 days per week?  If not, has the site obtained a waiver from the state?****SCDOA PP. CH. 400, P. 91** | [ ]  | [ ]  | [ ]  | *\_\_\_Meals served 5 days/week (unless approved waiver)* | Review menu and attendance records to verify meals are served five days per week. If not, the site must have received a waiver from the state due to rural designation or some other extenuating circumstance. |
| **C4. Does the site meet minimum site attendance requirements (25)? If not, is there a waiver?****SCDOA PP. CH. 500, SEC 503, P. 136** | [ ]  | [ ]  | [ ]  |  | Review AIM reporting and, for questioned sites, original records to verify that attendance has met minimum attendance requirements. |
|  | **C** | **NC** | **NA** | **Notes** | **Monitoring Guidance and Standard Documentation** |
| **C5. Does the number of meals ordered match the number of meals served?** | [ ]  | [ ]  | [ ]  |

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| Meals Reserved:C1 \_\_\_\_\_\_\_\_\_\_C2 \_\_\_\_\_\_\_\_\_\_ | Actual Head Count:C1 \_\_\_\_\_\_\_\_\_\_\_C2 \_\_\_\_\_\_\_\_\_\_\_ |
| Meals Ordered:C1 \_\_\_\_\_\_\_\_\_\_C2 \_\_\_\_\_\_\_\_\_\_ | Number Signed In:C1 \_\_\_\_\_\_\_\_\_\_\_C2 \_\_\_\_\_\_\_\_\_\_\_ |
| Meals Served:C1 \_\_\_\_\_\_\_\_\_\_C2 \_\_\_\_\_\_\_\_\_\_ |  |

 | Review meal records on day of meal service to confirm number of ordered meals matches number of meals served,  |
| **C6. How are meal shortages handled? How are food overages handled?** | [ ]  | [ ]  | [ ]  |  | Review policy/procedure for meal shortages/overages. |
| **C7. Are procedures in place to ensure the safeguarding of voluntary contributions?****SCDOA PP, CH. 500, SEC 503, P. 128** | [ ]  | [ ]  | [ ]  | *\_\_\_Please describe what procedures you have in place to safeguard participant contributions? Confidentiality?* | Verify that staff and volunteers know the contribution policies and procedures. Observe contribution collection process (documentation/records) checking for secure donation box and system for ensuring confidentiality in place. |
| **C8. Are staff and volunteers aware of the policy regarding leftover foods?****SCDOA PP, CH. 500, SEC 503, P. 129** | [ ]  | [ ]  | [ ]  | *\_\_\_What is your site’s policy regarding leftovers?* | Verify that staff and volunteers aware of the leftover policy. Observe posted policy in a conspicuous location (note in checklist section). |
| **C9. Does the site conduct outreach to eligible non-participants in greatest social and economic need in the community?****SCDOA PP. CH. 400, SEC 403 (E)** | [ ]  | [ ]  | [ ]  | [ ]  *in rural settings* [ ]  *in greatest economic need (low income/minority)* [ ]  *greatest social need (low income/minority)* [ ]  *with severe disabilities* [ ]  *with limited English-speaking ability* [ ]  *with Alzheimer’s related disorders* [ ]  *caregiver responsibilities* | While this policy is directed at the provider level, sites are critical to these efforts and evidence should be available of their involvement in conducting this outreach. |
|  | **C** | **NC** | **NA** | **Notes** | **Monitoring Guidance and Standard Documentation** |
| **C10. Is there a record of nutrition education maintained at the nutritional site? Are approved nutrition education resources utilized?****SCDOA PP. CH. 500, SEC 503 (F)** | [ ]  | [ ]  | [ ]  |  | Review current nutrition education records. Monitor for proper use of the Nutrition Education Report form. Records are to be maintained/filed for minimum of 3 years- What is the process for record retention? |
| **C11. Are menus and meal records maintained at nutrition site?**  | [ ]  | [ ]  | [ ]  |  | Review current meal and menu records. Records are to be maintained/filed for minimum of 3 years- What is the process for record retention? |
| **C12. How is satisfaction with meals measured?****SCDOA PP CH 400, SEC 403, N** | [ ]  | [ ]  | [ ]  |  | Review procedure for meal satisfaction monitoring (survey and/or Advisory Council) |
| **C13. Do the AAA and/or its provider(s) have a complaint/grievance procedure in place?****SCDOA CH 400, SEC 410, B** | [ ]  | [ ]  | [ ]  | *\_\_\_Please describe or point out in written policy the nutrition program grievance policy**\_\_\_What would you do if a participant approached you and asked to lodge a formal complaint?* | Review that the procedure is stated in policy and posted. Participants should be aware of the policy. |
| **C14. Are participants informed of their right to make a voluntary contribution toward the cost of service? Are they informed of the cost of the meal and a suggested contribution schedule?****SCDOA CH 500, SEC 503, O-10-B** | [ ]  | [ ]  | [ ]  |  | Review procedure used for making participants aware of voluntary contributions. Facility Checklist- Cost Sharing & Meal Cost posted |
| **C15. Do participants appear engaged in the center’s programs and/or comfortable in its surroundings? (ex. Attending activities, involved in conversation, quietly engaged)** | [ ]  | [ ]  | [ ]  |  | Visit with participants in dining/activity areas. |
|  | **C** | **NC** | **NA** | **Notes** | **Monitoring Guidance and Standard Documentation** |
| **C16. Staff are visibly present and engaged with participants (ex. Staff friendly with participants, appropriate supervision; staff are respectful, knowledgeable about members)** | [ ]  | [ ]  | [ ]  |  | Observe staff interactions with participants in dining/activity areas. |
| **C17. Are group activities being conducted in an appropriate manner? (i.e. is there a leader, a specific project or program?)** | [ ]  | [ ]  | [ ]  |  | Observe group activity (does activity match what is noted on calendar). Is there a formal plan for the activity (lesson plan, etc.). |
| **C18. Have previous findings been resolved?** | [ ]  | [ ]  | [ ]  |  |   |
| ***Group Dining Meal Services – Client Interview Guide***

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| ***#1****How do you like the meals?**How do you like the nutrition site? Activities? Is it welcoming?**How did you hear about this site?**What are your suggestions for improvement?* | ***#2****How do you like the meals?**How do you like the nutrition site? Activities? Is it welcoming?**How did you hear about this site?**What are your suggestions for improvement?* | ***#3****How do you like the meals?**How do you like the nutrition site? Activities? Is it welcoming?**How did you hear about this site?**What are your suggestions for improvement?* |

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| **FACILITY CHECKLIST****Posted Information** **Y/N**[ ]  [ ]  Activity Calendar- accurately reflects what is happening on the day of visit- nutrition education, evidenced-based[ ]  [ ]  Cost Sharing & Meal Cost Amount- wording indicates contribution is voluntary[ ]  [ ]  Posting Menu – accurately reflects what is being served for the meal period[ ]  [ ]  Menu/Serving Guide (in kitchen area)[ ]  [ ]  Evacuation Plan/Diagram[ ]  [ ]  Americans with Disabilities Act Notice[ ]  [ ]  Grievance Procedures[ ]  [ ]  Title VI of Civil Rights 1964 Notice[ ]  [ ]  Choking[ ]  [ ]  Handwashing Poster (near handwashing sink)[ ]  [ ]  Leftover Food Policy[ ]  [ ]  Free of outdated materials (i.e. Food Guide Pyramid) | **Notes:**  |
| **Facility/Safety** **Y/N**[ ]  [ ]  The nutrition site identified by a readable sign including the agency’s name and phone number[ ]  [ ]  Facility is accessible to those with disabilities <https://www.adachecklist.org/checklist.html>[ ]  [ ]  Activity and congregation rooms appear clean and well maintained[ ]  [ ]  All rooms are well lit, including exits and emergency lighting (i.e. passageways)[ ]  [ ]  All stairs are free of obstructions and equipped with firmly anchored handrails[ ]  [ ]  There are clear, unobstructed routes for safe and efficient exit from the program in case of emergency[ ]  [ ]  Rooms are well ventilated and at comfortable temperature[ ]  [ ]  Bathrooms are clean, sanitary, and well stocked with supplies[ ]  [ ]  Water sources are safe: Hot/Cold/good pressure[ ]  [ ]  Fire extinguishers have current inspection tags **Fire Drill #1\_\_\_\_\_\_\_\_ Fire Drill #2\_\_\_\_\_\_\_\_ Fire Drill #3\_\_\_\_\_\_\_\_**[ ]  [ ]  Fire extinguishers are full charged[ ]  [ ]  First aid kit is easily accessible[ ]  [ ]  Smoke detectors/carbon monoxide detectors work properly[ ]  [ ]  Garbage is contained in covered receptacles, of adequate number, and kept away from serving area[ ]  [ ]  Pests are controlled (review last service and DHEC inspection if applicable); no evidence of insects or rodents | **Notes** |

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| III-C2: Home Delivered Service Monitoring Section (p. 12 – 15) |
| **Monitoring Question** | **C** | **NC** | **NA** | **Notes** | **Monitoring Guidance and Standard Documentation** |
| **HD1. Are participant records up to date and in order? Are participants eligible to receive services?****SCDOA PP. CH5, P. 120, 121, 125, 126** | [ ]  | [ ]  | [ ]  | *\_\_\_3 records reviewed* | Review hardcopy records to ensure that assessments are up to date and that participants were eligible to receive services in accordance with SCDOA policies. Site review should include at least 3 records of current participants identified from recent site records (e.g. current week’s meal route delivery roster).  |
| **HD2. What is the current number of clients enrolled in the HDM program? Has this number increased or decreased over the last 12 months?** | [ ]  | [ ]  | [ ]  |  | Review records for accuracy: meal route delivery roster compared to AIM records. |
| **HD3. Is there a log sheet kept to show who has received or not received a meal and why?** | [ ]  | [ ]  | [ ]  | *\_\_\_What would you do if a participant were not home without notice?**\_\_Are logs returned daily after route completion?* | Review process and procedures used for meal delivery and record keeping measures. Protocol should include that meals are delivered directly to the client and not left unattended for any reason as well as how to report to management. |
| **HD4. Are all log sheets signed off by drivers and supervising staff? Can these forms be made available when asked for?** | [ ]  | [ ]  | [ ]  |  | Review log sheets. Record retention policies should indicate that records are maintained for a minimum of 3 years. Inquire with staff how/where records are maintained/filed and for how long. |
| **HD5. Are at least five meals per week provided to participants?  If not, has a waiver been obtained from the state?****SCDOA PP. CH. 400, P. 91** | [ ]  | [ ]  | [ ]  | *\_\_\_Meals served 5 days/week (unless approved waiver)* | Review menu and delivery records to verify at least five meals per week are delivered. If not, there must be a waiver from the state due to rural designation or some other extenuating circumstance. |
| **HD6. Are participants informed of their right to make a voluntary contribution toward the cost of service?****SCDOA CH 300, SEC 305 O** | [ ]  | [ ]  | [ ]  | *\_\_\_How does someone make a contribution to services?* | Verify that home-delivered participants receive a notice of voluntary contribution and contribution schedule periodically (at least annually) including interviewing participants where appropriate. |
|  | **C** | **NC** | **NA** | **Notes** | **Monitoring Guidance and Standard Documentation** |
| **HD7. Are procedures in place to ensure the safeguarding of voluntary contributions?****SCDOA PP, CH. 500, SEC 503, P. 128** | [ ]  | [ ]  | [ ]  | *\_\_\_Please describe what procedures you have in place to safeguard participant contributions? Confidentiality?* | Verify that staff and volunteers know the contribution policies and procedures. Observe contribution collection process to ensure contributions are secure and confidential. Though not required, contribution acknowledgements mailed to participants are encouraged as a theft prevention measure. |
| **HD8. Are menus provided to HDM clients?** | [ ]  | [ ]  | [ ]  |  | Verify that there is a standardized process for menu distribution to HDM clients. |
| **HD9. Are there volunteer opportunities? If yes, are those hours tracked?** | [ ]  | [ ]  | [ ]  |  | Verify that there is a standardized process for logging volunteer hours. |
| **HD10. Are incident/accident reports kept on file?** | [ ]  | [ ]  | [ ]  |  | Verify that there is a process/procedure for reporting incidents/accidents. |
| **HD11. Is nutrition education provided to HDM clients?** | [ ]  | [ ]  | [ ]  |  | Verify that nutrition education is provided. Review Nutrition Education Report for Home Delivered Meals for approval as well as AIM records. |
| **Have previous findings have been resolved?** | [ ]  | [ ]  | [ ]  |  |   |

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| **Home Delivered Meals – Client Interview Guide**

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| **#1***Does someone come out to your home once a year and ask questions regarding your health issues, daily nutrition, etc. (annual assessment)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Is your meal delivered around the same time each day?\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Is it a hot or frozen meal (other)?\_\_\_\_\_\_\_\_\_\_**Are you satisfied with the meals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**What are your suggestions for improvement?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**How often do you get your meals?\_\_\_\_\_\_\_\_\_**Has there ever been a day that you didn’t get a meal when you were supposed to get it? (Example: bad weather or other emergency?)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Have you ever had any problems with your meals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Has someone explained to you about the ability to contribute towards the meals you receive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Was this solicitation non-coercive? \_\_\_\_\_\_\_* | **#2***Does someone come out to your home once a year and ask questions regarding your health issues, daily nutrition, etc. (annual assessment)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Is your meal delivered around the same time each day?\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Is it a hot or frozen meal (other)?\_\_\_\_\_\_\_\_\_\_**Are you satisfied with the meals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**What are your suggestions for improvement?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**How often do you get your meals?\_\_\_\_\_\_\_\_\_**Has there ever been a day that you didn’t get a meal when you were supposed to get it? (Example: bad weather or other emergency?)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Have you ever had any problems with your meals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Has someone explained to you about the ability to contribute towards the meals you receive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Was this solicitation non-coercive? \_\_\_\_\_\_\_\_* | **#3***Does someone come out to your home once a year and ask questions regarding your health issues, daily nutrition, etc. (annual assessment)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Is your meal delivered around the same time each day?\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Is it a hot or frozen meal (other)?\_\_\_\_\_\_\_\_\_\_**Are you satisfied with the meals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**What are your suggestions for improvement?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**How often do you get your meals?\_\_\_\_\_\_\_\_\_**Has there ever been a day that you didn’t get a meal when you were supposed to get it? (Example: bad weather or other emergency?)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Have you ever had any problems with your meals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Has someone explained to you about the ability to contribute towards the meals you receive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Was this solicitation non-coercive? \_\_\_\_\_\_\_\_* |

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| **Monitoring Question** | **C** | **NC** | **NA** | **Notes** | **Monitoring Guidance and Standard Documentation** |
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| **AAA-/Provider-Identified Monitoring Items** |
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