

Building a Respite Care Program In Your Community

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**RULES AND REGULATIONS PERTAINING TO
LONG TERM ADULT DAY CARE FACILITIES**

Division of Medical Services
Office of Long Term Care

Department of Health and Human Services

AUTHORITY

The following rules and regulations for Long Term Adult Day Care Facilities in Arkansas are duly adopted and promulgated by the Department of Health and Human Services, Division of Medical Services, Office of Long Term Care, pursuant to the authority expressly conferred by the laws of the State of Arkansas in Act 968 of 1985, Arkansas Stat. Ann. § 82-2208, and Act 58 of 1969 as amended and Act 28 of 1979 as amended.

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100 DEFINITIONS

The following definitions are listed to establish understanding of terms as applied in the regulations.

101 ADULT DAY CARE PROGRAM

A group program designed to provide care and supervision to meet the needs of four (4) or more functionally impaired adults for periods of less than twenty-four (24) hours, but more than two (2) hours per day in a place other than the adult's own home.

102 ADULT DAY CARE PROVIDER

The person, corporation, partnership, association or organization legally responsible for the overall operation of the Adult Day Care Program who has a current license to operate issued by the Office of Long Term Care.

103 APPLICANT

The person, corporation, partnership, association or organization which has submitted an application to operate an Adult Day Care Program but has not yet been approved and issued a license by the Office of Long Term Care.

104 DIRECT CARE STAFF

Those staff (paid and volunteer) assigned to take care of the direct needs of participants.

105 ADULT DAY CARE PROGRAM

A program of Adult Day Care shall not share staffing, licensed space, equipment or furnishings. When services and utilities are shared, the cost must be prorated for each program.

106 FUNCTIONALLY IMPAIRED ADULT

An individual, age eighteen (18) or older, who by reason of mental or physical disability, requires care and supervision.

107 INDIVIDUAL PLAN OF CARE

The Adult Day Care Provider's written description of the scope of services to be provided to each individual participant.

108 OFFICE OF LONG TERM CARE

The survey and license agency of the Department of Health and Human Services. In the regulations, Office of Long Term Care may be referred to as Office.

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109 DEPARTMENT

Shall be defined as the Arkansas Department of Health and Human Services.

110 DIVISION

Shall be defined as the Division of Medical Services of the Department of Health and Human Services.

200 GENERAL PROVISIONS FOR LICENSURE

This rule establishes the general licensure and application procedures, fees and the rights of applicants for licensure of Adult Day Care Programs.

201 LICENSURE REQUIREMENTS

Any person who establishes, maintains or operates an Adult Day Care Program, or advertises or holds him/herself out as being able to perform any adult day care service, shall obtain a license from the Office of Long Term Care, except for the following:

1. Any Adult Day Care Program operated by a person in which care is offered for no more than two (2) hours per day;
2. Any Adult Day Care Program maintained or operated by the federal government except where care is provided through a management contract;
3. Any person who cares solely for persons related to the provider or who has been designated as guardian of that person; and
4. Any Adult Day Care Program which cares for no more than three (3) persons who are not related within the fourth degree of consanguinity or affinity to the Adult Day Care Provider.

202 LICENSE APPLICATION

An application shall be submitted to the Office for each proposed Adult Day Care Program on forms supplied by the Office of Long Term Care.

203 LICENSURE FEE

A fee of \$10.00 shall accompany each Adult Day Care Program application for a license.

204 LICENSURE APPROVAL

The Office of Long Term Care shall review each application and investigate each applicant and Adult Day Care Program to determine that they comply with the Adult Day Care licensure law and these regulations and to insure that the health and safety of the participants are protected. Reviews shall be conducted as often as necessary and at least annually.

205 LICENSE ISSUANCE

If the Adult Day Care Program and the applicant are found to be in compliance, a license will be issued for a period not to exceed one year.

206 LICENSE RENEWAL

Licensure renewal applications will be sent to Adult Day Care providers at least sixty (60) days prior to the expiration of the current license. Renewal applications must be accompanied by a \$10.00 fee and be post-marked no later than January 30.

207 REVOCAION OF LICENSE

A license may be revoked or suspended for failure to cooperate with the Division or failure to comply with statutory or regulatory requirements.

208 APPEAL PROCEDURES

If any person is refused a license, or a license is suspended or revoked, or other official action by the Division is detrimental to the provider of an Adult Day Care Program, a determination from the Long Term Care Facility Advisory Board may be requested. The action must be taken within thirty (30) calendar days of an official notification of the adverse action taken by the Office of Long Term Care.

209 TRANSFER OF LICENSE

The license issued to the Adult Day Care provider shall not be transferable when there is a change of ownership or when the program is moved to another location or facility.

210 AUTHORIZED SIGNATURE

The application for an Adult Day Care program license shall be signed by the applicant's owner, chairman of the board or chief executive officer and shall be notarized.

211 EXPIRATION OF LICENSE

All Adult Day Care Program licenses shall expire on December 31, each year and shall be renewed by January 30, each year. Renewal application received after January 30 of each year will be charged \$1 (one dollar) per day penalty until the application is received.

300 PARTICIPANTS' RIGHTS AND PROGRAM POLICIES

This rule establishes certain rights of participants in Adult Day Care Programs and requires providers to have written program policies.

301 PARTICIPANTS' RIGHTS

Each participant of the Adult Day Care Program shall be assured of the following rights:

1. To be treated as an adult with respect and dignity regardless of race, color, sex, creed, or mental or physical disability.
2. To participate in a program of services and activities which promote positive attitude regarding one's usefulness and capabilities;
3. To participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop one's interests and talents;
4. To maintain one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence;
5. To be encouraged to attain self-determination within the adult day care setting, including the opportunity to participate in developing one's plan for services; to decide whether or not to participate in any given activity and to be involved in the extent possible in program planning and operation;
6. To be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided;
7. To have access to a telephone to make or receive calls, unless necessary restrictions are indicated in the individual care plan;
8. To have privacy and confidentiality;
9. To be free of mental or physical abuse; any abuse, neglect, or exploitation must be reported to the Department of Health and Human Services, Office of Aging, Protective Services as specified in Arkansas Stat. Ann. § 59-1301.
10. To be free to choose whether or not to perform services for the facility.
11. To be free of restraint, unless order by a physician for positioning and safety.
12. To be free of interference, coercion, discrimination or reprisal.

302 NOTIFICATION OF PARTICIPANTS' RIGHTS

Participants and their families shall be advised of participant's rights and program policies in writing and signed by responsible parties upon admission to the Adult Day Care Program.

303 POSTING OF PARTICIPANTS' RIGHTS

Participants' rights shall be posted in a conspicuous location in the§ Adult Day Care Program facility.

304 FACILITY PROGRAM POLICIES

The Adult- Day Care provider shall have a written program description, copies of which are available to the Division, participants, families and other interested agencies and individuals. The document shall describe at least: administrative organization, maximum number of participants that can be served; types of participants that shall and shall not be admitted; days of the week and hours of operation; services available to participants including cost for such services; procedures/requirements for admission; emergency arrangements for participants; criteria and procedure for discontinuing service to a participant/family procedure for resolving grievances and confidentiality of participant information and records.

305 ADMISSION AGREEMENT

Each operator shall execute with, and provide to, each participant an admission agreement specifying services to be provided, charges for services, condition and rules governing participants and termination of participants.

Each operator shall provide to each participant at or prior to admission and periodically thereafter for changes as specified in this subdivision, a written admission agreement duly executed, dated assigned by the parties to be charged. The statement shall be printed and shall contain the entire agreement of the parties including:

1. A complete statement enumerating in detail all charges, expenses and other assessments, if any, for services, materials, equipment and food, required by law or regulations and other services, materials, equipment and food which such facility agrees to furnish and supply to such participant during their period of stay;
2. The maximum total monthly, weekly or daily rate to be charged to the participant or responsible person;
3. A provision that no additional charges shall be levied by the operator unless specified in the listing of supplemental services and supplies and agreed to in writing by the participant or the responsible person;
4. The conditions under which the operator may adjust the basic monthly or daily rate and charges for supplemented services and supplies including:

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- a. The provision of written notification to the participant or responsible person of such adjustments at least 30 days prior to the effective date of such adjustments;
5. A provision that refund of advance payment(s) in the event of death, voluntary or involuntary discharge shall be on a prorata basis and the formula for such proration shall be detailed;
6. There is no provision for any waiver concerning the admission agreement.

400 STAFFING REQUIREMENTS

This rule establishes the minimum requirements for adult day care program staff, ratio of numbers of staff to participants and staff training.

401 ADULT DAY CARE DIRECTOR

The adult day care program shall have a director. Either the director or his/her designee shall be present and in charge during all hours that participants are on the premises. The director and his/her designee shall be at least twenty-one years of age, have a high school diploma or equivalent, in education or experience and have not been convicted of a felony or have any prior convictions under Act 28 of 1979.

402 DIRECT CARE PAID STAFF

Direct care paid staff shall be at least eighteen (18) years of age and trained and oriented to perform the duties required by the written job description.

403 VOLUNTEER STAFF

Volunteer staff shall be trained and oriented to perform the duties required by the written job description.

404 STAFF ALLOCATION

1. The adult day care provider shall provide a sufficient number of direct care staff on duty at all times to meet the needs of each participant and assure that participants are never left unattended. At a minimum, there shall be at least two (2) direct care staff persons when two through sixteen (2 - 16) participants are present and one (1) additional direct care staff person for any portion of eight (8) additional participants present. The Office of Long Term Care may require additional staff when determined the needs and services of the clients are not being met.
2. In day care programs where the executive director is responsible for more than day care services, he/she may not be counted as direct staff.
3. Trained volunteers at least eighteen (18) years of age may be counted in the direct care staff to participant ratio provided a volunteer program description, including the training to be provided and the system for assuring the presence of volunteer help as scheduled, the plan be in writing and on file in the facility.
4. Secretaries, cooks, accountants, and other non-direct care staff members shall not be considered in calculating the staffing ratio. In case of an emergency when a direct care staff must leave one (1) non-direct care staff may count until the emergency has been resolved.
5. Direct care staff shall not be counted simultaneously to meet the required staffing ratios for both the medical care facility, senior center or residential care facility.

405 MEDICAL STATUS OF PERSONNEL

All staff who have direct contact with participants shall be free of communicable disease, and physically and emotionally able to work in the adult day care program. Persons who have been diagnosed with a communicable disease may return to duty only with a physician's written approval. The director shall be responsible for monitoring the health of employees.

406 PERSONNEL REFERENCES REOUIREMENTS

No person shall be employed to work, or allowed to volunteer, in the adult day care program who left employment with any other employer due to abuse or neglect to patients, residents or clients and the dismissal was upheld by administrative review or conviction. The adult day care provider shall have made a reasonable check of references on all employees and volunteers.

407 GENERAL ORIENTATION OF PERSONNEL

All staff, including non-direct care, direct care volunteers, shall be given general orientation to the program, its policies, fire, safety and emergency procedures, prior to performing job responsibilities and documentation available for review by Office of Long Term Care personnel.

408 IN-SERVICE TRAINING

A minimum of eight hours in-service training shall be provided at least quarterly to staff, as appropriate to their job function and participant care needs. Documentation shall be maintained for review by Office of Long Term Care personnel.

500 PROGRAM AND PARTICIPANT CARE REQUIREMENTS

This rule establishes the minimum requirements for operating an adult day care program and providing care to participants.

501 INAPPROPRIATELY PLACED PARTICIPANTS

The adult day care provider shall neither knowingly admit, nor continue to care for, participants whose needs cannot be met by the program directly or in cooperation with outside resources. Participants who should not be admitted or retained in an adult day care program are as follows: Bedfast persons, persons who cannot self-administer their medication, (facility staff cannot administer treatments and therapies), and those: persons who have behavior problems that create a hazard to themselves or others.

507 EMERGENCY MEDICAL PLAN

Each provider shall have a written emergency medical plan which assures transportation to a hospital or other type of facility providing emergency care. A written agreement signed by each participant, or legal guardian, shall be on file in the facility granting permission to transport the participant in need of emergency care to the designated hospital or other type of facility. Client records must note any accident, injury or illness and emergency procedures that occur. Emergency telephone numbers for each participant shall be available to staff at all times.

503 PARTICIPANT MEDICAL HISTORY

The provider shall review and update a medical history on each participant to include activity needs and restrictions, dietary modification, etc., every 6 months or sooner if the client's condition changes.

504 INDIVIDUAL CLIENT PLAN

The provider shall develop a written individual client plan for each participant within five (5) contact days following the entry of the participant into the adult day care program. The plan shall be designed to maintain the participant at optimal functional level. The plan shall be based on information obtained from the participant, participant's family, and the person or agency referring the participant. The plan shall address the participant's functional abilities and activities that are of interest to the participant. The plan shall address specific individualized goals, means of goal accomplishment and specific, individual activities planned for the participant. The client plan shall identify the participant's regularly scheduled days for attendance, including arrival and departure times. The client plan shall be revised as frequently as warranted by the participant's condition, but shall be reviewed and documented at least every six (6) months and updated as necessary.

505 RESPONSE TO DAILY PROBLEMS

The director, or a designated staff person, shall maintain communication with participants and their families or other responsible persons to solve day-to-day problems which confront the participants. Referrals to other community resources should be made and services coordinated as needed.

506 MEDICATION

1. Participants must be able to self administer their own medication.
2. There shall be a written and approved system of handling and storing participants' medications.

507 REPORTING ABUSE/NEGLECT

The provider shall report any suspected Incidents of physical or mental abuse neglect and/or exploitation or any unusual occurrence as defined in Appendix A.

508 SERVICES PROVIDED

The adult day care provider shall offer at least the-following services:

1. **Planned group activities.** The adult day care program shall provide planned activities during at least fifty percent (50%) of the time that the program is open for daily operation. Activities shall be suited to the needs and interests of participants and designed to stimulate interest, rekindle motivation and encourage physical exercise. Activities shall be conducted individually and in small and large groups. Planned activities shall include but not limited to exercise recreation, social activities, and rest periods Physical exercise shall be designed in relation to each individual's needs, impairments and abilities and shall be alternated with rest period or quiet activities. In an associated program some, but not all, activities may be conducted cooperatively with the residents or participants of the other program.
2. **Activities of daily living.** The adult day care program shall provide assistance with walking, toileting, feeding, grooming, dressing and other activities of daily living in accordance with each participant's individual plan activity.
3. **Food Service.** The adult day care program shall ensure the availability of meals and supplemental snacks in accordance with each participant's individual client plan. Balanced wholesome meals will be served at approximately the same time daily. Supplemental snacks shall consist of nourishing food and beverages. Food may be prepared, stored and/or served on site if the requirements of the local health department or applicable regulations established by the Arkansas Department of Health are met. Food prepared away from the site shall be prepared in a facility which meets the requirements of the local health department or applicable regulations established by the Arkansas Department of Health or individual may bring their lunch from home. The provider shall arrange for special diets and other diet modifications as ordered by a physician and with the approval of the provider to

accept such clients. Such diets shall be served as ordered by the participant's physician. Modified diets shall be in effect for the specified number of days indicated in the physician's order. If no time is specified, the period may not exceed one (1) calendar year when another order from the physician shall be obtained.

4. **Observation.** The status of each participant shall be observed and documented in the participant's record at least biweekly by the adult day care program director or other designated staff.

509 PERSONAL SERVICES

The adult day care provider may offer the following services:

1. **Transportation.** If transportation services, are offered, directly or contracted for, the facility shall insure that the driver is licensed and that liability insurance is provided. Any charge for transportation must be described to the participant or responsible party. All vehicles transporting adult day care participants must have seat belts. Participants must wear seat belts at all times while being transported.
2. **Counseling services.** If counseling services are offered, they shall be provided by licensed or certified professional personnel.

600 RECORD KEEPING REQUIREMENTS

This rule describes the minimum requirements for administrative, participant and program records that the adult day care provider shall maintain.

601 ADMINISTRATIVE RECORDS

The adult day care provider shall maintain administrative records that include at least:

1. Written personnel policies;
2. An organizational chart depicting lines of supervision and responsibility;
3. Individual personnel records for both paid staff and volunteer staff who are counted in the staffing ratio that include the following:
 - A. Position title and written descriptions of job responsibilities;
 - B. Name, address, home telephone number, date of birth and Social Security number, and emergency contact number;
 - C. Documentation of professional qualifications; such as copies of license, certification, as applicable;
 - D. Educational background;
 - E. Employment history and documentation of references checked prior to employment;
 - F. Annual evaluation of work performance;
 - G. Record of dates and hours worked for at least the previous calendar year; and
 - H. Documentation, as applicable of any communicable disease and written physician's release to return to work;
4. Fiscal records that include documentation of program income and expenditures in accordance with generally accepted accounting procedure;
5. Records of orientation and in-service training provided; and
6. Current facility inspection reports from the local health authority, local fire department, Department of Health, or Office of Long Term-Care as applicable, including catered services.

602 PARTICIPANTS RECORDS

The provider shall maintain individual participant records that include at least:

1. Identifying information consisting of the participant's name; address home telephone number; sex; date of birth; legal guardian if applicable; the name and telephone number of the person to be notified in case of emergency, next of kin; travel directions between the home and program location and transportation arrangements if applicable;
2. Medical and Social History.
3. Individual client plan and progress notes;
4. Documentation of special diets if prescribed;
5. Daily attendance log for the previous calendar year; and
6. Documentation regarding any accidents or incidents.

603 PROGRAM RECORDS

The provider shall maintain program records that include at least:

1. Current written program description;
2. Schedule of daily group activities planned and record of activities actually conducted shall be maintained for the previous four (4) calendar months;
3. Weekly menus of meals planned and records of actual meals served shall be maintained for the previous four (4) calendar months;
4. Emergency medical plan; and
5. Fire safety plan.

604 CONFIDENTIAL REQUIREMENTS

Records or any information regarding adult day care program participants, shall be confidential and no information shall be released without a written, release of information signed by the participant or legal guardian except that records shall be available to the Office of Long Term Care for program inspection, monitoring or technical assistance purposes.

605 RECORD RETENTION

Records shall be maintained for no less than five (5) years. Current records shall be kept on site within the adult day care program. Inactive records may be maintained at another

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central location but in no case outside the State of Arkansas. Any current or Inactive record requested by the Division shall be available within twenty-four (24) hours of the request.

700 FACILITY PHYSICAL REOUTREMENTS

The rule establishes the minimum physical and maintenance requirements for facilities in which adult day care programs are operated.

701 GENERAL PROVISIONS

The adult day care program facility shall be safe and suitable for participants.

702 SPACE REQUIREMENTS

Minimum space requirements shall be forty (40) square feet per participant. Space requirements do not include office space, bathrooms, storage, or dining rooms, unless the latter is also used for activities. For associated adult day care programs, the required space shall be designated and in excess of the particular facility's minimum required licensed space for providing their regular services.

703 ACTIVITY/QUIET AREA

The facility shall have a room where all of the participants can gather as well as a quiet area for rest.

704 FURNISHING

All equipment and furnishings shall be safe and in good condition. Furniture shall be of a size and design so that it is easily used by persons with limited ability. It shall be sturdy and secure so that it cannot-easily tip when used for support while walking or sitting. At a minimum, the following shall be provided:

1. A minimum of one (1) comfortable chair for each participant;
2. Table space and chairs adequate for all participants to be served a meal at a table at the same time;
3. Reclining lounge chairs or other sturdy comfortable furniture, the number to be determined by the needs of the participants; and
4. One (1) bed or hide-a-bed with adequate privacy and quiet to be available for temporary use of participants as needed or in case of illness.

705 EQUIPMENT AND SUPPLIES

Equipment and supplies shall be adequate to meet the needs of participants including items necessary for direct care and items to encourage active participation and group interaction.

706 BUILDING CONSTRUCTION/REPAIR

The building in which the Program is located shall be of sound construction and maintained in good-repair.

707 VENTILATION

Ventilation, by natural or mechanical means, shall be provided. All screen doors shall be equipped with self-closing devices and shall fit tightly. Doors and windows and other openings to the outside shall be screened when necessary to prevent entrance of insects and vermin.

708 HEATING AND COOLING

The heating system shall be in compliance with the National Fire Protection Code published by the National Fire Protection Association (NFPA), and all state and local codes. Exposed heating pipes, hot water pipes, or radiators in rooms and areas used by participants shall be covered or protected, and insulated when appropriate. Portable space heaters shall not be used. Room temperatures shall be maintained between seventy degrees Fahrenheit (70°F) and eighty-five degrees Fahrenheit (85°F) in all seasons and the reasonable comfort needs of individual participants shall be met.

709 LIGHTING

Illumination shall be adequate in all areas and commensurate with the type of activity. Glare shall be kept at a minimum by providing shades at all windows exposed to direct sunlight and light fixtures shall have shades or globes.

710 PLUMBING

All plumbing and plumbing fixtures shall conform to applicable local codes. There shall be no cross-connection between the potable water supply and any source of pollution through which the potable water supply might become contaminated.

711 WATER SYSTEM

An adequate supply of water, the source of which is approved by the state water control authority, under sufficient pressure to properly serve the facility shall be provided. The potable water system shall be installed to preclude the possibility of backflow.

712 DRINKING WATER

Drinking water shall be easily accessible to the participants and provided by either an angle-jet drinking fountain with mouth guard or by a running water supply with individual drinking cups, or bottled water supply with individual drinking cups. Drinking facilities may not be located in a toilet room.

713 TOILET FACILITIES

At least one (1) toilet and washbowl shall be provided for each ten (10) participants or any major fraction thereof. The washbowl shall be in proximity to each toilet and shall have hot and cold running water. Hot water shall not exceed one hundred and ten degrees Fahrenheit (110°F). The toilet room shall provide privacy for participants. Each toilet room shall be equipped with approved natural or mechanical ventilation. All toilets shall have grabrails. Individual paper towels, a trash receptacle, soap and toilet paper shall be provided at all times and shall be within reach of the participants.

714 ACCOMMODATIONS FOR HANDICAPPED

Facility shall have ramps or other means of accessibility for handicapped persons. All facilities will make provisions for the participants they accept.

715 STAIRWAYS/HALLWAYS

Stairways and hallways shall be kept free of obstructions and shall be well lighted. All stairways and ramps shall have non-slip surface or treads. All inside and outside stair and ramps shall have handrails.

716 FLOOR COVERINGS

All rugs and floor coverings shall be secured to the floor. Throw rugs shall not be used. Polish used on floors shall provide a non-slip finish.

717 HOUSEKEEPING MAINTENANCE

Sufficient housekeeping and maintenance service shall be provided to maintain the facility in good repair and in a safe clean, orderly, attractive and sanitary manner.

718 STORAGE OF CLEANING SUPPLIES

Drugs, cleaning agents, pesticides and poisonous products shall be stored apart from food, out of the reach of the participants, and shall be used in manner which assures the safety of participants and staff.

719 DISPOSAL OF GARBAGE

Garbage shall be stored and disposed of in an approved manner.

720 PEST CONTROL

The facility shall be maintained free of insects and rodents. Control measures shall be provided to prevent rodent and insect infestation.

800 FIRE SAFETY REOUREMENTS

This rule establishes specific fire safety requirements for adult day care programs and facilities.

801 WRITTEN APPROVAL - FIRE SAFETY

Adult day care programs located in organized areas or municipalities shall obtain, annually, written approval from local fire safety officials certifying that the facility complies with local fire codes. If there are not applicable, codes, or if the Division determines that such codes are not adequate to assure the safety of older or handicapped persons, the provisions of the National Fire Protection Association New Educational Occupancies (NFPA No. 10 Section 10-7 1985 edition) shall apply.

802 EXITS

The facility shall have a minimum of two (2) exits remote from each other. Exits shall be clearly marked with exit signs and shall provide egress at ground level. Exit door shall swing out as with the flow of foot traffic. Each exit door will be equipped with a device to sound alarm when door opens. (Where not feasible, the facility must submit a plan to the Office of Long Term Care to show how security and protection of client will be assured.)

803 SMOKE DETECTORS/FIRE EXTINGUISHERS

Each provider shall locate, install and maintain in operable condition an adequate number of smoke detectors and fire extinguishers of the appropriate type as determined in consultation with the local fire authorities. Fire extinguishers shall comply with NFPA 10 requirements.

804 FIRE/DISASTER PLAN

A written plan for assuring the safety of participants staff and volunteers in case of fire or other disaster shall be developed in consultation with state or local fire authorities and shall include at a minimum, the following:

1. A written assessment of potential fire or safety hazards present on the premises and actions and procedures to follow to minimize potential danger;
2. A written schedule prepared and documentation provided that periodic checks for battery strength of smoke detectors and adequate pressure of fire extinguishers have been conducted monthly and documented.
3. A written training plan and schedule for staff and volunteers on safety responsibilities and actions to be taken if an emergency situation occurs. Such training shall be conducted and documented semiannually.
4. Fire or evacuation drills will be performed each month.

900 JUDICIAL POWER OF ENFORCEMENT901 INJUNCTIONS

The Office of Long Term Care working with assistance from Arkansas Social Services' Legal Section may bring an action for a temporary restraining order, preliminary injunction, or permanent injunction against the operator or licensee of a Adult Day Care Facility to enjoin one or more of the following:

1. Operation of:
 - a. An-unlicensed facility;
 - b. A previously licensed facility which has had its license suspended or revoked;
 - c. A licensed facility for which procedures for non-renewal or revocation of the home's license has been initiated and an emergency exists.
2. Acts or omissions which constitute a continuing violation of promulgated regulations;
3. Admission of new residents into a home:
 - a. Which is operating without a license;
 - b. Which has had its license suspended or revoked;
 - c. Which is presently involved in proceedings for non-renewal, suspension, or revocation of the license and there is reason to believe an emergency exists;
 - d. In which continued admissions into the facility will place the lives, health, safety, and welfare of the present and future residents in imminent danger.

902 RELOCATION OF RESIDENTS

The Office of Long Term Care may relocate residents from a Adult Day Care Facility if any of the following conditions exists:

1. One or more violations remain uncorrected after efforts seeking compliance have failed and the violation significantly impairs the licensee's ability to provide an adequate level of services and assistance to the number of residents indicated on the license.
2. An emergency exists in the facility.

3. The operator or licensee voluntarily closes the facility.
4. The facility requests the aid of the Office of Long Term Care in the removal of residents and the removal is made:
 - a. With consent of residents;
 - b. For valid medical reasons;
 - c. For the welfare of the resident or other residents.

903 SUSPENSION OF NEW ADMISSIONS

The Office of Long Term Care may suspend the admission of residents to a Adult Day Care Facility on the following grounds:

1. One or more deficiencies that directly affects the health and safety of residents remains uncorrected after efforts seeking compliance have failed and the effect of the violation or violations is to Impair significantly the licensee's ability to provide an adequate level of services or assistance to the number of residents indicated on the license.
2. An emergency exists in the facility.

Before new admissions are suspended, the licensee shall receive prompt notice of the Department's decision. The suspension shall terminate upon the Department's determination that the facility is in substantial compliance or upon successful appeal of the suspension by the licensee.

1000 SEVERABILITY

If any provisions of these Rules and Regulations, or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions and application of these Rules and Regulations which can be given effect without the invalid provisions or applications, and to this end the provisions hereof are declared to be severable.

01/01/87



Arkansas Department of Health and Human Services

Division of Economic and Medical Services

Seventh and Main Streets
P.O. Box 1437
Little Rock, Arkansas 72203

APPENDIX A

MEMORANDUM

TO: All Long Term Care Facilities
and Interested Persons

FROM: Jim Brown, Assistant Deputy Director
Economic & Medical Services, OLTC

DATE: June 3, 1986

SUBJ: Reporting of Incidents, Accidents and Deaths

In recent months there have been many questions regarding the procedures to be followed in reporting unusual incidents, accidents and deaths in long term care facilities. This memorandum is to advise that all unusual incidents, accidents and/or deaths must be reported to the Office of Long Term Care within the hour of occurrence. Absences as defined below, must be reported within the time frame outlined.

Definitions:

Absence shall mean circumstances where the client cannot be located or has left a facility without authorization or there is sufficient question as to the whereabouts of the client. If within a reasonable period of time not to exceed two hours, the client has left the facility without authorization or cannot be located, the client will be considered to be absent. Thereupon the report shall be made immediately. The period of time will be dependent upon the functional level of the client, the client's ability to survive under adverse conditions, the client's last known emotional state and the present weather conditions.

Abuse of an Adult means a situation posing an imminent risk of death or serious injury, bodily harm, assault, battery, or any willful or negligent act which results in physical or psychological injury inflicted by other than accidental means. All such cases must be reported within the hour of occurrence.

All Long Term Care Facilities & Interested Persons
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Abuse of a Child means nonaccidental physical injury, mental injury, sexual abuse or sexual exploitation inflicted on a person less than eighteen years of age, an injury which is at variance with the history given for it, and conduct defined by the criminal laws of Arkansas. All such cases must be reported within the hour of occurrence.

Client means an individual or recipient of a program, service or facility licensed by the Office of Long Term Care.

Death means the death of any person from violence, whether apparently homicidal, suicidal, accidental or industrial, including but not limited to death due to suspected or actual abuse, thermal, chemical, electrical or radiation injury and death due to criminal abortion, whether apparently selfinduced or not, or suddenly when in apparent good health. All such cases must be reported within the hour of occurrence.

Elopement shall be defined the same as absence.

Long Term Care Facility means any nursing home, residential care facility, adult day care center or ICF/MR licensed by the Office of Long Term Care in the State of Arkansas.

Neglect means the failure by a person responsible for another to provide for the person's basic, essential, and necessary physical, mental or emotional needs, including, but not limited to clothing, shelter, support, education, supervision, and medical care. All such cases must be reported within the hour of occurrence.

Premises means real estate owned, leased, rented or occupied for the operation of programs, and also includes equipment and vehicles utilized or operated by or for the program.

Program means the operation of the Department of Health and Human Services Divisions/Offices or Community Programs licensed, operated or funded wholly or in part by the Department of Health and Human Services.

Applicable Incidents to be Reported:

- A. Death
- B. Absence
- C. Abuse
- D. Elopement
- E. Neglect

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- F. Where there exist reasonable cause to suspect a crime has been committed in the administration of a program by or upon a client while participating in a program.
- G. Where there exist reasonable cause to suspect the presence of illegal drugs or intoxicants on the premises.
- H. Where there exist reasonable cause to suspect persons are under the influence of illegal drugs or intoxicants while on the premises and those persons are employed by the facility and/or program.
- I. Any Natural Disaster.
- J. Epidemic or serious communicable disease as defined by the State Health Department, which is enclosed.
- K. Serious accidents which require emergency medical attention by a paramedic, nurse, or physician. Does not mean that every small injury will be reported but only those of a serious nature which require emergency medical care and treatment.
- L. Disruption of service delivery or involuntary facility closure.
- M. Any Fire.

Reporting Requirements:

All reporting of applicable incidents shall be made within the hour of occurrence. The only exception is reporting of absences which must be made in accordance with instructions outlined earlier under the definition of absences. If the Assistant Deputy Director (formerly the Director of the Office of Long Term Care) is unavailable, the initial report will be made to one of the following individuals by telephone:

Jim Brown, Assistant Deputy Director
Office: 371-8149
Home: 224-0105

Sharon Jordan, Administrator
Office: 371-8149
Home: 223-3818

Jerry Rayburn, Administrator
Office: 371-8145
Home: 663-2793

Bobby Hargis, Administrator
Office: 371-8143
Home: 227-6633

In reporting incidents, accidents or deaths, the following is required:

1. Full name of client; age; sex; race;
2. Time and location of incident;
3. Name, address, and telephone number of facility administrator or operator;
4. Full name of persons involved;

All Long Term Care Facilities & Interested Persons
Page 4

5. Description of incident including summary of what occurred;
6. Status of situation at the time of reporting;

Administrator or operator of the facility. This report may be amended and resubmitted at any time circumstances require. In any event, written follow-up reports must be submitted to the Office of Long Term Care in instances whereby the case/incident is not closed; when a significant change in the situation, plan, or outcome occurs; or when necessary or directed.

All written reports shall include the following:

1. Type and summary of incident,
2. Corrective Action taken;
3. Preventive action plan; and
4. Outcome of any legal/medical services.

All specified incidents, accidents or deaths will also be reported to the appropriate office(s) as follows:

- A. All actual and suspected criminal conduct must be reported to local law enforcement agencies, local police, or Sheriff's Department.
- B. All actual and suspected criminal conduct which may constitute a felony shall be reported to the Arkansas State Police Chief Operator - Communication Center at 371-2141, 24 hours a day.
- C. All cases involving abuse/neglect of clients under eighteen years of age must also be reported to the local Division of Children and Family Services Office in your local county (County ADEMS Office). Telephone: 1-800-482-5964 or 371-2170/2173.
- D. All cases involving abuse/neglect of clients over the age of eighteen years of age must be reported to the Adult Protective Services Unit of the Division of Aging and Adult Services. Telephone: 1-800-482-8049 or 371-8167.

If you have questions concerning the above, please do not hesitate to let me know.

JB:ac/ljr

APPENDIX B

RULES OF ORDER FOR ALL APPEALS BEFORE THE
LONG TERM CARE FACILITY ADVISORY BOARD

1. The Long Term Care Facility Advisory Board shall hear all appeals by licensed long term care facilities, long term care administrators, or other parties regulated by the Office of Long Term Care with regards to licensure and certification under the authority of Section II of Act 58 of 1969 as amended by Act 28 of 1979 (Ark. Stat. Ann. § 82-211).
2. All appeals shall be made in writing to the Chairman of the Board within 30 days of receipt of notice of intended action. The notice shall include the nature of intended action, regulation allegedly violated, and the nature of the evidence supporting allegation and set forth with particularity asserted violations, discrepancies, and dollar amounts. The appeal shall state the basis for the appeal with supporting documentation attached and set forth with particularity those asserted violations, discrepancies, and dollar amounts which the appellant contends are in compliance with all rules and regulations.
3. Appeals must be heard by the Board within sixty (60) days following date of Chairman's receipt of written appeal unless otherwise agreed by both parties. The Chairman shall notify the party or parties of the, date, time, and place of the hearing at least seven (7) working days prior to the hearing date.
4. Preliminary motions must be made in writing and submitted to the Chairman and/or hearing officer with service to opposing party at least three (3) days prior to hearing date unless otherwise directed by the Chairman or hearing officer.
5. All papers filed in any proceeding shall be typewritten on white paper using one side of the paper only and will be doubled spaced. They shall bear a caption clearly showing the title of the proceeding in connection with which they are filed together with the docket number, if any. All papers shall be signed by the party or his authorized representative or attorney and shall contain his address and telephone number. All papers shall be served either on the Legal Department of Social Services, the attorney for the party, or if no attorney for the party, service shall be made on the party.
6. The Chairman of the Board shall act as Chairman in all appeal hearings. In the absence of the Chairman, the Board may elect one of their members to serve as Chairman. The Chairman shall vote only in case of a tie. The Chairman and/or Board may request legal counsel and staff assistance in the conduct of the hearing and in the formal preparation of their decision.
7. A majority of the members of the Board shall constitute a quorum for all appeals.
8. If the appellant fails to appear at a hearing, the Board may dismiss the hearing and render a decision based on the evidence available.

9. Any dismissal may be rescinded by the Board if the appellant makes application to the Chairman in writing within ten (10) calendar days after the mailing of the decision, showing good cause for his failure to appear at the hearing. All parties shall be notified in writing of an order granting or denying any application to vacate a position.
10. Any party may appear at the hearing and be heard through an attorney at law or through a designated representative. All persons appearing before the Board shall conform to the standards of conduct practiced by attorneys before the courts of the State.
11. Each party shall have the right to call and examine parties and witnesses; to introduce exhibits; to question opposing witnesses and parties on any matter relevant to the issue; to impeach any witness regardless of which party first called him to testify; and to rebut the evidence against him.
12. Testimony shall be taken only, on oath, or affirmation under penalty of perjury.
13. Irrelevant, immaterial, and unduly repetitive evidence shall be excluded. Any other oral or documentary evidence, not privileged, may be received if it is of a type commonly relied upon by reasonably prudent men in the conduct of their affairs. Objections to evidentiary offers may be made and shall be noted of record. When a hearing will be expedited, and the interests of the parties will not be substantially prejudiced, any part of the evidence may be received in written form.
14. The Chairman or hearing officer shall control the taking of evidence in a manner best suited to ascertain the facts and safeguard the rights of the parties. The Office of Long Term Care shall present its case first.
15. A party shall arrange for the presence of his witnesses at the hearing.
16. Any member of the Board may question any party or witnesses.
17. A complete record of the proceedings shall be made. A copy of the record may be transcribed and reproduced at the request of a party to the hearing provided he bears the cost thereof.
18. Written notice of the time and place of a continued or further hearing shall be given, except that when a continuance or further hearing is ordered during a hearing, oral notice of the time and place of the hearing may be given to each party present at the hearing.
19. In addition to these rules the hearing provisions of the Administrative Procedure Act (Ark. Stat. Ann. §5-701 et. seq.) shall apply.
20. At the conclusion of testimony and deliberations by the Board, the Board shall vote on motions for disposition of the appeal. After reaching a decision by majority vote, the Board may direct that findings of fact and conclusions of law be prepared to reflect the Board's recommendations to the Commissioner of Social Services. At his discretion and for good cause the commissioner of Social Services shall have the right to accept, reject or modify a

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recommendation, or to return the recommendation to the Board for further consideration for a more conclusive recommendation. All decisions shall be based on findings of fact and law and are subject to and must be in accordance with applicable State and Federal laws and regulations. The final decision by the Commissioner of Social Services shall be rendered in writing to the appellant.

21. All decisions of the Commissioner may be reviewed by a court of competent jurisdiction as provided under the Administrative Procedure Act.

Section I

Participant Rights and Responsibilities

300 PARTICIPANT RIGHTS AND RESPONSIBILITIES

In every day care and every respite center participants have rights and responsibilities. The Participant Rights and Participant Responsibilities must be posted on a prominent wall as well as included in the in-take packet.

Enclosed are copies of the rights and responsibilities that can be tailored for any center.

300 PARTICIPANTS' RIGHTS AND PROGRAM POLICIES

This rule establishes certain rights of participants in Adult Day Care Programs and requires providers to have written program policies.

301 PARTICIPANTS' RIGHTS

Each participant of the Adult Day Care Program shall be assured of the following rights:

1. To be treated as an adult with respect and dignity regardless of race, color, sex, creed, or mental or physical disability.
2. To participate in a program of services and activities which promote positive attitude regarding one's usefulness and capabilities;
3. To participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop one's interests and talents;
4. To maintain one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence;
5. To be encouraged to attain self-determination within the adult day care setting, including the opportunity to participate in developing one's plan for services; to decide whether or not to participate in any given activity and to be involved in the extent possible in program planning and operation;
6. To be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided;
7. To have access to a telephone to make or receive calls, unless necessary restrictions are indicated in the individual care plan;
8. To have privacy and confidentiality;
9. To be free of mental or physical abuse; any abuse, neglect, or exploitation must be reported to the Department of Health and Human Services, Office of Aging, Protective Services as specified in Arkansas Stat. Ann. § 59-1301.
10. To be free to choose whether or not to perform services for the facility.
11. To be free of restraint, unless order by a physician for positioning and safety.
12. To be free of interference, coercion, discrimination or reprisal.

302 NOTIFICATION OF PARTICIPANTS' RIGHTS

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Participants and their families shall be advised of participant's rights and program policies in writing and signed by responsible parties upon admission to the Adult Day Care Program.

303 POSTING OF PARTICIPANTS' RIGHTS

Participants' rights shall be posted in a conspicuous location in the Adult Day Care Program facility.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

301 Participant's Rights

This rule establishes certain rights of participants at the _____ Respite Care Program and requires providers to have written program policies.

Every participant attending the _____ Respite Care Program can be assured of the following rights:

1. To be treated as an adult with respect and dignity regardless of race, color, sex, creed, or mental or physical disability.
2. To participate in a program of services and activities which promote positive attitude regarding one's usefulness and capabilities;
3. To participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop one's interests and talents;
4. To maintain one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence;
5. To be encouraged to attain self-determination within the _____ Respite Care Program, including the opportunity to participate in developing one's plan for services; to decide whether or not to participate in any given activity and to be involved in the extent possible in program planning and operation;
6. To be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided;
7. To have access to a telephone to make or receive calls, unless necessary restrictions are indicated in the individual care plan;
8. To have privacy and confidentiality;
9. To be free of mental or physical abuse; any abuse, neglect, or exploitation must be reported to the Department of Health and Human Services, Office of Aging, Protective Services as specified in Arkansas Stat. Ann. § 59-1301.
10. To be free to choose whether or not to perform services for the facility.
11. To be free of restraint, unless order by a physician for positioning and safety.
12. To be free of interference, coercion, discrimination or reprisal.

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

301 Participant Responsibilities

- To comply with _____ Respite Care Program policies and procedures.
- To respect the personal rights and private property of other participants, staff and volunteers.
- To treat other participants, staff and volunteers with consideration, respect and dignity.
- To participate selectively and cooperatively in the services and activities of the _____ Respite Care Program, which will enhance the individual's feeling of well being.
- To notify the organization of physician changes.
- To notify the organization of changes in telephone, address, emergency contacts or living situations.
- To have an emergency contact person available at all times in case of illness or accident.
- To notify the organization as soon as possible of any schedule changes.
- To inform the organization of any changes in legal status or Advanced Directives.
- To be examined annually by a physician or when deemed necessary by the center nurse.

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

Section II

Respite Program Policies

304 RESPITE PROGRAM POLICIES

Philosophy

Respite Programs provide temporary relief to the families and caregivers of individuals with disabilities, chronic or terminal illness, or in circumstances in which an individual is considered to be at risk of abuse or neglect.

Attendance at a Respite Program may be provided on a planned or emergency basis to assist families/caregivers with day-to-day management and to provide supervision and basic care. It is an effort toward alleviating caregiver stress while providing safe, quality care for the individual. It is not intended to provide habilitative-oriented crisis intervention or long-term residential care.

Attendance at the Respite Program may be provided to individuals whose caregivers are temporarily unavailable due to medical, legal, or family emergencies, or other extenuating circumstances. Elements essential to the Respite Program include supervision, recreation, stimulation, nutrition, and attention to the Participant's day-to-day physical and emotional needs. The services provided by the Respite Program must meet the /caregiver or guardian's needs. This is done by structuring Participant admission based in individual caregiver or guardian issues.

_____ Respite Care Program does not discriminate on the basis of race, nationality, creed, religion, age, marital status, or disability in its programs, activities, or employment policies as required by Title VI and VII of the civil Rights Act of 1964, the Age Discrimination in Employment Act of 1 967, and Section 504 of the Federal Rehabilitation Act of 1973, and the Americans With Disabilities Act.

Purpose

The primary purpose of the _____ Respite Care Program is to provide assistance to individuals whose caregivers or guardians are overwhelmed with day to day experience of providing care. The _____ Respite Care Program is also designed to enrich the life of the participant by providing care in a homelike, nonrestrictive environment. The _____ Respite Care Program will be available, accessible and flexible, and will provide an opportunity for participants to take part in activities appropriate to their abilities.

Mission Statement

Improved quality of life for individuals and their caregivers through a varied program of activities and services in a protective nurturing environment.

304 FACILITY PROGRAM POLICIES

The Adult- Day Care provider shall have a written program description, copies of which are available to the Division, participants, families and other interested agencies and individuals. The document shall describe at least: administrative organization, maximum number of participants that can be served; types of participants that shall and shall not be admitted; days of the week and hours of operation; services available to participants including cost for such services; procedures/requirements for admission; emergency arrangements for participants; criteria and procedure for discontinuing service to a participant/family procedure for resolving grievances and confidentiality of participant information and records.

305 ADMISSION AGREEMENT

Each operator shall execute with, and provide to, each participant an admission agreement specifying services to be provided, charges for services, condition and rules governing participants and termination of participants.

Each operator shall provide to each participant at or prior to admission and periodically thereafter for changes as specified in this subdivision, a written admission agreement duly executed, dated assigned by the parties to be charged. The statement shall be printed and shall contain the entire agreement of the parties including:

1. A complete statement enumerating in detail all charges, expenses and other assessments, if any, for services, materials, equipment and food, required by law or regulations and other services, materials, equipment and food which such facility agrees to furnish and supply to such participant during their period of stay;
2. The maximum total monthly, weekly or daily rate to be charged to the participant or responsible person;
3. A provision that no additional charges shall be levied by the operator unless specified in the listing of supplemental services and supplies and agreed to in writing by the participant or the responsible person;
4. The conditions under which the operator may adjust the basic monthly or daily rate and charges for supplemented services and supplies including:

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- a. The provision of written notification to the participant or responsible person of such adjustments at least 30 days prior to the effective date of such adjustments;
5. A provision that refund of advance payment(s) in the event of death, voluntary or involuntary discharge shall be on a prorata basis and the formula for such proration shall be detailed;
6. There is no provision for any waiver concerning the admission agreement.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

304 _____ Respite Program Policy I

A. Administrative Organization

Welcome to the _____ Respite Care Program. This program is staffed with a Program Director, Program Coordinator and volunteers. To date, this program is licensed for up to _____ participants.

B. Participant Eligibility

The _____ Respite Care Program is available to adults fifty-five years of age and older. All county residents, without regard to income, race or religion are eligible. Admission referrals will be accepted from all service agencies, law enforcement, health and mental health professionals, clergy, and families. All referrals, correspondence and/or inquiries will be coordinated through the Program Coordinator who is responsible for the intake process, determining need, and initiating respite service. Criteria for admission include:

- Application/intake for respite care
- Medical examination conducted by a physician within the previous twelve months and a written statement from the physician regarding medications or any medical precautions
- Medical/Transportation Release Form signed by the caregiver(s) or guardian consenting to treatment and transportation should the need arise
- Participant Cognitive Emotional Status
- Participant Social History
- Signed statement by caregiver(s) acknowledging they understand mandatory requirements for reporting abuse

C. Health

- * All participants must be free from tuberculosis or other diseases in a communicable form, by an Arkansas licensed physician.
- * No participant may attend the _____ Respite Care Program while exhibiting the symptoms of the common cold, influenza or any other contagious disease.
- * Participants whose physical and/or mental health condition requires on-going continual one-on-one staff assistance will not be admitted or retained.

D. Medications

The _____ Respite Care Program will not dispense medications. Any medications that must be given during the course of the day are the responsibility of the participant, his/her caregiver or guardian.

No medications will be stored at the _____ Respite Care Program.

E. Medical Emergency Procedures

* If a participant, due to injury or illness, requires emergency medical assistance, the Respite Program Director or designated individual will summon paramedics (911), notify the participant's personal physician and emergency contact, and arrange for ambulance transport, at the participant's expense or under a health care plan, to the nearest emergency facility, which may not be the hospital of choice.

F. Transportation

* Transportation arrangements are the responsibility of the Participant, his/her caregiver or guardian. Transportation arrangements are made on a door-to-door basis to and from the center. Participants may not disembark at other locations en route unless previous arrangements have been made in writing with the Respite Program Director and any other persons involved.

* Participants must be picked up with-in 10 minutes of closing. The caregiver/ guardian or Participant will be charged \$1.00 a minute for every minute beyond the 10 minute grace period at the close of the day.

G. Meals

* The meals served at the _____ Respite Care Program will be _____. Meals are especially designed to meet the nutritional needs of the participants. The center is unable to provide special medical diets. Participants may bring their own lunches if the physician authorizes it.

* Because of the possibility of spoilage or contamination, no food is to be taken from the center with exception of meals specially prepared for that purpose.

H. Attendance

* On a space available basis, and depending on funding, participants may attend as many or as few days as they wish. Reservations, however, must be made the day prior to attendance, with the consent of the Respite Program Director.

* Once an arrangement is made, the participant and her/his caregiver or guardian should make every effort to see that she/he comes in. A meal has been ordered, transportation arrangements made, and perhaps some other participant refused service because of lack of space. Participants/caregivers that fail to notify the center will be charged.

* Participants are to remain at the center or with center personnel throughout the day.

I. Monetary Considerations

- * Gifts: Gifts may be made to the Respite Program and not to individual personnel. The acceptance of personal gifts, money or tips by Respite Program employees constitutes grounds for termination of their jobs.
- * Sales: No one is to sell or trade any items of monetary value at the _____ Respite Care Program without the written approval of the Respite Program Director.
- * Fund Raising: Participants and/or their caregivers or guardians will be notified of special fundraising efforts. Participant involvement will be entirely voluntary.
- * Employment of Respite Program Staff by Participant, Caregiver or Guardian: No Respite Care Program Personnel may accept employment from the caregiver or guardian of a Participant at the _____ Respite Care Program without the written permission of the Respite Care Program Director.

J. Participant Suspension or Termination

- * It is our philosophy that a participant can attend the _____ Respite Care Program as long as he/she would like, however, the physical, medical and mental conditions of participant may change, resulting in a higher level of care and supervision than the _____ Respite Care Program can provide. Therefore, there may be a time when our respite center services will no longer be appropriate to meet the needs of a participant. At such time, The Respite Program Director or Program Coordinator will assist the participant, caregiver or guardian to find a suitable alternative for the participant in order to maintain continuity of care.
- * The Respite Care Program Director may authorize suspension/termination respite services for any of the following conditions:
 - a. Physical combativeness which may result in other participants or staff being physically injured (immediate suspension is mandatory).
 - b. Symptoms of contagious disease as determined by Respite Center Director and another individual (immediate suspension is mandatory).
 - c. Persistent incontinence that becomes unmanageable within the capabilities of the center.
 - d. Continuous unhygienic practices.
 - e. Unmanageable behavior, i.e. wandering, verbal abuse, which endangers safety of other participants and staff, or disrupts programs or activities.
 - f. Refusal to observe Agency policies relating to medications, food, transportation, etc.
 - g. Conditions which necessitate a constant one-to-one, staff-participant relationship.

The Respite Care Program Director must suspend services when a condition poses a physical threat to themselves and/or other participants/staff.

If suspension has been instituted and efforts to modify difficulties to allow participant to remain in center are unsuccessful, termination may occur.

The participant has the right to appeal suspension/termination decisions as well as all other administrative decisions, through regular grievance procedures. Participant attendance during the appeal process will depend upon circumstances and will be contingent upon the approval of the Respite Care Program Director.

K. Discharge by a Participant

* The participant has the right to discharge himself from the _____ Respite Care Program for any reason upon presentation of a request, in writing, or, if the participant is adjudicated incapacitated, upon written consent of the guardian; or if a participant is assessed by the Respite Care Program Director at the time of intake as confused, shall not be able to discharge him/herself until after the center notifies the appropriate person or persons and obtains their written approval.

This form is a compilation of information, and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual.

Church or Organization Name
Address
City, State Zip Code
Phone and Fax Number

304 _____ Respite Program Policy II

Mission: *Improved quality of life for individuals and their caregivers through a varied program of activities and services in a protective nurturing environment.*

Hours: Hours of operation range from _____ a.m. to _____ p.m. every _____ of the week. Hours may vary according to Participant utilization patterns

Services Provided

Activities: A varied program of therapeutic and recreational activities designed to enhance self-image, encourage socialization, maintain mobilization, and provide cognitive stimulation, entertainment and cultural enrichment.

Alzheimer's Caregiver Support Group: Meets the first Thursday of the month from 1 p.m. to 2:30 p.m. Onsite care provided.

Nutrition: Snacks and a well balanced hot lunch are served daily.

Transportation: The _____ Respite Care Program does not provide transportation.

Referral: Referral assistance to health and social service agencies can be made for Participants, their caregivers or guardians who are in need of medical, psychological, fiscal, legal, transportation and or nursing assistance or placement.

Rates:

_____ Respite Care Program Rates are \$ _____ per hour or \$ _____ per day.

The cost per lunch meal is \$ _____.

Returned checks are \$ _____.

Late Charges for Participant pick-up are \$ _____ for the first hour after the Respite Care Program closes. After one hour Adult Protective Services will be notified.

Cancellation Charges will be % _____ of the chare for the day without a 24 hour notice.

This form is a compilation of information from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

_____ Respite Care Program Grievance Policy

The _____ Respite Care Program works very hard to make sure all participants are satisfied with the services that they receive. Participants and their caregivers are encouraged to discuss any problems promptly with the Respite Program Coordinator. If the problem continues to be unresolved, concerns may be discussed directly with the Respite Program Director. If, after following the above steps the problem is still not resolved, the following Grievance Procedures will be followed:

All Participants assessed to receive, or receiving our services, have a right to file a grievance as a formal notice of dissatisfaction with staff, services received or the decision to be placed on a waiting list to receive services. If the grievance is regarding a reduction or termination of services letter, the grievance must be filed within 10 calendar days of the postmark on the letter. Within 7 days of receipt of the request, written notice will be sent to the requester to acknowledge receipt of the request. This notice will also include:

- a. The time and place scheduled for the review;
- b. The designation of one or more impartial reviewers who have not been involved in the decision at issue;
- c. The requester opportunity to examine, at a reasonable time before the review! the individual's own case record; and opportunity to request a copy of such case record at no cost to the individual;
- d. The requesters opportunity to informally present argument, evidence, or witnesses without undue interference at a reasonable time before or during the review;
- e. A contact person for any accommodations required under the Americans with Disabilities Act; assistance, if needed, in order to attend the review.

All grievance reviews will be conducted at a reasonable time and date. The review committee will provide written notification to the requester within 7 calendar days after the grievance review of:

- a. The decision stating the reasons in detail
- b. The individual's right to appeal an adverse decision to the Area Agency on Aging (AAA) by written request within 7 calendar days; (information on how to contact the AM will also be provided)
- c. The availability of _____ Respite Care Program staff to assist in writing, submitting, and delivering the appeal to the appropriate agency
- d. The opportunity to be represented by him/herself or by legal counsel, a relative, a friend, or other qualified representative.

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Notice of Confidentiality of Participant Information and Records

This document describes how medical information about you may be used and disclosed. It also describes how you may gain access to this information. Please review this document carefully. If there are any questions about this notice, please contact _____ at _____.

Section A: Who Will Follow This Notice?

This Notice describes the _____ Respite Care Program practices and that of:

- Any health care professional authorized by this Program to enter information into your medical record.
- Any paid staff member or volunteer that helps you while you are a participant in this program.

Section B: Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or maintained by this Program. This Notice will tell you about the ways in which we may use and disclose your medical information. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to make sure that medical information that identifies you is kept private and give you this Notice of our legal duties and privacy practices with respect to your medical information and follow the terms of the Notice that is currently in effect.

Section C: How We May Use and Disclose Your Medical Information

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, case managers, social workers, or other personnel involved in providing health care and related services to you. For example, a social worker or case manager who is handling your case may need to know if you have diabetes in order for you to receive proper services. In addition, the social worker or case manager may need to tell the dietician if you have diabetes so that appropriate meals can be arranged. We may share your medical information with different departments of a hospital or nursing home in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to other people outside this Program who may be involved in your medical care, such as family members, clergy or others who provide services that are part of your care.

Payment: We may use and disclose medical information about you so that the treatment and services you receive from this Program may be billed to, and payment may be collected from, federal and state health care programs (including, Medicaid), you, an insurance company or a third party, as applicable. For example, we may give federal or state health care program information about health care or related services that we provided to you, so the federal or state health care program will pay us or reimburse you for the services. We also may tell federal or state health care programs about a treatment you are going to receive in order to obtain prior approval or to determine whether the treatment will be covered.

Health Care Operations: We may use and disclose medical information about you in order to operate this Program. These uses and disclosures are necessary to run this Program and to make sure that all of our participants receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine medical information about other participants to decide what additional services we can offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, case managers, social workers, and even personnel from other health care organizations and medical institutions, such as a hospital or nursing home, for review and learning purposes; and we may combine the medical information we have with medical information from other health care organizations and medical institutions, such as hospitals or nursing homes, to compare how we are doing, and to see where we can make improvements in the care and services we offer. We also may remove information that identifies you from this set of medical information, so others may use it to study health care and health care delivery without learning who the specific participants are.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for health care or related services either at this Program or your home.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible health care related options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals: Involved in Your Care or Payment for Your Care: We may release medical information about you to a caregiver or guardian who is involved in your medical care. We also may give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort, so your family can be notified about your condition, status and location,

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Right to Inspect and Copy: You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply (for example, disclosures to your spouse).

We are not required to agree to your request : If we agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Section D: Special Situations

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation. We also may release medical information to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following:

To prevent or control disease, injury or disability:

To report births and deaths:

To report child or elder abuse or neglect:

To report reactions to medications or problems with products:

To notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition:

To notify the appropriate government authority if we believe a participant has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations,

inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement : We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at our program or at the hospital; and in emergency circumstances, to report a crime, the location of the crime or the victims; or to report the identity, description or location of the person who committed the crime.

Coroners: Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may release medical information about participants to funeral directors as necessary to carry out their duties.

Section E: Your Rights Regarding Medical Information

You have the following rights regarding medical information we maintain about you:

Denial: We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the Program will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for this Program. You must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information:

That was not created by us unless the person or entity that created the information is no longer available to make the amendment

Is not part of the medical information kept by or for this Program

Is not part of the information which you would be permitted to inspect and copy

Right to an Accounting of Disclosures: You have the right to request an 'accounting of disclosures.' This is a list of the disclosures we made of medical information about you. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Reouest Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to

someone who is involved in your care, or the payment for your care (for example, a family member or friend). You also could request us not use or disclose information about a surgery you had.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

Section F: Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Program room.

Section G: Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact the Respite Program Director. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Section H: Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care we provided to you.

To Avert a Serious Threat to Health or Safety We may use and disclose medical information about you when necessary to prevent a serious threat to your health or safety, or the health or safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Section I: Organized Health Care Arrangement

Our Program, other federal and state affiliated agencies and other independent health care professionals (including your physician), may agree, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your health care needs.

Section J: Marketing

We may contact you as part of our marketing efforts. We are required to obtain your written consent to use your health information for marketing purposes. Marketing does not include face-to-face encounters or communications involving promotional gifts of nominal value. Marketing also does not include communications to you about treatment options or our own health-related products or services. The selling of lists of participants to third parties, and the disclosure of your health information to a third party for the third party's marketing activities is prohibited without your authorization.

Section K: Fundraising

We may contact you as part of our fundraising efforts. The only information about you that will be distributed for any fundraising effort is your demographic information (e.g., name, address, telephone number, etc.) and the dates you were a participant in the _____ Respite Care Program.

This form is a compilation of information from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Manual.

Church or Organization Name

Address

City, State Zip code

Phone and Fax Number

_____ Respite Care Program

Record of Authorization and Release of Liability

This **Record of Authorization and Release of Liability** is executed this day of _____, by _____, the Participant and/or _____, the Participant's authorized caregiver, guardian, next of kin, or other responsible person on behalf of _____ Respite Care Program, other participants of the program and each of their insurance carriers, officers, directors, agents, employees, sub-contractors, subsidiaries and affiliates.

WHEREAS, _____ operates and manages a respite care program known as _____ Respite Care Program, and

WHEREAS, Participant and/or Responsible Person have entered in to an agreement with _____ Respite Care Program for the Participant to obtain respite services; and

WHEREAS, in order to provide such services, the _____ Respite Care Program has requested and the participant and/or responsible person have agreed to provide certain authorizations and releases contained herein.

NOW THEREFORE, for good and valuable consideration, the parties agree as follows:

1) MEDICAL SERVICES

a) **Emergency Release:** The Participant and/or the Responsible Person authorize _____ Respite Care Program, its employees and agents to summon a physician of their choice, and/or to transport or arrange transportation of the Participant to the nearest hospital, emergency room, psychiatric facility, urgent care clinic or other facility that provides medical care in the event _____ Respite Care Program, its employees or agents, in their sole discretion, deem it necessary for the Participant's health or well being. The _____ Respite Care Program will use reasonable efforts to contact the Participant's personal physician or designated alternative physician if such contact would be reasonable under the circumstances. The Participant and/or Responsible Person agree to be liable for payment of fees for services obtained by _____ Respite Care Program on the Participant's behalf pursuant to this section, and agree to reimburse _____ Respite Care Program and indemnify the _____ Respite Care Program from, and hold them harmless for any costs associated therewith. In the event it is necessary for the _____ Respite Care Program to initiate legal proceedings to obtain reimbursement of any expenses incurred hereunder, the _____ Respite Care Program shall be entitled to receive from the Participant and/or Responsible Person, in addition to all other remedies, all costs, including reasonable attorney fees, associated therewith.

b) Do Not Resuscitate Orders: PARTICIPANT AND RESPONSIBLE PERSON UNDERSTAND AND AGREE THAT IN ACCORDANCE WITH AGENCY POLICY, THE _____ RESPITE CARE PROGRAM STAFF ARE REQUIRED TO PERFORM CARDIOPULMONARY RESUSCITATION (CPR) ON PARTICIPANTS IN NEED OF RESUSCITATION WHILE AWAITING EMERGENCY MEDICAL TECHNCIANS ("EMT"). THE _____ RESPITE CARE PROGRAM WILL NOT ACCEPT *DO NOT RESUSCITATE ("DNR") ORDERS*. _____ RESPITE CARE PROGRAM STAFF WILL PRESENT *THE LIVING WILL AND/OR HEALTH CARE SURROGATE FORMS* TO THE EMT's UPON ARRIVAL, PROVIDED THAT A COPY OF SUCH DOCUMENTATION IS IN THE PARTICIPANT'S FILE.

c) Authorization for Treatment and Services: The Participant and/or Responsible Person hereby give permission for authorized personnel of the _____ Respite Care Program to perform all necessary procedures and treatments as prescribed by the Participant's physician for the delivery of respite care services. The Participant and/or Responsible Person understand that the Participant and/or Responsible Person may refuse treatment or terminate services at any time and the agency may terminate their services as explained in orientation.

d) Authorization for Supervision of Medication: The Participant and/or responsible person acknowledges that it is not the responsibility of the respite care staff to give medications. No medication will be given out by the respite care staff.

2) MEDICAL AND OTHER RECORDS

a) Authorization To Obtain Medical Information: The Participant and/or Responsible Person hereby authorizes the _____ Respite Care Program, its employees and agents to obtain such information as they reasonably deem necessary, in accordance with agency policy, to enable the agency to best care for the Participant's needs, to evaluate the Participant's ability to participate in programs and to comply with applicable law. The Participant and/or the Responsible Person authorizes the agency, its employees and agents to obtain such information from applicable insurance companies, claims or benefit administrators, prepayment organizations, governmental agencies, providers of health care (including without limitation, doctors, nurses, therapists, hospitals, clinics, dentists) and any day care agencies. *The _____ Respite Care Program shall use reasonable efforts to maintain the confidentiality of such information and shall disclose the information only to those whom the agency determines, in its reasonable discretion, have a legitimate reason for obtaining such information.*

b) Authorization For Release Of Information: The _____ Respite Care Program, its employees and agents are hereby authorized to furnish and release, in accordance with agency policy, such medical, professional and clinical information as the agency deems reasonably necessary for the Participant's health or well being, or the completion of any hospitalization claims, insurance forms, workers compensation claims, or similar third party requests.

3) RELEASE OF LIABILITY

a) Consent To Responsibility For Services: The Participant and/or the Responsible Person have been fully informed of all services that will or may be provided in the _____ Respite Care Program, and all activities in which the Participant will or may participate. These may include,

but are not limited to: transportation to and from the, Program, exercise, self-care instructions, nutrition, medical monitoring, education, recreation, occasional excursions, and a variety of therapeutic, leisure, social, health activities and other services, but not limited to hair care, aroma therapy, pet therapy, aimed at restoring, remediating or maintaining the Participant's optimal functioning, increasing the Participant's interaction with others and enhancing the Participant's physical and emotional well-being. The Participant and/or Responsible Person hereby assume all risk for Participant's health and well being. The Participant and/or the Responsible Person acknowledges that the Participant is being admitted to the Program of his/her own volition and is participating in the above described programs, activities and services with full knowledge of the associated risk and agrees to expressly assume sole and entire responsibility for any injuries or damages sustained as a result of Participant's participation in the above described programs, activities and services even if such injuries or damages are due in whole or in part to the negligence, breach of contract or culpable conduct of any of the Released Parties. Accordingly, the Participant and/or the Responsible Person hereby voluntarily release the Released Parties from any and all claims, damages, demands, costs, expenses, suits and/or liabilities that might arise out of or be connected with Participant's participation in the above described programs, activities and services or attendance at the _____ Respite Care Program.

b) Release From Responsibility For Valuables: The Participant and/or the Responsible Person have been informed that the Participant should not bring valuables or large sums of money to the Program. The Participant and/or the Responsible Person understands and agrees that neither the agency nor any of the Released Parties shall be responsible for any personal property of the Participant, including but not limited to the theft, loss or damage of any money, jewelry, glasses, dentures, documents or other personal articles.

c) Waiver of Respite Care Program's Responsibility For Leaving Premises Without Approval: Other than at the conclusion of the Respite Care Programs regular operating hours or other pre-arranged time, Participant and/or Responsible Person acknowledge and agree that the Participant shall not be permitted to leave the program for any reason whatsoever without the written consent of the attending physician.

4) PUBLIC RELATIONS, PHOTOGRAPHY, MEDIA RELEASES

The Participant and/or the Responsible Person authorizes the release of photographs, video tapes or other likenesses, recordings, writings or any other materials of the Participant to be used by the _____ Respite Care Program or their affiliates for the purpose of publicity, marketing, public relations or educational purposes without compensation to the Participant, the Responsible Person or and of their heirs, successors or assigns. All such materials shall be the property of _____ Respite Care Program solely and completely.

5) TRANSPORTATION

The Participant and/or the Responsible Person authorize(s) the Program and its employees and agents to transport the Participant to occasional excursion activities during hours of attendance. Transportation may be furnished by program staff volunteers, taxi or other approved transportation services.

6) MISCELLANEOUS

a) Continuity Of Release: The Participant and/or the Responsible Party understands that this Release will continue in full force and effect regardless of any termination and/or reinstatement of services unless the Participant is no longer receiving services and the Release is terminated in writing by the Participant or Responsible Party.

b) Notices: Except as otherwise specifically provided herein, all notices or other communications that may be or are required to be given pursuant to this Release shall be in writing and shall be mailed by regular U.S. Mail addressed to the party's last known address or transmitted by hand delivery. Each notice that is mailed or delivered in the manner described above shall be deemed sufficiently given and received for all purposes at the earlier of such time as it is hand delivered to the addressee or within three (3) days of when it is deposited in the U.S. Mail.

c) Governing Law and Venue: This Release shall be construed and interpreted according to the internal laws of the state of Arkansas. The parties agree that any action brought by either party against the other in any court, whether federal or state, shall be brought within the state of Arkansas in the judicial circuit in which _____ Respite Care Program has its principal place of business. Each party hereby agrees to submit to the personal jurisdiction of such courts and hereby waives all questions of personal jurisdiction or venue for the purpose of carrying out this provision, including, without limitation, the claim or defense therein that such courts constitute an inconvenient forum.

I acknowledge that I have read, understood, and have received a copy of this agreement and have provided full and complete information to the _____ Respite Program Director.

_____	_____
Participant	Date
_____	_____
Caregiver/Responsible Person	Date
_____	_____
Respite Program Director	Date

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

_____ **Respite Care Program Acknowledgement**

I, _____

Name of Participant, Caregiver or Guardian

acknowledge that:

- I have been informed of the provision for service of the _____ Respite Care Program.
- I have received a summary statement of the _____ Respite Care Program Policies and Procedures.
- The Responsibilities and Rights of the Participant have been explained to me.
- I have received a written statement of the services available at the _____ Respite Care and any fees that may be associated with them.
- I have been provided information on facts related to emergency preparedness and emergency management.
- I have been provided information on Abuse, Neglect and Exploitation of a Disabled or Elderly Person.

Name of Participant

Signature of Participant, Caregiver or Guardian

Date

This form is a compilation of information, and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual page 139.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

_____ Respite Care Program

Participant Consent Form

Participant's Name: _____ Date: _____

Date of Birth: _____

I _____ agree to allow the above named person to participate in the _____ Respite Care Program.

I give permission to staff to call a doctor for emergency medical care for the person named above. It is understood that a conscientious effort will be made to locate me or designated emergency contact before any action will be taken.

I understand that no medications will be given by the respite care staff.

I give consent for the _____ Respite Care Program to transport my loved one to and from the _____ Respite Care Program on designated field trips. I will be notified as to the date and place of each field trip prior to its occurrence.

Explained by (please print)

(Title)

Signature of Caregiver or Guardian

Date

This form is a compilation of information and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual, page 143.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Respite Center Attendance Confirmation Form

(Participant's name) _____ will be attending _____ Respite Center.

Service will begin _____.

He/she will attend: Every Week
 Bi-weekly
 Monthly
 Other _____.

Transportation will be provided by: Self Caregiver/Guardian
 Other (Please specify) _____.

If the you/participant cannot attend the respite center on your scheduled day(s) due to illness, hospitalization, etc., please have someone call the center at _____ the day before, or before _____ a.m. the same day.

Participant/Caregiver Signature: _____ Date: _____

Center Manager: _____ Date: _____

Please make take-home copy for Participant Caregiver

Sample Consent Form

Name of person receiving care _____ Date of Birth _____

Caregiver _____

I _____ hereby agree to participate and allow the above named person to participate in the program of the **[name of program]** as explained to me by the appropriate staff. The program may include collection of environmental, developmental, medical, psychiatric, social, and economic information by the **[name of program]** staff.

I hereby authorize staff of the respite program to administer prescriptions and non-prescription medications as medically indicated. I also give my permission to the staff to call a doctor for medical care for the person named above. It is understood that a conscientious effort will be made to locate me or designated emergency contact before any action will be taken.

I hereby request and give consent to the staff of the respite program for said person to receive surgical aid as may be deemed necessary by a duly licensed or recognized physician or surgeon in case of an emergency when I or my representative cannot be reached.

I hereby request and give my consent for **[name of program]** respite program to transport my loved one to and from agency facilities and respite locations and on designated field trips. I will be notified as to the date and place of each field trip prior to its occurrence.

Explained by (*please print*) _____ Position _____

Signature of caregiver _____

Date _____ Telephone _____

Respite Service Agreement

I, _____ agree that _____
(Caregiver) **(Agency name)**

will not be held responsible or liable in any way whatsoever for any incident which adversely affects the health, welfare, or safety of _____
(Consumer)

I release the respite program, its providers and administrators, from all liability in the provision of such services. By my signature, I also grant permission for necessary and required transportation and medical care in an emergency, including anesthesia, when it is indicated, and admission to a local hospital, when it is deemed necessary by the attending physician.

In addition, I will not hold the respite program, its providers and administrators, liable for any accidental breakage of, in, or on my property, and/or for any incident which might be construed as adversely affecting the health, safety, or welfare of others in or on my property during the provision of respite care services.

I acknowledge that I have read, understood, and have received a copy of this agreement and have provided full and complete information to the respite program, coordinator, and/or care provider. This permission is valid until _____

Date _____ Signature of Caregiver/Guardian _____

(Adapted from Benton County Sunshine School, Inc.)

Rules and Procedures

The following practices are explained to caregivers and to individuals receiving respite when they are admitted to the respite program:

1. The daily schedule
2. Staff positions and their relationship with Social Services
3. Caregiver contacts
4. Behavior management policy
5. Grievance procedure
6. Discharge procedure
7. Hygiene
8. Any other procedures deemed necessary, including _____

The above **procedures** of the respite program were discussed with me at the time of admittance and I understand them.

Name of person receiving care _____ Date _____

Caregiver's Signature _____ Date _____

Intake worker's Signature _____ Date _____

(Adapted from Parent Resource Center of Dade County, Inc., Crisis Nursery)

Adult Day Services Center

AUTHORIZATION FOR FIELD TRIPS

I hereby give my permission for myself or my family member who is enrolled at the Adult Day Services Center to go on field trips and ride the vehicles driven by employees or volunteers of the Adult Day Services Center. I understand that I, or the enrolled adult, has the right to decline any scheduled field trip.

Signature

Date

AUTHORIZATION FOR PICTURES

I give permission for my picture or those of my family member enrolled at the Adult Day Care Service Center to be taken while at the Center. I understand the pictures may be used in teaching films, slides and publications in the United States and that the University has exclusive world rights.

Signature

Date

Church or Organization Name

Address

City, State, Zip Code

Phone and Fax Number

PUBLICITY RELEASE

Date _____

I consent that _____ and other authorized representatives of _____ be allowed to use my name, title, portrait, picture, video image, photograph, or any reproduction or likeness of me, or quotation of my remarks, for public information and fundraising purposes. Permission is hereby granted to use personal information about myself; my family and the circumstances of my relationship with _____ as deemed appropriate by _____.

I warrant that I have reached the age of legal majority according to the laws of the state of Arkansas. I further represent that I have not been adjudicated incompetent and that no legal guardian has been appointed for me.

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Caregiver /Guardian: _____

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Transportation Release of Liability

As the caregiver/responsible person for _____, I confirm that the following is a list of persons with whom I entrust transportation of the participant either to or from _____ Located at _____

This list can be updated at any time; however the participant can not and will not be released to persons other than those indicated on this list, unless responsible person contacts _____ by phone or correspondence.

The participant can be released to the care of the following persons:

- 1.
- 2.
- 3.
- 4.
- 5.

I will notify the center of any changes to the above information.

Caregiver/Guardian: _____ Date: _____

Program Director: _____ Date: _____

This form is a compilation of information, and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual.

Amendments

These policies and procedures may be amended by the Advisory Board at any regularly scheduled meeting. Recommendations for revisions or amendments may be suggested by Advisory Board members, the Respite Program Director, the Program Coordinator, program staff and volunteers. Revisions or amendments shall become effective upon adoption by a majority of those Board members present at the time.

Section III

Staffing Requirements

400 STAFFING REQUIREMENTS

Staffing a respite center should not be taken lightly. Quality and competent care cannot be provided for an individual without caring qualified staff. Section 400 through 408 of *The Rules and Regulations Pertaining to Long Term Care Adult Day Care Facilities* makes clear the requirements of the state regarding the staffing of a facility.

It is essential to know and understand section 404 of the rules and regulations. This section gives specific requirements to the number of direct care staff needed at all times to care for attending participants in an adult day care. It is crucial that the staffing ratio be met in order to be compliant with the state.

At a minimum the following documents regarding staff and staffing issues should be kept available for review by the Office of Long Term Care personnel. Some forms have been provided as examples.

- *An employee handbook
- *Job applications
- *Job descriptions
- *Staff physician exam report and annual PPD record
- *Employee evaluation forms
- *Employee confidentiality statements
- *Signed in-service training forms

Every responsible respite center recognizes the value of well trained and caring staff. Outstanding service can be provided when staff are knowledgeable and work as a team for the good of all. In-service training, covered in section 408 of the rules and regulations, is a valuable tool that can be used to build cohesive teams and strong minds. It is not only necessary, it's required. Some examples of in-service training might include:

- The history of the respite center
- How to respond to challenging behaviors
- What to do in suspected cases of abuse and neglect
- Crisis intervention
- Care techniques
- Basic first-aid and CPR
- Cultural diversity and awareness
- Alzheimer's and other dementias
- How to use adaptive equipment

400 STAFFING REQUIREMENTS

This rule establishes the minimum requirements for adult day care program staff, ratio of numbers of staff to participants and staff training.

401 ADULT DAY CARE DIRECTOR

The adult day care program shall have a director. Either the director or his/her designee shall be present and in charge during all hours that participants are on the premises. The director and his/her designee shall be at least twenty-one years of age, have a high school diploma or equivalent, in education or experience and have not been convicted of a felony or have any prior convictions under Act 28 of 1979.

402 DIRECT CARE PAID STAFF

Direct care paid staff shall be at least eighteen (18) years of age and trained and oriented to perform the duties required by the written job description.

403 VOLUNTEER STAFF

Volunteer staff shall be trained and oriented to perform the duties required by the written job description.

404 STAFF ALLOCATION

1. The adult day care provider shall provide a sufficient number of direct care staff on duty at all times to meet the needs of each participant and assure that participants are never left unattended. At a minimum, there shall be at least two (2) direct care staff persons when two through sixteen (2 - 16) participants are present and one (1) additional direct care staff person for any portion of eight (8) additional participants present. The Office of Long Term Care may require additional staff when determined the needs and services of the clients are not being met.
2. In day care programs where the executive director is responsible for more than day care services, he/she may not be counted as direct staff.
3. Trained volunteers at least eighteen (18) years of age may be counted in the direct care staff to participant ratio provided a volunteer program description, including the training to be provided and the system for assuring the presence of volunteer help as scheduled, the plan be in writing and on file in the facility.
4. Secretaries, cooks, accountants, and other non-direct care staff members shall not be considered in calculating the staffing ratio. In case of an emergency when a direct care staff must leave one (1) non-direct care staff may count until the emergency has been resolved.
5. Direct care staff shall not be counted simultaneously to meet the required staffing ratios for both the medical care facility, senior center or residential care facility.

405 MEDICAL STATUS OF PERSONNEL

All staff who have direct contact with participants shall be free of communicable disease, and physically and emotionally able to work in the adult day care program. Persons who have been diagnosed with a communicable disease may return to duty only with a physician's written approval. The director shall be responsible for monitoring the health of employees.

406 PERSONNEL REFERENCES REQUIREMENTS

No person shall be employed to work, or allowed to volunteer, in the adult day care program who left employment with any other employer due to abuse or neglect to patients, residents or clients and the dismissal was upheld by administrative review or conviction. The adult day care provider shall have made a reasonable check of references on all employees and volunteers.

407 GENERAL ORIENTATION OF PERSONNEL

All staff, including non-direct care, direct care volunteers, shall be given general orientation to the program, its policies, fire, safety and emergency procedures, prior to performing job responsibilities and documentation available for review by Office of Long Term Care personnel.

408 IN-SERVICE TRAINING

A minimum of eight hours in-service training shall be provided at least quarterly to staff, as appropriate to their job function and participant care needs. Documentation shall be maintained for review by Office of Long Term Care personnel.

Employee Handbook

Church or Organization
Address
City, State Zip Code
Phone and Fax Number

This example is taken from *Respite Programs for Adults and the Aging: A start-up Manual* by ARCH National Respite Network & Resource Center, pages 169-175.

Personnel Policies

Introduction

These Personnel Policies constitute the written practices of employment adopted by the Board of Directors of the _____ Respite Care Program. They were developed by a Personnel Committee composed of representatives from the Board and the Executive Director. These policies, along with a job description for each position, are for the purpose of making clear to each employee the responsibilities and benefits of his/her position. These Policies shall be reviewed periodically by the Personnel Committee and the Executive Director and recommended changes will be presented to the Board.

New employees are required to have a physical examination prior to beginning employment and there after as required by the program. Each employee at the time of employment will be provided with a copy of the Personnel Policies and any existing job description for their position. Dated, written notification of changes in the Personnel Policies shall be given each staff member when these changes become effective.

Confirmation of Employment

Each employee, at the time of his/her employment, will receive a letter confirming his/ her employment, stating the date when employment begins, the starting salary agreed upon, and the probationary period and a job description (if applicable) for this position. Nothing in that confirmation letter or in these Personnel Policies is meant to be nor shall it be deemed to create any status other than "at will" employment. Nothing in these policies constitutes a contractual obligation and any policy herein or all policies may be amended, deleted, modified or revoked at any time by direction of the Board of Directors without prior notice.

Employment Status

All staff employed by the _____ Respite Care Program are on probationary status for a ninety-day period. Upon satisfactory completion of the probationary period the employee is classified as a non-probationary employee.

Full-time employees are defined as those individuals who work a regular work schedule of _____ hours per week throughout the calendar year. Part-time employees are defined as those individuals who work a regular work schedule of less than _____ hours per week throughout the calendar year; or those who work _____ hours per week but do not do so consistently throughout the calendar year; or those individuals hired on a seasonal or temporary basis to work as needed. Where used in these policies, the terms "professional employee" and "professional worker" are defined to include the following categories of employees: Administrator, Program Coordinator, Caregiver Support Coordinator, Public Relations/Fund Raising, Caseworker, Registered Nurse and Licensed Practical Nurse.

The term "staff" when used in these policies shall also include use of the terms "clerical" worker and/or "respite care" worker. "Staff" is defined as all employees of the program who are not professional employees. By way of example and without limitation, the term staff shall include persons in the following job categories: Office Manager/Administrative Assistant, Bookkeeper, Cook, Respite Care Worker, Caregiver Support Worker, persons working in Nurse Aide-type positions, and, as may be applicable, maintenance or Groundskeeper. Any person not falling into

either "professional employee" or "staff" category (above) shall be an independent contractor and not an employee of the program.

Evaluation

There will be an evaluation of each employee completed by the supervisor and/or Director at the end of the ninety-day probationary period, again at one year and then annually.

Hours of Work

Office hours will be from 8:30 to 5:00, Monday through Friday, with one-half hour for lunch unless otherwise specified. When extra hours are scheduled as necessary, a corresponding amount of time can be taken off sometime during the current week, to be arranged at the discretion of the Director.

If program needs necessitate a change in regular evening or Saturday or Sunday working hours, adequate notice will be given before such change takes effect. Part-time employees shall work such hours as required to meet agency needs as determined by the Director.

Holidays

The following holidays are observed:

1. New Year's Day
2. Martin Luther King Day
3. Good Friday
4. Memorial Day
5. Independence Day
6. Labor Day
7. Thanksgiving
8. 1st Friday after Thanksgiving
9. Christmas shopping day
10. Christmas Eve
11. Christmas Day

One of these days may be taken. Personnel who are required to work on these holidays will receive compensatory time mutually convenient for the employee and the program, provided, however, that such compensatory time off must be taken by the employee within the month following the month in which the holiday falls. If no mutually convenient time can be agreed upon within the said time period, the time off shall be taken at the direction of the Director.

Vacation

Any full-time professional worker who shall have completed a year's service shall have fifteen working days vacation annually. After five years of full-time employment, a professional worker shall have twenty-five working days vacation annually. Any full-time professional worker terminating employment before the completion of a year's work shall have vacation days pro-rated per months of service.

Clerical workers and residence staff and respite care workers shall have twelve days vacation per year; after five years, fifteen days; after ten years, twenty days; after twenty-five years, twenty-

five days. Workers leaving before the completion of a year's work shall have vacation prorated per months of service. Up to five days of vacation time may be carried over to be used within the first six months of the next year. The employee may use any part of his/her earned vacation time after six months of employment.

Part-time employees' vacations shall be pro-rated per months of service on an annual basis and in accordance with the vacation formula set forth above. The Director is responsible for maintaining an adequate working staff at all times, and arrangements for vacation must be planned in advance in the best interests of the agency.

Sick Leave

A definite period of sick leave, with pay, has been found to benefit the agency since very often one day away from work aids in recovery and work at a normal rate, while a sick person remaining on the job is a health hazard to others and does not perform normally. Any member of the staff who finds it necessary to be absent because of illness must inform his/her supervisor at least two hours before the beginning of their work shift. Failure to do so must be reported to the Director.

Sick leave is earned at the rate of one day per month, which can be accumulated to a maximum of sixty working days. Sick leave for part-time employees shall be prorated as a percentage of the regularly scheduled work week, said percentage to be applied both to the rate of accumulation and the limit of accumulation. If absence continues for three days or more, a physician's certificate may be required at the discretion of the Director. A physician's certificate that an employee is physically able to return to work is required after an extended absence. Additional sick leave may be granted by the Director after joint review by the Director and the Personnel Committee of the Board of Directors. Unused sick leave benefits are not deferred wages and may not be added to vacation time nor will such benefits be added to termination pay.

Personal Leave

When an employee is called for jury duty, no loss of income or benefits will result. Conferences and institutes at the discretion of the Director, time off with pay for conferences and institutes may be granted. The Board recognizes the value to the worker and the agency of staff development through study of techniques in the social work field.

Emergency Absences

In instances where emergencies involving death or serious illness or some other event of emergency nature in the employee's immediate family occurs, absences with or without pay can be arranged at the discretion of the Director.

Termination of Employment

Resignation - Termination of employment by resignation shall be preceded by a written notice to the Director of not less than thirty days by a professional staff member and not less than two weeks by a clerical, respite care, or residence staff member.

Dismissal - The decision to dismiss an employee shall be made only after the Director has been given information regarding the same Termination for misconduct requires no notice or severance compensation.

Examples of misconduct, not necessarily all inclusive, are: stealing or theft, abuse of a resident or coworker, drinking, fighting, any type of chemical abuse, refusal to perform as reasonably expected, gross insubordination, and sleeping on the job. In cases of misconduct, discharge may be summary in nature In all other situations an attempt shall be made to counsel the individual, and where appropriate, to give him/her an opportunity to correct deficiencies At the end of the period given for such improvement, the Director shall inform the individual as to whether or not his/her employment shall be continued.

Employees dismissed for misconduct shall have no right of appeal. Employees receiving warning/counseling and those dismissed for reasons other than misconduct may request, in writing, that such action be reviewed by the Board of Directors During the pendency of that review, however, the action of the Director shall stand unless and until reversed or modified by the Board of directors. The decision of the Board on such issues shall be final.

Layoffs - A layoff is a separation from the agency due to reduction in staff because of retrenchment or reorganization. In the selection of workers to remain, consideration may be given to past performance, to skill and capacity in relation to other available positions, and to the length of agency service. If possible, a month's notice will be given to non-probationary staff members.

Retirement - Under the terms of the Retirement Plan for employees covered thereby, age sixty-five is the normal retirement date. Age seventy is the mandatory date for retirement. Early retirement is also provided for by the Plan. Retirement shall be effective at the end of the month on which the employee gives notice of the type of retirement which applies.

Insurance and Retirement Benefits

Worker's Compensation - All employees are covered by Employer's Liability Insurance for injury sustained on the job.

Social Security - All employees are covered under the Social Security Act.

Group health Insurance - Voluntary membership in a group insurance plan may be obtained through the program for full-time employees.

Tax-Deferred Annuity Plan - As employees of a not-for-profit organization, employees are currently eligible to take advantage of tax savings through so-called "Tax-Deferred Annuity" plans.

Unemployment Insurance - All employees are covered by Unemployment Compensation under the Unemployment Compensation Act of the State.

Travel

Travel reimbursement will be handled monthly through the bookkeeper at a rate of \$.34 a mile.

Salary Schedule

Salaries shall be paid in accordance with the recommendations made by the Board of Directors

and in line with the classifications of staff members based on experience, education, and degree of professional skill.

Physical Examination

Each member of the staff is required to have a physical examination at least once every other year.

Grievance Procedure

1. The staff member will first consult with his/her immediate supervisor regarding any individual grievance which he/she may have with respect to program personnel practices.
2. If the staff member and supervisor are unable to reach a satisfactory adjustment or solution to the grievance, the staff member may refer the matter in writing to the Director. The Director will advise the staff member in writing of his/her decision within ten working days.
3. Should this review by the Director fail to bring about a satisfactory adjustment, the staff member may appeal to the Board of Directors. In case of such appeal, the following procedure shall be followed:
 - a. The staff member concerned shall present his/her request for a hearing, in writing, to the President of the Board of Directors within ten working days after a disposition has been made by the Director.
 - b. The President shall then request the Personnel Committee to hear the grievance. The committee shall make a recommendation to the Board of Directors.
 - c. The decision of the Board of Directors will be final.
 - d. The Grievance Procedure is not available for review of actions taken because of employee misconduct.

Church or Organization

Address

City, State Zip Code

Phone and Fax Number

403 VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Telephone: (H) _____ (C) _____

How did you learn about the _____ Respite Care Program? _____

Have you had experience with Alzheimer's disease or another of dementia? ___ Yes ___ No

If yes, please explain: _____

What kind of volunteer position are you interested in?

_____ Direct care _____ Food Service
_____ Office _____ Board Member

What days and times are you available?

_____ Monday _____ Tuesday _____ Wednesday
_____ Thursday _____ Friday

What is (was) your occupation? _____

Education: Highest Level or Degree: _____

Primary Field of Study: _____

Previous Volunteer Experience: _____

Skills, Interests, Hobbies: _____

References: (List two)

Name: _____ Telephone: (H) _____

(W) _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Telephone: (H) _____

(W) _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact:

Name: _____ Telephone: (H) _____

(W) _____

Address: _____

City: _____ State: _____ Zip: _____

Church or Organization Name

Address

City, State Zip code

Phone and Fax Number

Employee/Volunteer Statement of Confidentiality and Conflict of Interest

As an employee or volunteer of the _____ Respite Care Program, I agree:

1. To avoid directly or indirectly participating in any arrangement, agreement, investment or other activity which could result in personal benefit to me at the expense of the _____ Respite Care Program.
2. I will not accept any payments, bonus, gifts, free service, discounts or other favors from any person, organization, vendor, supplier or consultant engaged in for-profit or not-for-profit activities with the organization.
3. I will disclose any possible conflict of interest in full detail. If I have a conflict of interest, I will make no attempt to influence a decision pertaining to the organization.
4. To treat as confidential all information related to the _____ Respite Care Program participants, their caregivers or guardians, and donors, including the release of identifying information about any participant, their caregiver or guardian.
5. I will not share the organization's mailing list or support group attendees list with any other organization or individual.

Employee/Volunteer Signature

Date

Respite Program Director

Date

REVIEW SHEET

The following policies and procedures in this Manual have been reviewed and approved by the Quality Assurance Committee.

<u>Title</u>	<u>Signature</u>
Administrator	_____
Staff Physician	_____
Health Director (R.N.)	_____
Social Worker	_____
Therapeutic Recreation Specialist	_____
Recreation Specialist	_____
Driver/Program Assistant	_____
Nursing Assistant	_____
Nursing Assistant	_____
Recreation Assistant	_____
Administrative Assistant	_____

Date: _____

EMPLOYEE ANNUAL PPD RECORD

EMPLOYEE: _____

Date Planted: _____ By: _____

Date Read: _____ By: _____

Result: Negative _____ Positive _____

If positive, date of last chest x-ray: _____

Result: Negative _____ Positive _____

*Please attach copy of x-ray report

Date Planted: _____ By: _____

Date Read: _____ By: _____

Result: Negative _____ Positive _____

If positive, date of last chest x-ray: _____

Result: Negative _____ Positive _____

*Please attach copy of x-ray report

Date Planted: _____ By: _____

Date Read: _____ By: _____

Result: Negative _____ Positive _____

If positive, date of last chest x-ray: _____

Result: Negative _____ Positive _____

*Please attach copy of x-ray report

STAFF PHYSICIAN EXAMINATION REPORT

EMPLOYEE NAME _____

The above named person had a medical examination on _____

Physician's Signature _____

The above named person is free from communicable disease as of _____

Physician's Signature _____

EMPLOYEE EVALUATION

Date: _____
Type of evaluation: _____
End of Probation _____
Annual _____
End of Employment _____
Other _____

NAME: _____

JOB TITLE: _____

PERIOD COVERED:
_____ TO _____

① Professional Performance

➤ knowledgeable; appropriate use of training; works well in team; utilizes supervision; organizes work well

needs improvement acceptable good exceptional
____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8

② Working Relationships

➤ cooperates; sensitive to needs of others; maintains positive staff and client relations

needs improvement acceptable good exceptional
____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8

③ Dependability

➤ able to work without constant supervision; meets duties and responsibilities; follows through on assignments.

fair acceptable good exceptional
____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8

④ Flexibility

➤ able to meet changing conditions and solve novel or problem situations; shows initiative.

below expectations acceptable meets all expectations exceptional
____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8

⑤ Attitude

➤ shows interest and enthusiasm for job; identifies with goals of agency; desires to learn; open-minded and shows discretion.

little interest some interest considerate interest keen interest
____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8

⑥ Areas of particular skill:

⑦ Areas needing improvement or special attention:

⑧ Employee comments:

Signature of Supervisor: _____

Signature of Employee: _____

Date: _____

CONFIDENTIAL EMPLOYMENT VERIFICATION

To: _____

Attention: _____

The applicant listed below has given your name as a former employer. We would sincerely appreciate any information you could provide to aid us in verifying the applicant's previous employment history and qualifications for the position s/he has applied for.

Applicant's Name: _____ SSN#: _____

Employed From: _____ To: _____ Supervisor: _____

Position Held: _____

Please rate the following:

	Excellent	Satisfactory	Poor	Job
Attendance	_____	_____	_____	_____
Performance	_____	_____	_____	_____
Job Knowledge	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Judgement	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____

Is this person rehireable? Yes _____ No _____

Please list the primary job requirements for the position the applicant held.

Signature _____ Title _____ Date _____

RELEASE AUTHORIZATION: I authorize my former employers to release any and all information regarding my past employment with your firm. This information is necessary to verify the authenticity of statements made by me on my application for employment. You are relieved from any and all liability concerning the release of this information.

Signature _____ Date _____

Responsibilities of Volunteers

Volunteering is a rewarding experience. All of those involved in the relationship must have respect for one another and a desire to cooperate in meeting designated needs. In addition to the rights that a person has as a volunteer, there are accompanying responsibilities. By recognizing these responsibilities and fulfilling them, each experience with your local program will be enhanced. Remember to do the following:

- Become thoroughly familiar with the mission of the agency and the goals of the respite program.
- Respect the confidentiality of consumers' names, histories, and records, and the privacy of all those you work with, as well as other volunteers. If you have criticism about another person, convey it to your supervisor or program director.
- Be prompt and reliable in reporting for scheduled work, and keep an accurate record of your hours worked.
- Notify your supervisor as early as possible if you are unable to work as scheduled.
- Attend orientation and training sessions as scheduled.
- Be considerate, respect the ability of the staff, and work as a member of the team.
- Carry out assignments in good spirit and seek the assistance of your supervisor in any situation requiring special guidance.
- Accept the right of the agency and the respite program to dismiss any volunteer professional for poor performance, including poor attendance.
- Decline work that is not acceptable to you; maintain an open mind with regard to other people's standards and values.
- Communicate your personal limitations, acceptable out-of-pocket costs, transportation needs, time constraints, etc.
- Provide feedback, suggestions, and recommendations to your supervisor and staff if these might increase the effectiveness of the program.
- Give written notice if you cannot continue in your volunteer position or if you are requesting a leave of absence from the program.
- Have the ability to work with a culturally diverse population of clients.
- Respect current agency policies (re: affirmative action, sexual harassment, etc.).

Background Inquiry

Name _____ Social Security Number _____

Service you provide _____

- 1) Have you ever been convicted of a crime other than a minor traffic violation?
- 2) If the answer is yes, give details:

If you have answered "yes" to the above question, you are not automatically excluded from consideration as a service provider. The agency must consider the following information:

- The type of crime
- The number of crimes
- The nature of the offense(s)
- Age at the time of conviction
- Length of time elapsed since last conviction
- Evidence of rehabilitation
- Relationship of the crime and capacity to care for adults with special needs
- Opinions of community members regarding your character

The agency's evaluation of these factors is to be documented and attached to this inquiry. This inquiry and information pertinent to it is confidential.

I, _____, authorize _____ agency to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state, or from the federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including, but not limited to, convictions for crimes committed upon persons. I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly do not authorize the agency, its directors, officers, employees, or other volunteers, to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signed _____ Date _____
(signature of applicant)

Signed _____ Date _____
(signature of authorized program representative)

Administrator/Director

Qualifications

- Master's Degree from an accredited school of social work or other human services, and three years work experience with individuals with disabilities or chronic illnesses, at least two of which were in institutional or residential group care programs, and at least one additional year of administrative experience; or,
- Bachelor's Degree from an accredited college or university, five years work experience with individuals with disabilities or chronic illnesses, at least three of which were in institutional or residential group care programs, and an additional two years of administrative experience.

Responsibilities

- Report to and seek direction from the Board regarding the operation of the respite program.
- Oversee the administration of the respite program.
- Be familiar with and assure compliance with applicable local, state, and federal licensing requirements.
- Be responsible for staffing the respite program.
- Meet periodically with the nurse and medical director to assure appropriate implementation of medical care.
- Provide oversight of staff.
- Negotiate service contracts for the respite program.
- Be responsible for grant writing and reporting.
- Present a budget for the review and approval of the Board.
- Oversee a program for caregiver support and training.
- Cooperate with the respite care supervisor in the development of staff training programs.
- Meet with interested citizens to inform them about the operation of the respite program.
- Serve as social work supervisor if necessary.
- Serve as respite worker supervisor if necessary.
- Perform other duties as assigned by the Board.

Administrative/Clerical Staff

Qualifications

Must be at least 21 years of age and have good communication, typing and organizational skills. Must be able to work independently and pay attention to detail and accuracy.

Responsibilities

- Handle all mail.
- Maintain files for the respite program.
- Perform administrative duties as required.
- Perform typing duties as required.
- Be responsible for maintaining and ordering office supplies and equipment.
- Arrange, participate in and implement as directed, conferences and committee meetings.
- Process and maintain employee and volunteer files.
- Be responsible for paying bills, making bank deposits and maintaining budget files.
- Maintain accurate records for all donations.
- Maintain staff attendance records and prepare payroll in cooperation with the accountant.
- Be responsible for coordinating fund raising and related efforts as required.
- Draft financial, statistical, narrative and/or other reports as requested.
- Maintain current mailing lists.
- Perform related duties as assigned.

Social Worker or Case Manager

Qualifications

- Masters or Bachelors Degree in Social Work
- Experience in working with families and individuals, especially the elderly
- Knowledgeable about the stresses of caregiving
- Ability to work cooperatively with administration, staff and the community

Responsibilities

- Report to the Director
- Be familiar with applicable local, state and federal licensing requirements
- Provide training to staff
- Be responsible for intake, admissions and discharges
- Maintain client records
- Make referrals as appropriate
- Lead a weekly caregiver support group
- Meet regularly with the program nurse
- Perform other duties as assigned

ADULT DAY SERVICES CENTER

INCIDENT REPORT

NAME _____

DATE _____

MEDICAL DIAGNOSIS _____

DESCRIPTION OF INCIDENT:

ACTION TAKEN:

FOLLOW-UP NOTES:

Signature

Title

Witness

Title

Section IV

Program/Participant Requirements

500 PROGRAM AND PARTICIPANT CARE REQUIREMENTS

This rule establishes the minimum requirements for operating an adult day care program and providing care to participants.

501 INAPPROPRIATELY PLACED PARTICIPANTS

The adult day care provider shall neither knowingly admit, nor continue to care for, participants whose needs cannot be met by the program directly or in cooperation with outside resources. Participants who should not be admitted or retained in an adult day care program are as follows: Bedfast persons, persons who cannot self-administer their medication, (facility staff cannot administer treatments and therapies), and those: persons who have behavior problems that create a hazard to themselves or others.

507 EMERGENCY MEDICAL PLAN

Each provider shall have a written emergency medical plan which assures transportation to a hospital or other type of facility providing emergency care. A written agreement signed by each participant, or legal guardian, shall be on file in the facility granting permission to transport the participant in need of emergency care to the designated hospital or other type of facility. Client records must note any accident, injury or illness and emergency procedures that occur. Emergency telephone numbers for each participant shall be available to staff at all times.

503 PARTICIPANT MEDICAL HISTORY

The provider shall review and update a medical history on each participant to include activity needs and restrictions, dietary modification, etc., every 6 months or sooner if the client's condition changes.

504 INDIVIDUAL CLIENT PLAN

The provider shall develop a written individual client plan for each participant within five (5) contact days following the entry of the participant into the adult day care program. The plan shall be designed to maintain the participant at optimal functional level. The plan shall be based on information obtained from the participant, participant's family, and the person or agency referring the participant. The plan shall address the participant's functional abilities and activities that are of interest to the participant. The plan shall address specific individualized goals, means of goal accomplishment and specific, individual activities planned for the participant. The client plan shall identify the participant's regularly scheduled days for attendance, including arrival and departure times. The client plan shall be revised as frequently as warranted by the participant's condition, but shall be reviewed and documented at least every six (6) months and updated as necessary.

505 RESPONSE TO DAILY PROBLEMS

The director, or a designated staff person, shall maintain communication with participants and their families or other responsible persons to solve day-to-day problems which confront the participants. Referrals to other community resources should be made and services coordinated as needed.

506 MEDICATION

1. Participants must be able to self administer their own medication.
2. There shall be a written and approved system of handling and storing participants' medications.

507 REPORTING ABUSE/NEGLECT

The provider shall report any suspected Incidents of physical or mental abuse neglect and/or exploitation or any unusual occurrence as defined in Appendix A.

508 SERVICES PROVIDED

The adult day care provider shall offer at least the-following services:

1. **Planned group activities.** The adult day care program shall provide planned activities during at least fifty percent (50%) of the time that the program is open for daily operation. Activities shall be suited to the needs and interests of participants and designed to stimulate interest, rekindle motivation and encourage physical exercise. Activities shall be conducted individually and in small and large groups. Planned activities shall include but not limited to exercise recreation, social activities, and rest periods Physical exercise shall be designed in relation to each individual's needs, impairments and abilities and shall be alternated with rest period or quiet activities. In an associated program some, but not all, activities may be conducted cooperatively with the residents or participants of the other program.
2. **Activities of daily living.** The adult day care program shall provide assistance with walking, toileting, feeding, grooming, dressing and other activities of daily living in accordance with each participant's individual plan activity.
3. **Food Service.** The adult day care program shall ensure the availability of meals and supplemental snacks in accordance with each participant's individual client plan. Balanced wholesome meals will be served at approximately the same time daily. Supplemental snacks shall consist of nourishing food and beverages. Food may be prepared, stored and/or served on site if the requirements of the local health department or applicable regulations established by the Arkansas Department of Health are met. Food prepared away from the site shall be prepared in a facility which meets the requirements of the local health department or applicable regulations established by the Arkansas Department of Health or individual may bring their lunch from home. The provider shall arrange for special diets and other diet modifications as ordered by a physician and with the approval of the provider to

accept such clients. Such diets shall be served as ordered by the participant's physician. Modified diets shall be in effect for the specified number of days indicated in the physician's order. If no time is specified, the period may not exceed one (1) calendar year when another order from the physician shall be obtained.

4. Observation. The status of each participant shall be observed and documented in the participant's record at least biweekly by the adult day care program director or other designated staff.

509 PERSONAL SERVICES

The adult day care provider may offer the following services:

1. **Transportation.** If transportation services, are offered, directly or contracted for, the facility shall insure that the driver is licensed and that liability insurance is provided. Any charge for transportation must be described to the participant or responsible party. All vehicles transporting adult day care participants must have seat belts. Participants must wear seat belts at all times while being transported.
2. **Counseling services.** If counseling services are offered, they shall be provided by licensed or certified professional personnel.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

_____ Respite Care Program Admission Agreement

Between

the _____ Respite Care Program and _____

1) **SERVICES.** _____ Respite Care Program shall provide the Participant with an environment that promotes a non-institutional atmosphere with supervision for the Participant's health and safety and a variety of therapeutic, social and health activities and services which may help restore, remediate or maintain the Participant's optimal functioning and increase the Participant's interaction with others. Program Services may include, but are not limited to: social, leisure, therapeutic and health activities, exercise, self-care instructions, nutrition, education, recreation and occasional excursions. All services are to be determined on a case by case basis, as the agency deems reasonably appropriate for the Participant. All services are subject to change by the agency, in its discretion, without notice.

The Participant and/or Responsible Person have been informed of the services currently offered by the _____ Respite Care Program. The Participant and/or Responsible Person desire to obtain the following services:

- i) Respite care services for _____ days per week
- ii) Lunch for _____ days per week

Nutrition services will be provided to Participants as appropriate. Nutrition services shall comply with the requirements of Arkansas Administrative Code _____. Nutrition services shall include a meal, providing at least one-third of the current Recommended Dietary Allowances ("RDA adjusted for age, sex and activity , including snacks and nutrition education. Modified diets will meet the nutritional standards to the extent possible.

2) **ADMISSION FORMS.** Prior to admission, the Participant and/or the Responsible Person agree to complete and submit to the agency all of the forms required for participation. The Participant or the Participant's Responsible Person shall submit to the agency the Program's Physician Order Form, including documentation of freedom from tuberculosis in the communicable form and freedom from signs and symptoms of other communicable diseases. The form documentation must be no older than forty-five (45) days prior to admission and must be signed by one of the following: an Arkansas physician; an Arkansas licensed health care provider under the direct supervision of a physician; or a county public health unit. Participants who have Human Immunodeficiency Virus infection or AIDS may be admitted to the Program provided that the Participant would otherwise be eligible according to the Arkansas Administrative Code _____.

3) FEES. The cost for respite care services shall be \$ _____ per hour with a minimum of _____ hours per day, with a _____ % discount for _____ days of service per week. The lunch meal is provided at _____ cost. All rates are subject to change upon _____ () days written notice from the agency.

4) PARTICIPANT DISCHARGE

The _____ Respite Care Program will provide respite care for the participant based on the availability of space and the participant's needs. Criteria for discharge will include the following:

- Summary of services provided
- Progress notes on the participant form the admission process, during the participant's attendance, and at time of discharge.
- Assistance seeking additional resources if continued care is needed.

5) TERMINATION OF AGREEMENT.

A) This Agreement may be terminated by _____ Respite Care Program, the Participant and/or the Responsible Person for any reason, or no reason, upon _____ () days' written notice.

B) This Agreement may be terminated by the agency immediately, without notice, upon the occurrence of any of the following:

- i) The Participant's necessary care level is beyond the capacity of the agency.
- ii) The Participant's behavior is unacceptable, disturbing or otherwise interferes with the care or comfort of others;
- iii) Payment required under Section 3 or Section 6 of this Agreement has not been made in a timely manner.
- iv) The Responsible Person or a person designated by the Responsible Person has failed to pick up the Participant or is repeatedly late in picking up the Participant.

6) HOURS OF OPERATION. The Program's normal hours of operation are: _____ to _____. Hours may range from _____ am to _____ pm. We are open _____ through _____, excluding holidays and such other days as may be determined from time to time by the agency.

7) LATE CHARGES; ALTERNATIVE ARRANGEMENTS; AND PLACEMENT. The Participant must be picked up at the Program by the Responsible Person or an individual authorized by the Responsible Person, no later than the closing hour as stated above each day (as determined by the time shown on the Program's clocks). In the event the Participant is not picked within _____ () minutes after the stated closing - time (as determined by the time

shown on the Programs clocks) the Participant and/or Responsible Person shall pay a late charge of _____ (\$_____).

The agency shall, at its sole discretion, notify the State of Arkansas Adult Protective Services and/or make arrangements for alternative overnight placement or extended care if a Participant is at the Program for _____ (____) hour(s) or longer after closing with or without notification from the Responsible Party or other persons authorized by the Responsible Person if the agency deems appropriate. _____ Respite Care Program shall charge a fee of _____ dollars (\$_____) per hour of services rendered by the staff of the agency, in addition to the late charge, for coordinating the overnight placement or other arrangements. The Participant and/or the Responsible Party shall be solely responsible for all of the costs associated with such notification, placement or other arrangement made hereunder and agrees to reimburse the agency and indemnify and hold harmless the agency for any costs associated therewith. In the event it is necessary for the agency to initiate legal proceedings to obtain reimbursement of any expenses incurred hereunder, the agency shall be entitled to receive from the Responsible Party, in addition to all other remedies, all costs, including reasonable attorneys' fees, of such proceedings. The Participant, the Responsible Party and their heirs, successors and assigns hereby release the agency, its officers, directors, agents, employees, affiliates successors and assigns from and claims, causes of action recourse or liability related to or arising from any notification placement or arrangements made by the agency on behalf of the Participant pursuant to this Section 6.

8) MISSED OR CANCELLED DAYS. The Program will charge _____ percent (____ %) of the basic per day fee for any regularly scheduled day missed or cancelled unless verbal notice is received by the agency at the Program no later than 11:00 a.m. the previous day, unless the absence is due to an emergency situation (such as hospitalization or sudden illness).

9) PAYMENT. Checks should be made payable to "_____ Respite Care Program" with a notation of the Participant's name on the check. Payment is due upon receipt. Checks that are returned for insufficient funds are subject to a _____ dollar (\$_____) service charge. Payment with a credit card is not accepted. Questions concerning the Participant's financial accounts may be made to the Center manager. Pre-paid services will be pro-rated and refunded in the event of death, voluntary or involuntary discharge

10) MISCELLANEOUS

a) Notices. Except as otherwise specifically provided herein, all notices shall be in writing and mailed by regular U.S. mail addressed to the party's last known address or transmitted by hand delivery. Each notice that is mailed or delivered in the manner described above shall be deemed sufficiently given and received for all purposes at such time as it is hand delivered to the addressee or within _____ (____) days of when it is deposited in the U.S. mail.

b) Governing Law and Venue. This Agreement shall be construed and interpreted according to the internal laws of the state of Arkansas. The parties agree that any action brought by either party against the other in any court, whether federal or state, shall be brought within the state of Arkansas in the judicial circuit in which _____ Respite Care Program has its principal place

of business. Each party hereby agrees to submit to the personal jurisdiction of such courts and hereby waives all questions of personal jurisdiction or venue for the purpose of carrying out this provision, including, without limitation, the claim or defense therein that such courts constitute an inconvenient forum.

c) Assignment. This Agreement may not be assigned by the Participant or the Responsible Person without the prior written consent of the other parties. Notwithstanding the foregoing, the agency may, without consent of any other parties, assign all or part of its rights and duties contemplated hereby; to any individual or entity similarly capable of performing the agency's duties hereunder.

d) Waiver. No delay or failure by the agency on any occasion to enforce any provision or exercise any right granted hereunder shall be deemed a waiver of such provision or right.

Participant	Date
Responsible Person/Guardian/ Caregiver	Date
Respite Program Director	Date

Billing Information:

Bill to: _____

Address: _____

Telephone Number: _____

Respite Care Services Rate: \$ _____ per hour attending _____ days per week for a minimum of _____ hours per day.

Lunch rate: _____ per day of attendance

This form is a compilation of information, and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual.

accept such clients. Such diets shall be served as ordered by the participant's physician. Modified diets shall be in effect for the specified number of days indicated in the physician's order. If no time is specified, the period may not exceed one (1) calendar year when another order from the physician shall be obtained.

4. Observation. The status of each participant shall be observed and documented in the participant's record at least biweekly by the adult day care program director or other designated staff.

509 PERSONAL SERVICES

The adult day care provider may offer the following services:

1. Transportation. If transportation services, are offered, directly or contracted for, the facility shall insure that the driver is licensed and that liability insurance is provided. Any charge for transportation must be described to the participant or responsible party. All vehicles transporting adult day care participants must have seat belts. Participants must wear seat belts at all times while being transported.
2. Counseling services. If counseling services are offered, they shall be provided by licensed or certified professional personnel.

ADULT DAY HEALTH CENTER
ADMISSION SUMMARY

Client: _____ Client # _____
Address: _____ Phone # _____
City, State _____ Zip Code _____
Lives Alone _____ Lives with Family _____ Other _____
Responsible Party: _____ Relationship _____
Address: _____ Phone # _____
Payment Type: Private _____, MA _____, CCPED _____, HCEP _____, Respite _____, Other _____
Race _____ Religion _____

Admission Date / / Marital Status: Married Single Widowed Divorced Separated
Date of Birth: / /
Social Security # _____ Medicaid # _____
Medicare # _____ Other Insurance _____

Medical Diagnosis: Primary: _____
Secondary: _____

Emergency Contact: _____ Relationship _____
Address: _____
Phone #: _____ Business Phone #: _____

Emergency Contact: _____ Relationship _____
Address: _____
Phone #: _____ Business Phone #: _____

Hospital Preference: _____
Primary Physician: _____ Phone # _____
Address: _____
Podiatrist: _____ Phone # _____

Does this client have a legal guardian? Yes: _____ No: _____
If yes, name of guardian: _____

Address: _____ Phone # _____

Referral Source: _____

Transportation Required? Yes _____ No _____ Zone _____

Photo Release: Yes _____ No _____ Zone _____

TO BE COMPLETED UPON TRANSFER TO HEALTH CARE FACILITY

Current Medications: _____	Reason for transfer: _____
_____	_____
_____	_____

Comments: _____

Date of Transfer: _____	Time: _____	Facility: _____
-------------------------	-------------	-----------------

Signature of Nurse Completing Transfer Information: _____

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Client Intake Form

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Participant's date of birth: _____

Caregiver's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____

Information about the Participant

1) Does the Participant have Alzheimer's disease? Yes No

What is the diagnosis? _____

(Check all that apply)

Alzheimer's suspected, but no diagnosis has been made

Diagnosis by family doctor

Diagnosis by specialist

Diagnosis at specialized clinic

Other disease (please specify) _____

2) Do you provide most of the care for the participant? Yes No

If "yes" when did you start providing most of the care? Month _____ Year _____

If "no" who does? wife husband son daughter other

3) Does the participant live in the same household with you/caregiver? Yes No

If "no" approximately how far away in driving time do you live from the Participant in minutes? _____

4) What is your relationship to the Participant? spouse child

child-in-law niece/nephew sibling other relative _____

professional care manager friend self (elder) neighbor

5) Participant's sex: male female

6) Participant's marital status: single married widowed

7) Does the Participant identify with a specific ethnic or racial group?

- White (non-hispanic) American Indian/Alaskan native
 Asian or Pacific Islander Black (non-hispanic)
 Hispanic (specify country of origin) _____ Other _____

What is the Participant's native language? _____

8) Does the Participant need **no help at all**, **some help**; does he/she **need a lot of help** or **cannot do** these activities without the help of another person or special equipment?

Activity	Needs NO Help	SOME Help	LOTS of Help	Cannot Do
Bathing				
Dressing				
Eating				
Using telephone				
Cooking/fixing meals				
Doing house work				
Oral/dental care				
Buying food/clothes				
Getting in/out of a chair				
Managing money				
Taking medicine				
Using the toilet				
Using transportation				

9) In the past week, how many days did the Participant exhibit the following behaviors?

	NO Days	1-2 Days	3-4 Days	5or > Days
Keeps you up at night				
Repeats questions/stories				
Dresses inappropriately				
Occasional incontinence				
Hides things & forgets them				
Cries easily				

	NO Days	1-2 Days	3-4 Days	5or > Days
Acts depressed or downhearted				
Has become your "shadow"				
Becomes restless or agitated				
Becomes irritable or angry				
Swears or use foul language				
Becomes suspicious/ paranoid				
Threatens people				
Show sexual behavior or interests at wrong time/place				
Wanders				

10) Which category is closest to the Participant's total annual household income?

- < \$5,000
 \$5,001 to \$10,000
 \$10,001 to \$15,000
 \$15,001 to \$20,000
 \$20,001 to \$30,000
 \$30,001 to \$40,000
 \$40,001 to \$50,000
 > \$50,000

11) How many other people live with the Participant?

(Count yourself, if appropriate) Spouse Yes No

How Many: 0 1-2 3 4 5or >

Parents or In/laws					
Children under 18					
Adult Children over 18					
Grand children?					
Sisters/brothers					
Other relatives					
Other people					

Part II: Information about the Caregiver

1) Caregiver's date of birth: _____

2) Sex: male female

3) Marital status: single married widowed other _____

4) Is the Caregiver employed? full-time part-time fully retired
 retired & works part-time unemployed homemaker other _____

5) Which of the following categories best describes the caregiver's background?

- White (non-hispanic) American Indian/Alaskan native
 Asian or Pacific Islander Black (non-hispanic)
 Hispanic (specify country of origin) _____ Other _____

What is the caregiver's native language? _____

6) What is the highest grade in school completed by the caregiver?

- never attended school 8th grade or less attended high school
 high school graduate vocational training (after HS) attended college
 college graduate post graduate doctorate

7) 10) Which category is closest to the Caregiver's total annual household income?

- < \$5,000 \$5,001 to \$10,000 \$10,001 to \$15,000 \$15,001 to \$20,000
 \$20,001 to \$30,000 \$30,001 to \$40,000 \$40,001 to \$50,000 > \$50,000

8) How did the caregiver hear about our program/agency? Newspaper/TV/Radio

- friend/family member other service agency/case manager
 church/religious organization physician brochure

Name or referring person/agency: _____

9) Which services does the Participant/family currently use? (Check all that apply)

- home delivered meals home health services caregiver support group
 volunteer in-home respite paid in-home respite paid respite in a facility
 adult day care counseling services legal services
 case management other: _____

10) Services needed: _____

11) Health insurance:

Medicare number: _____

Medicaid number: _____

Private Health Insurance: _____

Private long term care Insurance: _____

12) Other comments: _____

13) Referrals made: _____

Name of Assessor: _____ Date: _____

This form was adapted from the ARCH Respite Manual, pages 129-137

GLOBAL DETERIORATION SCALE (GDS)¹

(Choose the most appropriate global stage based upon cognition and function.)

1. **No subjective complaints of memory deficit. No memory deficit evident on clinical interview.**

2. **Subjective complaints of memory deficit, most frequently in following areas:**
(a) forgetting where one has placed familiar objects;
(b) forgetting names one formerly knew well.

No objective evidence of memory deficit on clinical interview.
No objective deficit in employment or social situations.
Appropriate concern with respect to symptomatology.

3. **Earliest clear-cut deficits.**

Manifestations in more than one of the following areas:

- (a) patient may have gotten lost when travelling to an unfamiliar location.
- (b) co-workers become aware of patient's relatively poor performance.
- (c) word and/or name finding deficit become evident to intimates.
- (d) patient may read a passage or book and retain relatively little material.
- (e) patient may demonstrate decreased facility remembering names upon introduction to new people.
- (f) patient may have lost or misplaced an object of value.
- (g) concentration deficit may be evident on clinical testing.

Objective evidence of memory deficit obtained **only with an intensive interview.**
Decreased performance in demanding employment and social settings.
Denial begins to become manifest in patient.
Mild to moderate anxiety frequently accompanies symptoms.

4. **Clear-cut deficit on careful clinical interview.**

Deficit manifest in following areas:

- (a) decreased knowledge of current and recent events.
- (b) may exhibit some deficit in memory of one's personal history.
- (c) concentration deficit elicited on serial subtractions.
- (d) decreased ability to travel, **handle finances, etc.**

Frequently no deficit in following areas:

- (a) orientation to time and place.
- (b) recognition of familiar persons and faces.
- (c) ability to travel to familiar locations.

Inability to perform complex tasks.

Denial is dominant defense mechanism.

Flattening of affect and withdrawal from challenging situations.

5. Patient can no longer survive without some assistance.

Patient is unable during interview to recall a major relevant aspect of their current life, e.g.:

- (a) their address or telephone number of many years.
- (b) the names of close members of their family (such as grandchildren).
- (c) the name of the high school or college from which they graduated.

Frequently some disorientation to time (date, day of the week, season, etc.) or to place. An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s. Persons at this stage retain knowledge of many major facts regarding themselves and others. They invariably know their own names and generally know their spouse's and children's names. They require no assistance with toileting or eating, but may have difficulty choosing the proper clothing to wear.

6. May occasionally forget the name of the spouse upon whom they are entirely dependent for survival. Will be largely unaware of all recent events and experiences in their lives. Retain some knowledge of their surroundings; the year, the season, etc. May have difficulty counting by 1s from 10, both backward and sometimes forward.

Will require some assistance with activities of daily living:

- (a) may become incontinent.
- (b) will require travel assistance but occasionally will be able to travel to familiar locations.

Diurnal rhythm frequently disturbed.

Almost always recall their own name.

Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment.

Personality and emotional changes occur. These are quite variable and include:

- (a) delusional behavior, e.g., patients may accuse their spouse of being an imposter; may talk to imaginary figures in the environment, or to their own reflection in the mirror.
- (b) obsessive symptoms, e.g., person may continually repeat simple cleaning activities.
- (c) anxiety symptoms, agitation, and even previously non-existent violent behavior may occur.
- (d) cognitive abulia, e.g., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action.

7. All verbal abilities are lost over the course of this stage.

Early in this stage words and phrases are spoken but speech is very circumscribed. Later there is no speech at all - only grunting.

Incontinent; requires assistance toileting and feeding.

Basic psychomotor skills (e.g. ability to walk) are lost with the progression of this stage.

The brain appears to no longer be able to tell the body what to do.

Generalized and cortical neurologic signs and symptoms are frequently present.

FUNCTIONAL ASSESSMENT STAGING (FAST)

INSTRUCTIONS

The **FAST Stage** is the highest consecutive level of disability. For clinical purposes, in addition to staging the level of disability, additional, non-ordinal (nonconsecutive) deficits should be noted, since these additional deficits are of clear clinical relevance.

For the purpose of therapeutical trials, the FAST can be used to sensitively encompass the full range in functional disability in CNS aging and dementia. For these purposes the **FAST Disability Score** should be obtained as follows:

- (1) Each FAST substage should be converted into a numerical stage. Specifically, the following scoring should be applied: 6a=6.0; 6b=6.2; 6c=6.4; 6d = 6.6; 6e = 6.8; 7a = 7.0; 7b=7.2; 7c=7.4; 7d=7.6; 7e=7.8; 7f=8.0.
- (2) The consecutive level of disability (FAST stage) is scored and given a numerical value.
- (3) The non-consecutive FAST deficits are scored. A non-consecutive full stage deficit is scored as 1.0. A non-consecutive sub - stage deficit is scored as 0.2.
- (4) The **FAST Disability Score** =(The FAST Stage Score) + (Each Non-Consecutive FAST disability scored as described).

For example, if a patient is at FAST Stage 6a, then the patient's FAST stage score = 6.0. By definition, this patient cannot handle a job, manage their personal finances, independently pick out their clothing properly, or put on their clothing properly without assistance. If, in addition, this patient is incontinent of urine and cannot walk without assistance, then nonconsecutive deficits "6d" and "7c" are scored. The **FAST Disability Score** for this patient is $6.0 + 0.2 + 0.2 = 6.4$.

FUNCTIONAL ASSESSMENT STAGING (FAST)^{1,2} (Check highest consecutive level of disability.)

1. No difficulty, either subjectively or objectively.
2. Complains of forgetting location of objects. Subjective work difficulties.
3. Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity.*
4. Decreased ability to perform complex tasks, e.g., planning dinner for guests, handling personal finances (such as forgetting to pay bills), difficulty marketing, etc.*
5. Requires assistance in choosing proper clothing to wear for the day, season, or occasion, e.g. patient may wear the same clothing repeatedly, unless supervised.*
6.
 - (a) Improperly putting on clothes without assistance or cuing (e.g., may put street clothes on over night clothes, or put shoes on wrong feet, or have difficulty buttoning clothing) occasionally or more frequently over the past weeks.*
 - (b) Unable to bathe properly (e.g., difficulty adjusting bath-water temperature) occasionally or more frequently over the past weeks.*
 - (c) Inability to handle mechanics of toileting (e.g., forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue) occasionally or more frequently over the past weeks.*
 - (d) Urinary incontinence (occasionally or more frequently over the past weeks).*
 - (e) Fecal incontinence (occasionally or more frequently over the past weeks).*
7.
 - (a) Ability to speak limited to approximately a half a dozen intelligible different words or fewer, in the course of an average day or in the course of an intensive interview.
 - (b) Speech ability limited to the use of a single intelligible word in an average day or in the course of an intensive interview (the person may repeat the word over and over).
 - (c) Ambulatory ability lost (cannot walk without personal assistance).
 - (d) Cannot sit up without assistance (e.g., the individual will fall over if there are no lateral rests [arms] on the chair).
 - (e) Loss of ability to smile.
 - (f) Loss of ability to hold up head independently.

* Scored primarily on the basis of information obtained from a knowledgeable informant and/or caregiver.

¹ Adapted from Reisberg, B., Functional assessment staging (FAST). *Psychopharmacology Bulletin*, 1988;24:653-659.

² ©1984 by Barry Reisberg, M.D. All rights reserved.

**FUNCTIONAL STAGES IN NORMAL HUMAN DEVELOPMENT AND
ALZHEIMER'S DISEASE^{1,2,3}**

APPROXIMATE AGE	ACQUIRED ABILITIES		LOST ABILITIES	ALZHEIMER STAGE
12 + years	Hold a job		Hold a job	3 - INCIPIENT
8 - 12 years	Handle simple finances		Handle simple finances	4- MILD
5-7 years	Select proper clothing		Select proper clothing	5 - MODERATE
5 years	Put on clothes unaided		Put on clothes unaided	6 - MODERATELY SEVERE
4 years	Shower unaided		Shower unaided	
4 years	Toilet unaided		Toilet unaided	
3 -4 1/2 years	Control urine		Control urine	
2 -3 years	Control bowels		Control bowels	
15 months	Speak 5-6 words		Speak 5-6 words	
1 year	Speak 1 word		Speak 1 word	
1 year	Walk		Walk	
6-10 months	Sit up		Sit up	
2 -4 months	Smile		Smile	
1-3 months	Hold up head		Hold up head	

¹Reisberg, B., Dementia: A Systematic Approach to Identifying Reversible Causes. *Geriatrics*, 1986, 41(4):30-46.

²Reisberg, B., Functional Assessment Staging (FAST). *Psychopharmacology Bulletin*, 1988, 24:653-659.

³Reisberg, B., Franssen, E.H., Souren, L.E.M. Auer, S., Kenowsky, S. Progression of Alzheimer's disease: Variability and consistency: Ontogenic models, their applicability and relevance. *Journal of Neural Transmission*, 1998 [Suppl.] 54:9-20.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Social History

Participant's Name: _____

Where were you born? _____

How long did you live there? _____

Tell me about your childhood home and family: _____

Did you live any where else? _____

What is your educational background? _____

Tell me about your different jobs: _____

What hobbies or interests do you have? _____

Did this client experience any unusual life events? _____

Does this client have any current challenges or difficulties? _____

Do we need to be aware of any cultural or religious practices? Yes No

If yes, please specify: _____

Does Participant have religious or spiritual requests that need to be addressed? Yes No

If yes, please specify: _____

Who can help make decisions about your care? _____

Additional notes: _____

Name of Assessor: _____ Date: _____

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

Church or Organization

Address

City, State Zip code

Phone and Fax Number

Cognitive/Emotional Status

Participant's Name: _____

	No Problem	Mild	Moderate	Severe	Comments
Short Term Memory					
Long Term Memory					
Cognitive understanding & Ability to learn					
Orientation - Person					
Place					
Time					
Judgment & Problem Solving Ability					
Anxiety/ Agitation					
Combativeness					
Wandering					
Hallucinations/ Delusions					
Problems w/ coping					
History of physical or sexual abuse					
Communication of needs (Please note is participant is aphasic, has speech impairment, language barrier, or uses sign language)					

Name of Assessor _____ Date _____

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Physician's Orders

Name: _____

Address: _____

DOB: _____

Original Orders Reassessment

Please Return Form To:

List all major health problems:

Check All Diet Modifications That Apply:

- Regular No Salt Added at Table
- May Have Salt Added at Table
- Consistent Carbohydrate for Diabetes
- Bring Food/Supplements from Home
- Other _____

List all **MEDICATIONS** their dosage and frequency, including P.R.N. Include **PRESCRIPTION** and **NON-PRESCRIPTION**. Include ROUTE administered if P.R.N. All medications must be administered at home or by participant. No medications will be given by Respite care staff.

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

List all **ALLERGIES:** _____

PHYSICAL LIMITATIONS: Yes No. **If Yes:** Mild Moderate Severe

Nature of Limitation: _____

MENTAL LIMITATIONS: High Functioning Moderate Functioning Low Functioning

Nature of Limitation: _____

May Patient Participate in Non-Strenuous (low-impact) exercise? Yes No

Patient's Height: _____ Weight: _____ Blood Pressure: _____

EKG Date _____ and results _____

This Patient is free of communicable Tuberculosis and other communicable diseases. Yes No

TB Skin Test Date: _____ and/or Chest X-ray Date: _____

PHYSICIAN'S SIGNATURE: _____ Date: _____

Please Print Name: _____ License #: _____

Address: _____

Phone: _____ Fax: _____

Date Physician's Orders received: _____

This form is a compilation of information and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Authorization and Consent to Disclose Confidential Information

Is hereby authorized to: _____

Please: Release Copy Permit the inspection of the following record of

Participant's Name: _____ Birth Date: _____

To/by: _____

(Name: _____ Title: _____
of Staff of _____ Respite Care Program)

Record type and reason for release or authorization to inspect:

- Health/medical
- Lab test report
- Hearing screening
- Vision screening
- Psychological evaluation _____
- Psychosocial/family history _____
- Speech/language evaluation _____
- Physical therapy evaluation _____
- Occupational therapy evaluation _____
- Respite care service records _____
- Other _____

This release shall remain effective for one year from the date of signing. I certify that I am the Caregiver Spouse Guardian of the Participant mentioned in the records above.

(Signature)

(Date)

This form is a compilation of information and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care manual page 144.

Church or Organization Name

Address

City, State Zip code

Phone and Fax Number

Medication Management

Participant's Name: _____

Name of Assessor: _____

Date: _____

Pharmacy used by Participant: _____

Pharmacy Phone Number: _____

How do you remember to take your medications?

- Caregiver gives them Plastic Pill Minder Follow directions on label
 Egg Carton, Envelopes Calendar Other: _____

Are there any concerns about medication utilization? _____

Special helps needed (hearing aid, etc.?) _____

Medical Utilization

In the past six months have you: seen a doctor (or physician's assistant, nurse practitioner), have you been admitted to a hospital or gone to any emergency room?

- Yes (complete below) No Don't Know

Name of Physician if applicable

Hospital or ER	Reason for Visit or Admission

Hospital Preference: _____

Hospital Phone Number: _____

(Current medicines, refrigerated medicines, non-prescription drugs, e.g. aspirins, vitamins, laxatives or herbals).

Medication

Date/Time	Dosage	Observed by	Comments

Medication

Date/Time	Dosage	Observed by	Comments

This form is a compilation of information adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual pages 141.

PULASKI HEIGHTS UNITED METHODIST CHURCH
"HELPING HANDS" ADULT RESPITE CARE CENTER
APPLICATION for ENROLLMENT

NAME _____ AGE _____

ADDRESS _____

NAME TO BE CALLED _____ D.O.B. _____

MARITAL STATUS _____

PHONE _____ CAREGIVER _____

CAREGIVERS ADDRESS _____

PHONE _____ RELATIONSHIP _____

EMERGENCY PHONE _____

PRIMARY CARE PHYSICIAN _____

PHONE _____ HOSPITAL _____

EMERGENCY INSTRUCTIONS _____

CHECK EACH THAT APPLY:

- ____ COPD((Specify) _____
____ Cancer(Specify) _____
____ Diabetes (Circle: Insulin dependent, Non-Insulin dependent, Diet controlled
____ Allergy: Food _____ Type _____ Drug _____ Kind(s) _____
____ Physical _____
____ Dementia (Circle or list)Multi-infarct _____ Alzheimer's, Other _____
____ Angina _____ High Blood Pressure(Range) _____
____ Heart Attack,Surgery(Specify) _____
____ Stroke Type(Specify) _____
____ Incontinent(_____ Bladder _____ Bowel. _____ Depends or other? _____
____ Needs help with bathroom.

Parkinson's . Weakness
Dizziness. Fainting. Other
Diet(Special?) Specify
Dentures. Need help with eating, cutting food or encouragement

Daily Naps or rest times

Coordination (Circle : Falls, Unsteady upon rising, Other _____)

Ambulatory devices: Walker Cane Wheelchair. Able to transfer.

OTHER _____

MEDICATIONS:	NAME	CONDITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please write a brief history of clients life, hobbies, job, awards, family and any thing that would be helpful to us in the care of loved one. Please use back of this sheet, if needed.

Caretaker Signature _____ Date _____

Pulaski Heights United Methodist Church
"Helping Hands" Respite Care Program

Permission Form

1. Permission is hereby granted for _____ to attend Pulaski Heights United Methodist Church "Helping Hands" Adult Respite Care Program (referred to hereafter as PHUMC "HH" ARCP). Release is hereby granted for photos, film or video taping to be taken of client within the program to be used in public relations for the "Helping Hands" Respite Care Program.
2. I give my permission to PHUMC "HH" ARCP to receive any information concerning the above named client through phone conversations, reports, and evaluations from the various professionals involved in the care of this client.
3. I give my permission for PHUMC "HH" ARCP staff to assist in administering medication to the named client that I have provided (which will be properly labeled) and to seek any emergency treatment that might be necessary while the client is participating in the program. I understand I will be contacted immediately at this number _____ if this occurs.
4. I give my permission for this client to participate in any field trip that may be planned for the client while the client is in the PHUMC "HH" ARCP.

CLIENT NAME

GUARDIAN NAME

DIRECTOR OF RESPITE OR REPRESENTATIVE

DATE

500 PROGRAM AND PARTICIPANT REQUIREMENTS

504 - *Participant Care Plans*

A care plan file will be maintained for every participant admitted to the _____ Respite Care Program and will include all admissions data, medical information, discharge information, all signed releases, and written notices regarding the participant. The Program Coordinator will be responsible and accountable for submitting an accurate record of service hours provided to the participant for each month, by the last day of that month.

Confidentiality: all information relating to any person participating in the respite program will be held in strict confidence. Indiscriminate use of such information by program personnel will not be accepted, and will result in immediate termination.

CARE PLAN

Participant's Name: _____

Staff: _____

Caregiver's Name: _____

Care Plan Period: _____

Date Need Goals Plan Comment

Date	Need	Goals	Plan	Comment

500 PROGRAM AND PARTICIPANT REQUIREMENTS

505B - *Behavior Management Guidelines*

1. Physical, sexual, emotional or verbal abuse or harsh, humiliating or degrading forms of treatment will not be prohibited.
2. Food, clothing, shelter, medical care and /or prescribed therapeutic activities will not be denied. Contacts with family, counselor, or legal representatives as forms of behavior management will not be accepted.
3. Behavior management techniques will encourage acceptable behavior and re-direction. Behavior management will also encourage all positive behaviors that are exhibited.
4. Behavior management will not destroy self esteem. Name calling will be prohibited.
5. All participants will be explained their rights and responsibilities at a level they can understand, and given a written copy to be reviewed by their caregiver or guardian.
6. Respite program rules and privileges will be consistent for all participants and displayed in a prominent place in the center.
7. A change in activity or schedules will be avoided or pre-warned if possible.
8. Limits based on the Participant's abilities will be set for his/her own safety or security.
9. The use of chemical or mechanical restraints will not be accepted.
10. All behavior management will be handled without causing the Participant to be embarrassed or to lose self-esteem.
11. Any/all continuous behavior management challenges will be reported to the caregiver or guardian.
12. All incidents of suspected abuse or neglect will be reported to Adult Protective Services.

**TO REPORT THE ABUSE, NEGLECT OR
EXPLOITATION OF
A DISABLED ADULT
OR AN ELDERLY PERSON**

PLEASE CALL:

1-800-482-8049

Mandated Reporters of Abuse

Physicians, coroners, dentists, interns, osteopaths, registered nurses, hospital personnel, social workers, EMT's, firefighters, mental health professionals and law enforcement officers are required by law to report abuse. **If you suspect abuse, neglect or exploitation PLEASE CALL! !**

When reporting abuse, neglect or exploitation please describe:

1. Victim's name, address or location, approximate age, race and sex.
2. Physical, mental or behavioral indications that the person is infirmed or disabled.
3. Signs or indications of harm or injury, including a physical description if possible.
4. Relationship of the alleged perpetrator to the victim, if possible. If the relationship is unknown, please give as much information as is known.

Philosophy of Adult Protective Services

When interests compete, the adult client is the only person we are charged to serve—not the community concerned about safety, the landlords concerned about property, citizens concerned about crime or morality, or families concerned about their own health and finances.

When interests compete, the adult client is in charge of decision making until she/he delegates responsibility voluntarily to another or the court grants responsibility to another.

Independence is very important to Arkansans, and, in some situations, independence takes precedence over safety—that is, a competent individual may choose to live recklessly or even self-destructively, provided such a life-style does not harm others and no crime is committed.

In the ideal situation, Adult Protective Services seeks to achieve simultaneously and in order of importance: independence, safety, least disruption of life-style and least restrictive care alternative.

 **ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

**DIVISION OF
AGING & ADULT SERVICES**
7th and Main
Little Rock, Arkansas 72201
1-800-482-8049
www.arAdultProtection.com

Adult Protective Services

Growing Older

Without Abuse



**DIVISION OF
AGING & ADULT SERVICES**

Help
Stop
Abuse in
Arkansas



Warning Signs & Symptoms of Abuse

Abuse

- fractures/broken bones/sprains
- burns/bruises/rope burns/marks
- lacerations/welts/black eyes
- internal injuries
- torn, stained or bloody clothes
- unexplained venereal disease
- contradictory explanations
- threats/insults/harassment
- yelling/verbal abuse/belittling
- isolation or silence

Neglect

- lack of food, clothing, medicine
- unsanitary conditions
- withholding food or medicine
- no utilities
- abandonment
- unsafe home
- basic needs not met
- lack of supervision

Exploitation

- coercion into signing contracts
- coercive changes in wills
- misusing Power of Attorney
- stealing
- selling property
- withholding checks
- forging signature



Arkansas Law About Abuse

The Department of Human Services has jurisdiction to investigate cases of suspected abuse, neglect, or exploitation of an endangered and impaired adult.

Adult Protective Services CAN legally act IF an adult eighteen (18) years of age or older is:

1) Endangered - In a situation or condition which poses an imminent risk of death or bodily harm.

AND

2) Lacks Capacity - Demonstrates a lack of capacity to comprehend the nature and consequences of remaining in that situation.

The Adult Abuse Law CANNOT:

- Replace commitment for acute psychiatric treatment
- Replace commitment for alcohol or drug abuse treatment

The Adult Abuse Law DOES NOT apply:

- To domestic abuse of mentally competent persons
- For the purposes of consenting for medical treatment

How to Report Suspected Abuse

1-800-482-8049

Abuse Can Happen to Anyone

If you suspect adult abuse, call the Adult Protective Services office as soon as possible. When you call to report a suspected abuse, please provide the following information:

- 1) Adult victim's name, age, address, sex, phone number and race;
- 2) Description of the problem;
- 3) Name, address, phone number of the person you suspect of abuse;
- 4) Names of others who may have more information (i.e. family, friends, case workers, neighbors, doctors, etc.)

Mandated Reporters of Abuse

Physicians, coroners, dentists, interns, osteopaths, registered nurses, hospital personnel, social workers, EMT, firefighters, mental health professionals and law enforcement officers are required by law to report abuse.

Those required by law to report suspected adult abuse, neglect or exploitation, who are acting in good faith, have immunity from civil or criminal liability that might result from this action.

**REPORT SUSPECTED ADULT ABUSE,
RIGHT AWAY!**

500 PROGRAM AND PARTICIPANT REQUIREMENTS

506 – Medical Condition of the Participant

Before a participant can attend the _____ Respite Care Program, his/her caregiver or guardian must submit a completed and signed Emergency Medical Treatment Consent Form, a completed and signed Physician's Orders Form, and a completed and signed Medication Management Form. All acute or chronic health problems, any known allergies, and all medications being taken by the participant at the time of admission must be documented.

A participant will not be allowed to attend the _____ Respite Care Program with:

- ♦ A temperature of 100 degrees or above
- ♦ Vomiting
- ♦ Swelling of the neck, abdomen, genitalia, or joints
- ♦ Untreated broken bones
- ♦ Open wounds requiring medical attention to close
- ♦ Communicable diseases other than the common cold
- ♦ Burns requiring medical attention
- ♦ Any condition requiring medical intervention and monitoring needed to preserve the life or well being of the Participant
- ♦ Any medical condition requiring medical equipment and/or expertise from a licensed or certified medical professional

Medical Emergencies

If a participant becomes ill while attending the _____ Respite Care Program, the caregiver, guardian or emergency contact will be called and given the opportunity to take the participant to the usual family medical practitioner. The participant will remain in the Program Director's office until his/her caregiver, guardian or emergency contact can pick him/her up.

In the case that a participant requires emergency medical care, a conscientious effort will be made if possible to contact the caregiver, guardian or emergency contact before medical attention is sought. The Respite Program Director or designated individual will summon paramedics (911), notify the participant's personal physician and arrange for ambulance transport, at the participant's expense or under a health care plan, to the nearest emergency facility, which may not be the hospital of choice.

First Aid Supplies

A kit with first aid supplies will be accessible to all program staff and program volunteers. The first aid kit will be stored in a locked cabinet away from all participants and their caregivers, an/or guardians. All incidents will be documented on an Incident Report Form.

506 – Medication

All participants attending the _____ Respite Care Program must be able to self administer their own medications. No exceptions will be made. All participants' medications brought to the center must be logged in by the Respite Program Director and locked in a medication cabinet, cart, or refrigerated in a lock compartment.

If medication must be taken during the course of the day by a participant, it is the responsibility of the participant, his/her caregiver or guardian to administer the medication. All prescription and/or nonprescription medication administered will be recorded in the participant's medication chart, as well as any adverse drug reactions or errors in medication.

It will be the responsibility of the participant, his/her caregiver or guardian to open the medication bottle and take the proper prescribed dosage. Prescription medications will be administered only according to the instructions on the pharmacy label. The medication bottle must be re-sealed by the participant and handed back to the Respite Program Director for storage in a locked cabinet. Unless given by a caregiver or guardian, all medications taken at the _____ Respite Care Program will be observed by two persons, the Respite Program Director and a witness.

The Respite Program will not be responsible for untaken medicine or improperly taken medicine by the participant his/her caregiver or guardian.

All medications shall be in their original containers with labels intact. Containers must be child-proof and protected from light and moisture. Prescription medication container labels shall include the following:

- Participant's name
- Date issued or refilled
- Directions for administration
- Medication name and strength
- Physician's name
- Pharmacy name, address and telephone number
- Cautionary label, if appropriate

A list of persons approved to administer medications shall be maintained in the participant's care plan.

500 PROGRAM AND PARTICIPANT REQUIREMENTS

507 – Reporting Suspected Abuse and/or Neglect of a Participant

If abuse or neglect of a participant is suspected, the Respite Program Director or Program Coordinator must be notified at once. The Respite Program Director or Program Coordinator will notify the Arkansas Department of Human Services, Division of Aging and Adult Services at 1-800-482-8049.

_____ Respite Care Program

Activities Assessment

Participant: _____ Date: _____

Admission date: _____ Program Coordinator: _____

ELEMENTS OF THE ASSESSMENT

ASSESSMENT DATE

Orientation	1st	2nd	3rd	4th	5th	6th
Knows whereabouts at all times						
Knows day, month, year at all times						
Recognizes acquaintances; does not mistake strangers						
Whereabouts or dates occasionally confused						
Occasionally does not recognize acquaintances or mistakes strangers						
Whereabouts usually confused						
Date usually confused.						
Whereabouts always confused						
Has no idea of current date						
Never recognizes acquaintances; always mistakes strangers						
Comments:						
Re-socialization	1st	2nd	3rd	4th	5th	6th
Participates in all activities						
Participates in 6 or more activities						
Participates in 3-5 activities						
Participates in 2 activities						
Participates on 1 activity						
Does not participate, can not						
Does not participate, will not						
Comments:						
Sociability	1st	2nd	3rd	4th	5th	6th
Often joins group activities						
Often joins games						

Often initiates conversations						
Often responds to conversations						
Seldom joins group activities						
Seldom joins games						
Seldom initiates conversations						
Seldom responds to conversations						
Never joins group activities						
Never joins games						
Never initiates conversations						
Never responds to conversations						
Comments:						
Cooperation	1st	2nd	3rd	4th	5th	6th
Persuades others to join in activities						
Visits bedridden participants						
Helps bedridden participants						
Helps plan group activities						
Joins groups when invited						
Joins groups only when strongly urged						
Refused to join group activities.						
Comments:						
Personality traits and moods	1st	2nd	3rd	4th	5th	6th
Active						
Cheerful						
Considerate						
Self-sufficient						
Talkative						
Unselfish						
Argumentative						
Complaining						
Critical						
Irritable						

Selfish						
Bored						
Clinging						
Gloomy						
Restless						
Silent						
Unresponsive						
Withdrawn						
Comments:						
Games or Sports Interests	1st	2nd	3rd	4th	5th	6th
Bingo						
Checkers						
Chess						
Card games						
Dominos						
Dice games						
Horse shoes						
Bowling						
Shuffleboard						
Other						
Comments:						
Creative Activity Interests	1st	2nd	3rd	4th	5th	6th
Needlework						
Knitting						
Sewing						
Fancywork						
Quilting						
Woodcarving						
Weaving						

Beads						
Gardening						
Collecting						
Other						
Comments:						
Spectator Activity Interests	1st	2nd	3rd	4th	5th	6th
Concerts						
Plays						
Movies						
Athletic Events						
Car Rides						
Other						
Comments:						
Other Interests	1st	2nd	3rd	4th	5th	6th
News, civic, world affairs						
Newspapers, magazines, books						
Radio						
Television						
Religious activities						
Other						
Comments:						
Participates in Games or Sports	1st	2nd	3rd	4th	5th	6th
Always						
Most of the time						
Occasionally						
Never						
Other						

Participation in Creative Activities	1st	2nd	3rd	4th	5th	6th
Always						
Most of the time						
Occasionally						
Never						
Comments:						
Participation in Spectator Activities	1st	2nd	3rd	4th	5th	6th
Always						
Most of the time						
Occasionally						
Never						
Comments:						
Participation in Special Interest Activities	1st	2nd	3rd	4th	5th	6th
Always						
Most of the Time						
Occasionally						
Never						
Comments:						

1st Assessed by: _____

2nd Assessed by: _____

3rd Assessed by: _____

4th Assessed by: _____

5th Assessed by: _____

6th Assessed by: _____

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

508 SERVICES PROVIDED

508 A - Activity Programming

- A. NADSA Standards**
- B. Program Development**
 - Goals for participants
 - Goals for Staff
 - Daily Program Schedule
- C. Things to Consider**
- D. Planning Activities**
 - Think About the Approach
 - Think About the Environment
 - Think About the Person
- E. Activity Programming for the Stages**
 - Early Stage
 - Middle Stage
 - Late Stage
- F. Program Implementation**
- G. Program Evaluation**
- H. Highly Specialized Activities**

508 B - Activities of Daily Living

508 C – Nutrition

508 D – Transportation

508 E - Counseling

508 A - Activity Programming

A. NADSA Standards

Communication between staff and participants is the basis for creating a caring culture. This includes staff attending to the participants' verbal and nonverbal communication in order to understand their wants and needs, as well as staff using verbal and nonverbal means to validate and support participants.

Sensitivity to all the elements of the participant's personality will convey a sense of respect that is the basis for forming supportive and therapeutic relationships.

Therapeutic Activity - "Therapeutic activity refers to that supportive culture and is a significant aspect of the individualized plan of care. A participant's activity includes everything the individual experiences during the day, not just arranged events."

NADSA # 57: Programming shall take into consideration individual differences in age, health status, sensory deficits, life-style, ethnicity, religious affiliation, values, experiences, needs, interests, abilities, and skills by providing opportunities for a variety of types and levels of involvement.

NADSA Guideline: Activities may include, but are not limited to:

- ★ Personal interaction;
- ★ Activities naturally offered by the environment;
- ★ Individualized activities;
- ★ Small and large group activities;
- ★ Active and spectator participation;
- ★ Intergenerational experiences;
- ★ Involvement in community activities and events;
- ★ Services to individuals and to the program;
- ★ Outdoor activities as appropriate;
- ★ Self-care activities;
- ★ Food preparation and other IADL-related activities;
- ★ Culturally and ethnically diverse celebrations; and
- ★ Opportunities to voluntarily perform services for individuals and the program, and for community groups and organizations.

NADSA # 58: The activity plan shall be an integral part of the total plan of care for the individual based on the interest, needs, and abilities of the participant.

NADSA Guideline: Activities emphasize participants' strengths and abilities rather than impairments and contribute to participant feelings of competence and accomplishment. Provision is made for each individual to participate at his/her optimal level of functioning and to progress

according to his/her own pace. Activity programming takes into account participants' individual responses to stimulation, level of fatigue, and tolerance for programming.

NADSA # 59: The adult day services program shall provide a balance of purposeful activities to meet the participants' interrelated needs and interests (social, intellectual, cultural, economic, emotional, physical, and spiritual).

NADSA Guideline: These activities range from group and individual activities of general interest to specific therapeutic interventions—for example, creative arts therapies, wellness, prevention, and education.

NADSA # 60: Activities shall be designed to promote personal growth and enhance the self image and to improve or maintain the functioning level of participants to the extent possible.

NADSA Guideline: Activities address the needs for security, control, inclusion, and affection. Activities offer, but are not limited to, opportunities to:

- ★ Preserve the participant's dignity;
- ★ Maximize remaining abilities;
- ★ Experience a positive outlet for energy, emotions, and self-expression
- ★ Increase feelings of self-worth;
- ★ Maintain lifelong skills;
- ★ Learn new skills and gain knowledge;
- ★ Challenge and tap the potential abilities of participants;
- ★ Participate in activities of interest;
- ★ Improve capacity for independent functioning;
- ★ Develop interpersonal relationships;
- ★ Develop creative capacities;
- ★ Improve physical and emotional well-being, including nutritional status;
- ★ Be exposed to and involved in activities and events within the greater community;
- ★ Experience cultural enrichment; and
- ★ Have fun and enjoyable, pleasurable experiences.

NADSA # 61: Participants shall be encouraged to take part in activities, but may choose not to do so or may choose another activity.

NADSA Guidelines: Centers should evaluate reasons for non-participation to determine whether it reflects personal preference or indicates a need for a change in activity. Background noise such as conversation, television, microphone, or music can be therapeutic, distracting, or upsetting; therefore, centers should carefully assess the impact of noise on participants and make adjustments as indicated (for example, changing the type of music or volume level).

NADSA # 62: Participants shall be allowed time for rest and relaxation and to attend to personal and health care needs.

NADSA # 63: Activity opportunities shall be available whenever the center is in operation.

NADSA Guidelines: A monthly calendar of activities can be prepared and posted in a visible place. This may be distributed to participants and family/caregivers and others. Group daily activities are posted in a prominent, convenient, visible place. Alternative simultaneous activities should be planned to allow optimum participant involvement.

The NADSA Standards cited above have been taken from 2002 version of The National Adult Day Services Association, Standards and Guidelines for Adult Day Services, pages 42 – 44.

B. Program Development

Goals for Participants

- Maintain quality of life and bring pleasure into their day
- Prevent problem behaviors and increase positive behaviors
- Improve/maintain individual level of function as long as possible
- Promote fun, friendship and independence

Goals for Staff

- Reduce job burnout
- Reduce stressful participant/staff interaction
- Improve staff attitude
- Increase staff knowledge base

Daily Program Schedule

Morning (8:30 — 11:45)

- Breakfast/Socialize
- Personal Care
- Current Events
- Flag Salute/Songs
- Exercise/Hydration
- Group Activity

Afternoon (11:45 — 3:00)

- Lunch/Socialize
- Personal Care
- Group Activity
- Snacks/Relax
- Personal Care
- Going home

C. Things to Consider

Know the participant

Intake - get a good social history

Staging -- GDS

Space requirements

Staff training - Set dates

Equipment - Make of list of needed supplies

Have routine but make if flexible

Plan more activities not less

Don't let activities run too long

Who, When and How to group participants together

Large group - no more that 20

Medium group -- 10 - 15

Small group --2 to 10

Don't forget hydration

D. Planning Activities

Activities Must

Must be failure free

Use prior abilities

Have a purpose

Be individualized

Be flexible

Appeal to adults

Think about the person

Determine preferences, strengths, abilities, past and present interests

Think about your approach

Offer support and supervision

Be enthusiastic

Break the activity into steps

Assist when necessary

Don't criticize or correct

Think about the environment

Evaluate safety issues

Minimizes distractions

Check for over-complexity

Surroundings can encourage activities

E. Activity Programming for the Stages

Early Stage Participants: Functional Stage - GDS: Stage 3 - 4

Notable Behaviors

Forgetfulness and repetition

Changes in language and comprehension

Frustration and agitation build easily

Decreased knowledge of current events

Get lost easily

May want to go home

Needs occasional cueing/supervision

Occasional disorientation to place and time, oriented to person

Activity Length

No longer than 30 minutes to 1 hour

Programming Goals

Keep them safe

Encourage interaction

Challenge their minds

Maintain/promote independent action

Activities

Memory and reasoning activities

Ask advice using real life situations

Ann Landers, You be the judge – Discussion

Cognitive stimulation

Read, write, reminiscence, language and word association games

Life skills activities

Gross motor type activities

Fine motor type activities

Supply Needs

Cards, crossword puzzles, word search, puzzles, newspapers, rhythm instruments or hand bells, art supplies, painting supplies, old poetry books, golf putters, vintage music, simple plot videos, bingo, balloons and bubbles

FYI: These folks may not interact well with very low functioning participants

Middle Stage Participants: Functional Stage - GDS: Stage 5 to early 6

Notable Behaviors

Increased forgetfulness and repetition

Increased language and comprehension difficulties

Increased frustration and agitation

Generally mobile but at risk for falling

Wandering and/or pacing

Suspicion! Paranoia

Needs more supervision

Little knowledge of current events

Increased disorientation to place and time, generally oriented to person

“Sundowners”

Activity Length

Generally 15 to 30 minutes

Programming Goals

Provide a secure environment

Challenge their minds

Encourage interaction

Activities

Reminiscence about the past

Word association activities

Classic music/video/radio pieces from their past

Purposeful work-related activities

Simplified art and painting projects Maintain Independence

Gross motor type activities

Fine motor type activities

Supply Needs

Simple cards, matching, sorting and stacking objects, simple videos, vintage music, simple art and painting supplies, rhythm instruments or hand bells, bingo, memory joggers, picture books, things to fold and clean with, brooms, sweepers, big exercise balls, balloons and bubbles

FYI: These participants may take things that aren't their own, see things that aren't there, exhibit exit seeking behaviors, begin incontinence issues, experience, 'Sundowners'.

Late Stage Participants: Functional Stage - GDS: Stage 6 to 7

Notable Behaviors

Lost ability for language, unable to initiate conversation

Incontinent

Severely decreased comprehension

Disoriented to person, place, time

Mobility severely compromised! high risk for falling

Low tolerance for noise and large groups, low stamina

Activity Length

15 minutes maximum

Programming Goals

Enhance/enrich the senses

Calm the participant

Provide opportunities for companionship and passive socialization

Activities

Smelling different scented cotton balls

Listen to soothing music

Tactile type activities

Bead Stringing

Sorting

“Busy box, apron”

Supply Needs

Lotions, scents, feathers, familiar music, tactile objects, stuffed animals,

Stacking type objects, busy apron or busy box, balloons and bubbles

FYI: This is the stage of ‘I don’t’

Excerpts have been taken from Programming for Dementia, 2004. Geriatric Resources Inc.
Mary Lucero, President.

E. Program Implementation

Activity Domains

Physical - Exercise – Walking, chair exercises, dancing

Games - Bowling, horse shoes, balloon volleyball

Psychosocial - Remember When”.. .your first kiss, train ride, new shoes, high school prom....

Spiritual - Weekly worship service, singing hymns, reciting well-known prayers...

Creative - Painting, arts and crafts, cooking....

Daily chores - Gardening, folding laundry, kitchen help, vacuuming Building birdhouses, sanding picture frames, counting change, stapling papers, feeding birds....

Cognitive - Word association games, fill-in-the-blank, name that state, name that sign....

F. Program Evaluation

Who's participating?

Was the activity too challenging for some of the folks?

Was the activity challenging enough?

Is staff involved? Are they initiating or excited about the planned activities?

Didn't work? Were other things going on to distract the participants?

Maybe some tweaking can save the activity

Try it another day, before scrapping

H. Highly Specialized Activities

Memory Boxes/Props/ Theme Days - www.geriairic-resources.com

Develop and implement specialized activity boxes designed to stimulate memory, focus participant interaction, prevent boredom and ease staff worries about what to do or to what to talk about next

4" of July Kit - Concrete items like patriotic music, flags, hats, spark
Conversation items such as making a list of questions
about the revolutionary war, civil war, WWI and WWII,
Korea, Viet Nam, north and south, special foods, special
services, family traditions

Bi-Folkal Kits - www.bif.com

May be available through the lending library system throughout Arkansas.

Over 20 different kits on everything from Valentines Day to

Remembering Summer. Can be used with all stages including children

Intergenerational Activities – www.gt.pitt.edu/

Keep activities relatively short, Keep the noise and confusion levels down
especially for the more functionally impaired participants

Music Therapy - Music Therapy in Dementia Care. David Aldridge. Kingsley 2000.

Penetrates more deeply than the spoken word

Provides instruction and physically alters body rhythms

Sets and changes moods

Promotes movement, alertness and relaxation

Sing in a circle and offer a variety of popular music from participants' youth, not
from today

This section was developed by Janet Nelson, MA

508 B -- Activities of Daily Living

The _____ Respite Care Program shall assist the participant with activities of daily living such as walking, toileting, feeding, grooming, dressing and other activities in accordance with the participants individual care plan.

Section V

Record Keeping Requirements

600 RECORD KEEPING REQUIREMENTS

This rule describes the minimum requirements for administrative, participant and program records that the adult day care provider shall maintain.

601 ADMINISTRATIVE RECORDS

The adult day care provider shall maintain administrative records that include at least:

1. Written personnel policies;
2. An organizational chart depicting lines of supervision and responsibility;
3. Individual personnel records for both paid staff and volunteer staff who are counted in the staffing ratio that include the following:
 - A. Position title and written descriptions of job responsibilities;
 - B. Name, address, home telephone number, date of birth and Social Security number, and emergency contact number;
 - C. Documentation of professional qualifications; such as copies of license, certification, as applicable;
 - D. Educational background;
 - E. Employment history and documentation of references checked prior to employment;
 - F. Annual evaluation of work performance;
 - G. Record of dates and hours worked for at least the previous calendar year; and
 - H. Documentation, as applicable of any communicable disease and written physician's release to return to work;
4. Fiscal records that include documentation of program income and expenditures in accordance with generally accepted accounting procedure;
5. Records of orientation and in-service training provided; and
6. Current facility inspection reports from the local health authority, local fire department, Department of Health, or Office of Long Term-Care as applicable, including catered services.

602 PARTICIPANTS RECORDS

The provider shall maintain individual participant records that include at least:

1. Identifying information consisting of the participant's name; address home telephone number; sex; date of birth; legal guardian if applicable; the name and telephone number of the person to be notified in case of emergency, next of kin; travel directions between the home and program location and transportation arrangements if applicable;
2. Medical and Social History.
3. Individual client plan and progress notes;
4. Documentation of special diets if prescribed;
5. Daily attendance log for the previous calendar year; and
6. Documentation regarding any accidents or incidents.

603 PROGRAM RECORDS

The provider shall maintain program records that include at least:

1. Current written program description;
2. Schedule of daily group activities planned and record of activities actually conducted shall be maintained for the previous four (4) calendar months;
3. Weekly menus of meals planned and records of actual meals served shall be maintained for the previous four (4) calendar months;
4. Emergency medical plan; and
5. Fire safety plan.

604 CONFIDENTIAL REQUIREMENTS

Records or any information regarding adult day care program participants, shall be confidential and no information shall be released without a written, release of information signed by the participant or legal guardian except that records shall be available to the Office of Long Term Care for program inspection, monitoring or technical assistance purposes.

605 RECORD RETENTION

Records shall be maintained for no less than five (5) years. Current records shall be kept on site within the adult day care program. Inactive records may be maintained at another

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central location but in no case outside the State of Arkansas. Any current or Inactive record requested by the Division shall be available within twenty-four (24) hours of the request.

Section VI

Facility Requirements

700 FACILITY PHYSICAL REOUTREMENTS

The rule establishes the minimum physical and maintenance requirements for facilities in which adult day care programs are operated.

701 GENERAL PROVISIONS

The adult day care program facility shall be safe and suitable for participants.

702 SPACE REQUIREMENTS

Minimum space requirements shall be forty (40) square feet per participant. Space requirements do not include office space, bathrooms, storage, or dining rooms, unless the latter is also used for activities. For associated adult day care programs, the required space shall be designated and in excess of the particular facility's minimum required licensed space for providing their regular services.

703 ACTIVITY/QUIET AREA

The facility shall have a room where all of the participants can gather as well as a quiet area for rest.

704 FURNISHING

All equipment and furnishings shall be safe and in good condition. Furniture shall be of a size and design so that it is easily used by persons with limited ability. It shall be sturdy and secure so that it cannot easily tip when used for support while walking or sitting. At a minimum, the following shall be provided:

1. A minimum of one (1) comfortable chair for each participant;
2. Table space and chairs adequate for all participants to be served a meal at a table at the same time;
3. Reclining lounge chairs or other sturdy comfortable furniture, the number to be determined by the needs of the participants; and
4. One (1) bed or hide-a-bed with adequate privacy and quiet to be available for temporary use of participants as needed or in case of illness.

705 EQUIPMENT AND SUPPLIES

Equipment and supplies shall be adequate to meet the needs of participants including items necessary for direct care and items to encourage active participation and group interaction.

706 BUILDING CONSTRUCTION/REPAIR

The building in which the Program is located shall be of sound construction and maintained in good-repair.

707 VENTILATION

Ventilation, by natural or mechanical means, shall be provided. All screen doors shall be equipped with self-closing devices and shall fit tightly. Doors and windows and other openings to the outside shall be screened when necessary to prevent entrance of insects and vermin.

708 HEATING AND COOLING

The heating system shall be in compliance with the National Fire Protection Code published by the National Fire Protection Association (NFPA), and all state and local codes. Exposed heating pipes, hot water pipes, or radiators in rooms and areas used by participants shall be covered or protected, and insulated when appropriate. Portable space heaters shall not be used. Room temperatures shall be maintained between seventy degrees Fahrenheit (70°F) and eighty-five degrees Fahrenheit (85°F) in all seasons and the reasonable comfort needs of individual participants shall be met.

709 LIGHTING

Illumination shall be adequate in all areas and commensurate with the type of activity. Glare shall be kept at a minimum by providing shades at all windows exposed to direct sunlight and light fixtures shall have shades or globes.

710 PLUMBING

All plumbing and plumbing fixtures shall conform to applicable local codes. There shall be no cross-connection between the potable water supply and any source of pollution through which the potable water supply might become contaminated.

711 WATER SYSTEM

An adequate supply of water, the source of which is approved by the state water control authority, under sufficient pressure to properly serve the facility shall be provided. The potable water system shall be installed to preclude the possibility of backflow.

712 DRINKING WATER

Drinking water shall be easily accessible to the participants and provided by either an angle-jet drinking fountain with mouth guard or by a running water supply with individual drinking cups, or bottled water supply with individual drinking cups. Drinking facilities may not be located in a toilet room.

713 TOILET FACILITIES

At least one (1) toilet and washbowl shall be provided for each ten (10) participants or any major fraction thereof. The washbowl shall be in proximity to each toilet and shall have hot and cold running water. Hot water shall not exceed one hundred and ten degrees Fahrenheit (110°F). The toilet room shall provide privacy for participants. Each toilet room shall be equipped with approved natural or mechanical ventilation. All toilets shall have grabrails. Individual paper towels, a trash receptacle, soap and toilet paper shall be provided at all times and shall be within reach of the participants.

714 ACCOMMODATIONS FOR HANDICAPPED

Facility shall have ramps or other means of accessibility for handicapped persons. All facilities will make provisions for the participants they accept.

715 STAIRWAYS/HALLWAYS

Stairways and hallways shall be kept free of obstructions and shall be well lighted. All stairways and ramps shall have non-slip surface or treads. All inside and outside stair and ramps shall have handrails.

716 FLOOR COVERINGS

All rugs and floor coverings shall be secured to the floor. Throw rugs shall not be used. Polish used on floors shall provide a non-slip finish.

717 HOUSEKEEPING MAINTENANCE

Sufficient housekeeping and maintenance service shall be provided to maintain the facility in good repair and in a safe clean, orderly, attractive and sanitary manner.

718 STORAGE OF CLEANING SUPPLIES

Drugs, cleaning agents, pesticides and poisonous products shall be stored apart from food, out of the reach of the participants, and shall be used in manner which assures the safety of participants and staff.

719 DISPOSAL OF GARBAGE

Garbage shall be stored and disposed of in an approved manner.

720 PEST CONTROL

The facility shall be maintained free of insects and rodents. Control measures shall be provided to prevent rodent and insect infestation.

Section VII

Emergency Management

800 FIRE SAFETY REOUIREMENTS

This rule establishes specific fire safety requirements for adult day care programs and facilities.

801 WRITTEN APPROVAL - FIRE SAFETY

Adult day care programs located in organized areas or municipalities shall obtain, annually, written approval from local fire safety officials certifying that the facility complies with local fire codes. If there are not applicable, codes, or if the Division determines that such codes are not adequate to assure the safety of older or handicapped persons, the provisions of the National Fire Protection Association New Educational Occupancies (NFPA No. 10 Section 10-7 1985 edition) shall apply.

802 EXITS

The facility shall have a minimum of two (2) exits remote from each other. Exits shall be clearly marked with exit signs and shall provide egress at ground level. Exit door shall swing out as with the flow of foot traffic. Each exit door will be equipped with a device to sound alarm when door opens. (Where not feasible, the facility must submit a plan to the Office of Long Term Care to show how security and protection of client will be assured.)

803 SMOKE DETECTORS/FIRE EXTINGUISHERS

Each provider shall locate, install and maintain in operable condition an adequate number of smoke detectors and fire extinguishers of the appropriate type as determined in consultation with the local fire authorities. Fire extinguishers shall comply with NFPA 10 requirements.

804 FIRE/DISASTER PLAN

A written plan for assuring the safety of participants staff and volunteers in case of fire or other disaster shall be developed in consultation with state or local fire authorities and shall include at a minimum, the following:

1. A written assessment of potential fire or safety hazards present on the premises and actions and procedures to follow to minimize potential danger;
2. A written schedule prepared and documentation provided that periodic checks for battery strength of smoke detectors and adequate pressure of fire extinguishers have been conducted monthly and documented.
3. A written training plan and schedule for staff and volunteers on safety responsibilities and actions to be taken if an emergency situation occurs. Such training shall be conducted and documented semiannually.
4. Fire or evacuation drills will be performed each month.

800 EMERGENCY MANAGEMENT REQUIREMENTS

801 – *Fire*

Indoor exit floor plans for fire and disaster will be posted beside the main entrance and the doors of all adjoining rooms in the respite program center. Smoke alarms will be installed in appropriate places and checked regularly. All program staff and program volunteers will be trained in evacuation procedures, fire containment, and the use of emergency phone numbers. All program staff and program volunteers will participate in monthly fire and quarterly emergency drills conducted by the Program Coordinator. A fire drill review form and emergency safety drill form will be completed and maintained in a folder documenting all fire drills and emergency drills along with any problems and/or corrections.

ADULT DAY CENTER

RECORD OF PARTICIPANT FIRE SAFETY TRAINING

Participants are instructed upon admission and re-instructed quarterly thereafter in general fire safety, evacuation procedures, responsibilities during fire drills, and the designated meeting place outside the building or within the fire safe area in the event of an actual fire. Documentation is provided for participants who are unable to fully engage in the fire safety training. The content of the fire safety instruction is provided in the handbook.

INITIAL FIRE SAFETY TRAINING:

_____	_____
Participant	Date
_____	_____
Instructor	Date

QUARTERLY REVIEW OF FIRE SAFETY INSTRUCTION:

_____	_____
Participant	Date
_____	_____
Instructor	Date
_____	_____
Participant	Date
_____	_____
Instructor	Date
_____	_____
Participant	Date
_____	_____
Instructor	Date

FIRE DRILL REPORT

MONTH/YEAR _____

Date of Drill: _____

Time: _____

Fire Alarm operative: ____ Yes ____ No

Total number of participants present _____
(of these, _____ clients were non or partially ambulatory. On reverse side, note any problems experienced with individual participants, including vision and hearing problems)

Number of staff persons present at drill: _____

Please list names of staff present:

_____	_____
_____	_____
_____	_____
_____	_____

Number of volunteers present at drill: _____

Please list names of volunteers present:

_____	_____
_____	_____

Exit route: _____

Time duration: _____
(from initial signal until the final person has vacated building)

Others present at drill:

Comments:

Suggestions for improved procedure: _____

Signature: _____

QUARTERLY CLIENT FIRE PROCEDURE REVIEW

DATE: _____

Review conducted by: _____

Number of clients present: _____

(see attached list of clients in attendance)

Reviewed: Fire and emergency evacuation procedures; client responsibilities; opportunity for questions from clients.

Comments: _____

DATE: _____

Review conducted by: _____

Number of clients present: _____

(see attached list of clients in attendance)

Reviewed: Fire and emergency evacuation procedures; client responsibilities; opportunity for questions from clients.

Comments: _____

DATE: _____

Review conducted by: _____

Number of clients present: _____

(see attached list of clients in attendance)

Reviewed: Fire and emergency evacuation procedures; client responsibilities; opportunity for questions from clients.

Comments: _____

DATE: _____

Review conducted by: _____

Number of clients present: _____

(see attached list of clients in attendance)

Reviewed: Fire and emergency evacuation procedures; client responsibilities; opportunity for questions from clients.

Comments: _____

QUARTERLY STAFF FIRE PROCEDURE REVIEW

IN-SERVICE

DATE: _____

Description: Review of evacuation plan, escape routes, staff responsibilities, location of alarm boxes and fire extinguishers

Sign In

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY CARE FACILITIES

The following criteria are to be used for the development of Comprehensive Emergency Management Plans (CEMP) for Adult Day Care (ADC). The criteria will serve as a recommended plan format for the CEMP, and will also serve as the compliance review document for county emergency management agencies upon submission for review and approval pursuant to Chapter 252, F.S.

These minimum criteria satisfy the basic emergency management plan requirements of s400.55-400.564 and Chapter 58A-6.011, F.A.C. for Adult Day Care Centers.

These criteria are not intended to limit or exclude additional information that centers may decide to include in their plans in order to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness. Any additional information which is included in the plan will not be subject to approval by county emergency management personnel, although they may provide informational comments.

This form must be attached to the center's comprehensive emergency management plan upon submission for approval to the county emergency management agency. Use it as a cross-reference to your plan, by listing the page number and paragraph where the criteria are located in the plan on the line to the left of each item. This will ensure accurate review of the center's plan by the county emergency management agency.

I. INTRODUCTION

A. Provide basic information concerning the center to include:

- ___ 1. Name of center, address, telephone number, emergency contact telephone number, pager number (if available), fax number, type of center, and license.
 - ___ 2. Owner of center, address, telephone (private or corporate ownership).
 - ___ 3. Year center was built, type of construction and date of any subsequent construction.
 - ___ 4. Name of Administrator, address, work/home telephone, number of his/her alternate.
 - ___ 5. Name, address, work and home telephone number of person implementing the provisions of this plan, if different from the Administrator.
 - ___ 6. Name, work and home telephone number of person(s) who developed this plan.
 - ___ 7. Organizational chart, identifying phone numbers, with key management positions.
-

**EMERGENCY MANAGEMENT PLANNING CRITERIA FOR
ADULT DAY CARE FACILITIES**

- ___ B. Provide an introduction to the Plan which describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also provide any other information concerning the center that has bearing on the implementation of this plan.

II. AUTHORITIES AND REFERENCES

- ___ A. Identify the legal basis for plan development and implementation to include statutes, rules and local ordinances, etc.
- ___ B. Identify reference materials used in the development of the plan.
- ___ C. Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from the previous chart required.

III. HAZARD ANALYSIS

- ___ A. Describe the potential hazards that the center is vulnerable to such as hurricanes, tornados, flooding, fires, hazardous materials, transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, gas leaks, etc. Indicate past history and lessons learned.
- B. Provide site specific information concerning the center to include:
- ___ 1. Licensed capacity.
- ___ 2. Maximum number of staff on site.
- ___ 3. Identify types of participants served by the center:
- ___ a. Participants with dementia
- ___ b. Participants requiring special equipment or other special care, such as oxygen or dialysis
- ___ c. Participants who are non-ambulatory
- ___ d. Participants who require assistance
- ___ e. Participants who do not require assistance
- ___ f. Other - list types
- ___ 4. Identify hurricane evacuation zone.
- ___ 5. Identify which flood zone as identified on a Flood Insurance Rate Map.
- ___ 6. Number of miles center is located from a railroad or major transportation artery.
- ___ 7. Identify if center is located within 10 mile or 50 mile emergency planning zone of

**EMERGENCY MANAGEMENT PLANNING CRITERIA FOR
ADULT DAY CARE FACILITIES**

a nuclear power plant.

IV CONCEPT OF OPERATIONS

This section of the plan defines the policies, procedures, responsibilities and actions that the center will take before, during and after any emergency situation. At a minimum, the center plan needs to address: direction and control; notification; and evacuation and sheltering.

A. Direction and Control

Define the management function for emergency operations. Direction and control provide a basis for decision making and identify who has the authority to make decisions for the center.

- ___ 1. Identify by title who is in charge during an emergency and one alternate, should that person be unable to serve in that capacity.
- ___ 2. Identify the chain of command to ensure continuous leadership and authority in key positions.
- ___ 3. State the procedures that ensure timely activation and staffing of the center during emergency incidents.
- ___ 4. State the operational and support roles for all center staff (This will be accomplished through the development of Standard Operating Procedures, which must be attached to this plan).
- ___ 5. State the procedures to ensure the following needs are supplied:
 - ___ a. Emergency power and, if applicable, natural gas or diesel. If natural gas, identify alternate means should loss of power occur (which would effect the natural gas system). What is the capacity of the fuel tank for the emergency power system?
 - ___ b. Transportation (may be covered in the evacuation section)
 - ___ c. Food and water
 - ___ d. Oxygen, if required for participants

B. Notification

Procedures must be in place for the center to receive timely information on impending threats and the alerting of the center's decision makers, staff and participants of potential

**EMERGENCY MANAGEMENT PLANNING CRITERIA FOR
ADULT DAY CARE FACILITIES**

emergency conditions.

- ___ 1. Describe how the center will receive warnings.
- ___ 2. Describe how staff will be alerted.
- ___ 3. Describe the procedures and policy for staff reporting to work.
- ___ 4. Describe how participants will be alerted and the precautionary measures that will be taken.
- ___ 5. Identify alternative means of notification should the primary system fail.
- ___ 6. Identify procedures for notifying those facilities (for which mutual aid agreements are in place) to which participants will be evacuated.
- ___ 7. Identify procedures for notifying families of participants that the center is being evacuated or closed.

C. Evacuation

Describe the policies, roles, responsibilities and procedures for the evacuation of participants from the center.

- ___ 1. Identify the staff position responsible for determining if and when evacuation is required.
- ___ 2. Identify the staff position responsible for implementing center evacuation procedures.
- ___ 3. Identify all arrangements made through mutual aid agreements, memorandums of agreement or understandings that will be used to evacuate participants (copies of the agreements must be updated annually and attached in the appendix).
- ___ 4. Describe transportation arrangements for logistical support to ensure essential records, medications, treatments, and medical equipment remain with the participant at all times.
- ___ 5. Identify the pre-determined locations to which participants will be evacuated.
- ___ 6. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive participants (current, signed annually).
- ___ 7. Identify evacuation routes that will be used and secondary routes that would be

**EMERGENCY MANAGEMENT PLANNING CRITERIA FOR
ADULT DAY CARE FACILITIES**

used should the primary route be impassable.

- ___ 8. Specify the amount of time it will take to successfully evacuate all participants to the receiving facility.
- ___ 9. Describe the procedures to ensure that the center's staff will accompany evacuating participants.
- ___ 10. Identify procedures that will be used to keep track of participants once they have been evacuated (to include a log system).
- ___ 11. Establish procedures for responding to family inquiries about participants who have been evacuated.
- ___ 12. Establish procedures for ensuring that all participants are accounted for.
- ___ 13. Specify at what point the mutual aid agreements and the notification of alternate facilities will begin.

D Re-Entry

Once a center has been evacuated, procedures need to be in place for allowing participants to re-enter the center.

- ___ 1. Identify who is the responsible person(s) for authorizing re-entry to occur.
- ___ 2. Identify procedures for inspection of the center to ensure it is structurally sound.

V. INFORMATION, TRAINING AND EXERCISES

This section identifies the procedures for increasing employee and participant awareness of possible emergency situations and providing training on their emergency roles before, during and after a disaster.

- ___ A. Identify how and when staff will be trained in their emergency roles during non-emergency times.
- ___ B. Identify a training schedule for all employees and identify the provider of the training.
- ___ C. Identify the provisions for training new employees regarding their disaster related role(s).
- ___ D. Identify a schedule for exercising all or portions of the disaster plan on an annual basis.
- ___ E. Establish procedures for correcting deficiencies noted during training exercises.
- ___ F. Describe the method by which family members of participants will be made aware of the

**EMERGENCY MANAGEMENT PLANNING CRITERIA FOR
ADULT DAY CARE FACILITIES**

center's emergency plan prior to a disaster.

APPENDIX

The following information is required, yet placement in an APPENDIX is optional, if the material is included in the body of the plan.

- A. Roster of employees and companies with key disaster related roles.
 - ___ 1. List the names, addresses, telephone numbers of all staff.
 - ___ 2. List the name of the company, agency, organization, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, emergency management, etc.

- B. Agreements and Understandings
 - ___ Provide copies of any mutual aid agreements, memorandums of agreement or any other understandings entered into pursuant to the fulfillment of this plan. This is to include reciprocal host center agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.

- C. Evacuation Route Map
 - ___ A map of the primary and secondary evacuation routes and description of how to travel to receiving facility(ies).

- D. Support Material
 - ___ 1. Any additional material needed to support the information provided in the plan.
 - ___ 2. Copy of the center's fire safety plan that is approved annually by the local fire department, or an annual letter of approval from the fire department.

ADULT DAY CARE CENTER

- **STATUE**
- **RULE**
- **CRITERIA**

Adult Day Care Centers **Statutory Reference**¹

400.562, Florida Statutes

Rules establishing standards.

- (1) The Department of Elderly Affairs, in conjunction with the agency, shall adopt rules to implement the provisions of this part. The rules must include reasonable and fair standards. Any conflict between these standards and those that may be set forth in local, county, or municipal ordinances shall be resolved in favor of those having statewide effect. Such standards must relate to:
 - (a) The maintenance of adult day care centers with respect to plumbing, heating, lighting, ventilation, and other building conditions, including adequate meeting space, to ensure the health, safety, and comfort of participants and protection from fire hazard. Such standards may not conflict with chapter 553 and must be based upon the size of the structure and the number of participants.
 - (b) The number and qualifications of all personnel employed by adult day care centers who have responsibilities for the care of participants.
 - (c) All sanitary conditions within adult day care centers and their surroundings, including water supply, sewage disposal, food handling, and general hygiene, and maintenance of sanitary conditions, to ensure the health and comfort of participants.
 - (d) Basic services provided by adult day care centers.
 - (e) Supportive and optional services provided by adult day care centers.

¹ This statutory excerpt is only meant to be used for reference purposes. A complete copy of the Adult Day Care Statute (Chapter 400, Part V, F.S.) may be accessed through the Online Sunshine Internet Homepage (www.leg.state.fl.us).

Adult Day Care Centers
Statutory Reference
(Continue)

- (f) Data and information relative to participants and programs of adult day care centers, including, but not limited to, the physical and mental capabilities and needs of the participants, the availability, frequency, and intensity of basic services and of supportive and optional services provided, the frequency of participation, the distances traveled by participants, the hours of operation, the number of referrals to other centers or elsewhere, and the incidence of illness.
- (2) Pursuant to s. 11 9.07, the agency may charge a fee for furnishing a copy of this part, or of the rules adopted under this part, to any person upon request for the copy.
- (3) Pursuant to rules adopted by the department, the agency may conduct an abbreviated biennial inspection of key quality-of-care standards, in lieu of a full inspection, of a center that has a record of good performance. However, the agency must conduct a full inspection of a center that has had one or more confirmed complaints within the licensure period immediately preceding the inspection or which has a serious problem identified during the abbreviated inspection. The agency shall develop the key quality-of-care standards, taking into consideration the comments and recommendations of the Department of Elderly Affairs and of provider groups. These standards shall be included in rules adopted by the Department of Elderly Affairs.

Adult Day Care Centers

Rule Reference²

**58A-6.011 (10), Florida Administrative Code
Participant and Program Data, Emergency Procedures.**

- (10) Each center shall develop and follow a written Comprehensive Emergency Management Plan for emergency care during an internal or external disaster.**
- (a) The Emergency Management Plan shall include the following:**
- 1. Provisions for both internal and external disasters and emergencies which could include hurricanes, tornadoes, fires, power outages, floods, bomb threats, hazardous materials and nuclear disasters.**
 - 2. Provisions for care and services to participants during the emergency including pre-disaster or preparation, notification of family members or responsible parties, securing the center, supplies, staffing and emergency equipment.**
 - 3. Provisions for care and services to participants who must evacuate during the emergency including emergency evacuation transportation.**
 - 4. Identification of staff position responsible for implementing each aspect of the plan.**
 - 5. Identification of and coordination with designated agencies including Red Cross and the county emergency management office.**
 - 6. Post-disaster activities including responding to family inquiries, obtaining necessary emergency medical attention or intervention for participants, and transportation.**
- (b) The plan shall be available for immediate access by center staff.**
- (c) The Plan shall be approved by the local Emergency Management Agency.**

2 This rule excerpt is only meant to be used for reference purposes. A complete copy of the Adult Day Care Rule (Chapter 58A-6, F.A.C.) may be obtained from the Florida Department of Elder Affairs (4040 Esplanade Way, Tallahassee, FL 32399).

OCTOBER, 2000

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
EMERGENCY MANAGEMENT PLANNING CRITERIA FOR
ADULT DAY CARE FACILITIES

The following minimum criteria are to be used when Comprehensive Emergency Management Plans (CEMP) for all Residential Health Care Facilities, including, but not limited to Adult Day Care (ADC), Assisted Living Facilities (ALFs), Nursing Homes, Hospitals, and other Residential Health Care Providers. The criteria will serve as the recommended plan format for the CEMP, and will also serve as the compliance review document for county emergency management agencies upon submission for review and approval pursuant to Chapter 252, Florida Statutes.

These minimum criteria satisfy the basic emergency management plan requirements of the following:

- s395.1055 Florida Statutes and Chapter 59A-3, Florida Administrative Code for Hospitals
- s395.1055 Florida Statutes and Chapter 59A-5 Florida Administrative Code for Ambulatory Surgical Centers
- s400.23 Florida Statutes and Chapter 59A-4 Florida Administrative Code for Nursing Homes
- s400.441 Florida Statutes and Chapter 58A-5 Florida Administrative Code for ALFs
- s393.067 Florida Statutes and Chapter 59 - Florida Administrative Code for Residential Care Facilities for the Developmentally Disabled.
- s400.55-400.564 Florida Statutes and Chapter 58A-6.011, Florida Administrative Code for Adult Day Care Facilities.

These criteria are not intended to limit or exclude additional information that facilities may decide to include in their plans in order to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness. Any additional information which is included in the plan will not be subject to approval by county emergency management personnel, although they may provide information comments.

This form must be attached to your facility's comprehensive emergency management plan upon submission for approval to the county emergency management agency. Use it as a cross-reference to your plan, by listing the page number and paragraph where the criteria are located in the plan on the line to the left of each item. This will ensure accurate review of your facility's plan by the county emergency management agency.

I. INTRODUCTION

- A. Provide basic information concerning the facility to include:
 - 1. Name of facility, address, telephone number, emergency contact telephone number and pager number if available, and fax number, type of facility and license.
 - 2. Owner of facility, address, telephone.
 - 3. Year facility was built, type of construction and date of any subsequent construction.
 - 4. Name of Administrator, address, work/home telephone number of his/her alternate.
 - 5. Name, address, work and home telephone number of person implementing the provisions of this plan, if different from the Administrator.
 - 6. Name and work and home telephone number of person(s) who develop this plan.
 - 7. Provide an organizational chart, including phone numbers, with key management positions identified.
- B. Provide an introduction to the Plan which describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also provide any other information concerning the facility that has bearing on implementation of this plan.

II. AUTHORITIES AND REFERENCES

- A. Identify the legal basis for plan development and implementation to include statutes, rules and local ordinances, etc.
- B. Identify reference material used in the development the Plan.
- C. Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from the previous chart required.

III. HAZARD ANALYSIS

- A. Describe the potential hazards that the facility is vulnerable to such as hurricanes, tomadoes, flooding, fires, hazardous materials, from fixed facilities or transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, etc. Indicate past history and lessons learned.

- B. Provide site specific information concerning the facility to include:
 - 1. Number of facility beds, maximum number of clients on site, average number of clients on site.
 - 2. Type of clients served by the facility to include but not limited to:
 - A. Clients with Alzheimer Disease.
 - B. Clients requiring special equipment or other special care, such as oxygen or dialysis.
 - C. Number of clients who are self-sufficient.
 - 3. Identification of hurricane evacuation zone facility is in.
 - 4. Identification of which flood zone facility is in as identified on a Flood Insurance Rate Map.
 - 5. Proximity of facility to a railroad or major transportation artery (per hazardous materials incidents).
 - 6. Identify if facility is located within 10 mile or 50 mile of emergency planning zone of a nuclear power plant.

IV. CONCEPT OF OPERATION

This section of the plan defines the policies, procedures, responsibilities and actions that the facility will take before, during and after any emergency situation. At a minimum the facility plan needs to address direction and control, notification, evacuation and sheltering.

- A. Direction and Control
 - Define the management function for emergency operations. Direction and control provide a basis for decision making and identifies who has the authority to make decisions for the facility.

- 1. Identify, by name and title who is in charge during an emergency, and one alternate, should that person be unable to service in that capacity.
- 2. Identify the chain of command to ensure continuous leadership and authority in key positions.
- 3. State the procedures to ensure timely activation and staffing of the facility in emergency functions.
- 4. State the operational and support roles for all facility staff. (This will be accomplished through the development of Standard Operating Procedures, which must be attached to this Plan).
- 5. State the procedures to ensure the following needs are supplied.
 - A. Emergency power, natural gas or diesel. If natural gas, identify alternate means should loss of power occur which would effect the natural gas system. What is the capacity of emergency fuel system?
 - B. Transportation (may be covered in the evacuation section).

— B. Notification

Procedures must be in place for the facility to receive timely information on impending threats and the alerting of facility decision makers, staff and clients of potential emergency conditions.

- 1. Define how the facility will receive warnings.
- 2. Define how key staff will be alerted.
- 3. Define the procedures and policy for reporting to work for key workers.
- 4. Define how clients will be alerted and the precautionary measures that will be taken.
- 5. Identify alternative means of notification should the primary system fail.

- 6. Identify procedures for notifying those facilities to which facility clients will be evacuated.
- 7. Identify procedures for notifying families of clients that facility is being evacuated or closed.

— C. Evacuation

Describe the policies, roles, responsibilities, and procedures for the evacuation of clients from the facility.

- 1. Identify the individual responsible for implementing facility evacuation procedures.
- 2. Identify transportation arrangements made through mutual aid agreements or understandings that will be used to evacuate clients (copies of the agreements must be attached).
- 3. Describe transportation arrangements for logistical support to include moving records, medications, food, water and other necessities.
- 4. Identify the pre-determined locations where clients will evacuate to.
- 5. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive clients (current, signed each year).
- 6. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.
- 7. Specify the amount of time it will take to successfully evacuate all clients to the receiving facility. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (40-mph winds).
- 8. What are the procedures to ensure facility staff will accompany evacuating clients.
- 9. Identify procedures that will be used to keep track of clients once they have been evacuated (to include a log system).

- 10. Determine what and how much should each clients take.
 - 11. Establish procedures for responding to family inquiries about clients who have been evacuated.
 - 12. Establish procedures for ensuring all clients are accounted for and are out of the facility.
 - 13. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.
 - 14. Specify at what point the mutual aid agreements for transportation and the notification of alternate facilities will begin.
- D. Re-Entry
- Once a facility has been evacuated, procedures need to be in place for allowing clients to re-enter the facility.
- 1. Identify who is the responsible person(s) for authorizing re-entry to occur.
 - 2. Identity procedures for inspection of the facility to ensure it is structurally sound.

V. INFORMATION, TRAINING AND EXERCISES

This section shall identify the procedures for increasing employee and clients awareness of possible emergency situations and providing training on their emergency roles before, during and after a disaster.

- A. Identify how key workers will be instructed in their emergency roles during non-emergency times.
- B. Identify a training schedule for all employees and identify the provider of the training.
- C. Identify the provision for training new employees regarding their disaster related role(s).
- D. Identify a schedule for exercising all or portions of the disaster plan on an annual basis.
- E. Establish procedures for correcting deficiencies noted during training exercises.

ANNEXES

The following information is required, yet placement in an annex is optional, if the material is included in the body of the plan.

- A. Roster of employee and companies with key disaster related roles.
 - 1. List the names, addresses, telephone numbers of all staff with disaster related roles.
 - 2. List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, Red Cross, etc.

- B. Agreements and Understandings
 - 1. Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include reciprocal host facility agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.

- C. Evacuation Route Map
 - 1. A map of the evacuation routes and description of how to get to a receiving facility for drivers.

- D. Support Material
 - 1. Any additional material needed to support the information provided in the plan.
 - 2. Copy of the facility's fire safety plan that is approved by the local fire department.

Section VIII

Resources

SERVICES/PROGRAMS

KIMOCHI GIVING

KIMOCHI EVENTS

VOLUNTEER

KIMOCHI NEWS



Kimochi Home located in San Francisco's Japantown.

PROGRAMS

Congregate Nutrition Program

Home Delivered Meals Program

Senior Center Activities

Social Services Program

Transportation Program

In Home Supportive Services

Adult Social Day Care Program

Residential/Respite Care Program

Kimochi Lounge

The residential program has the capacity to house up to 19 ambulatory seniors in either single or shared rooms. Residents are under 24-hour supervised, non-medical care. Staff provides assistance with activities of daily living (ADL) such as bathing, dressing, and taking medications. The respite care program is temporary, short term, 24-hour supervised care for seniors. This service is available for families in need of backup care for an elderly member, especially during periods of caregiver burnout and stress or during family vacations which necessitate leaving a senior behind. The program is also an option for seniors who are being discharged from the hospital or who have recently been ill and need a temporary place to stay until they feel healthy enough to return home.

Both programs feature the following services:

- 24 hour supervision in a security building
- Three nutritious Japanese style meals
- Adult Social Day Care activities
- Transportation and escorts to medical appointments
- Monitoring of general health and development of appropriate care plans
- Housekeeping services including laundry
- Regular assessment to monitor care level

Eligibility Criteria

Individual must be 60 years of age or older. Ambulatory (able to walk independently with little or no assistance. Canes are O.K.) Able to get along with others in a group setting. Able to cooperate with staff. Successfully complete the program application and assessment process.

Fee for Service

Each senior is assessed by staff. Based upon the level of care required, corresponding monthly board and care fees are requested. Current fees range from \$2,600-\$3,750 per month. Supplemental Security Income (S.S.I.) beds are also available on a limited basis.

Program Location

Kimochi Home
1531 Sutter Street
San Francisco, CA 94109

Contact Person

Linda Ishii, *Kimochi Home Administrator*
Phone (415)922-9972
Fax (415) 922-6821

How we can help each other..

Who you are...

You are a TLC person with a wonderful but demanding responsibility to care for a special someone, probably a close relative, who has a real spirit of independence but also a definite requirement to be looked after constantly. You relish the opportunity to provide this important care, but you also need some time to get away and do other things.

Who we are...

We are a caring ministry of one of Little Rock's oldest and most-respected churches. Our mission is to provide loving, expert care to that special person so you can have some quality time of your own.

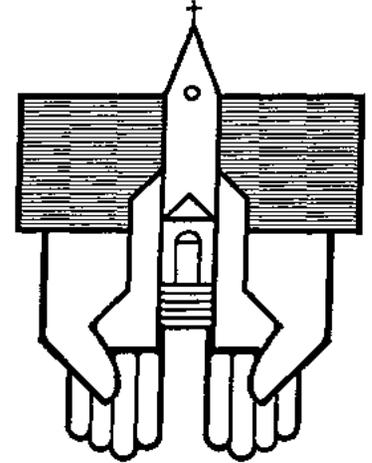


Helping Hands Ministry
Pulaski Heights United Methodist Church
4823 Woodlawn Ave.
Little Rock, AR 72205

Cecil Malone 666-7542

Helping Hands

Respite Care Center



*Let us help you
and your loved one.*

A Senior Adult Ministry
of Pulaski Heights
United Methodist Church

4823 Woodlawn Avenue
Little Rock, Arkansas 72205
(501)664-3600

What you need to know about senior respite care program...

Who is eligible?

Senior adults who now are receiving assisted living home care are eligible. Our clients must be continent, non-violent, self-medicating and comfortably able to use a wheelchair or walking device.

What does the program offer?

Our senior respite care center will provide care for our clients each Tuesday from 9:30 a.m. until 2:30 p.m. Clients should have their own transportation to and from Pulaski Heights United Methodist Church, 4823 Woodlawn. There will be constant supervision under trained, devoted volunteers and at least one registered nurse. Individualized care plans and lunch diets are among the many special client services.

What will the day's care include?

A nutritious meal will be served at lunch time. Morning and afternoon snacks also will be provided. The day's activities will include low-impact exercises, therapy, arts & crafts, current events, singing and a devotional period.

What is the cost?

The cost is \$15 per person per day, to be paid at the first of each month.

Who is in charge?

The center is under the direction of a registered nurse and staffed by volunteers highly trained in assistance and loving personal care. A volunteer Board of Directors, approved by the Church Board of Stewards, provides leadership. Interdisciplinary and allied health representatives of the University of Arkansas for Medical Sciences, University of Arkansas at Little Rock and Center on Aging are including in the planning and conducting of the program.

To apply or volunteer...

Call the church at 664-3600 for information or to request an interview.

If a member of your family or a friend would like to volunteer on Tuesdays, the assistance would greatly improve the services we provide. Volunteers do not need to be experts in adult care. We train those who want to help. Call the church office at 664-3600.



Rise in the presence of the aged, show respect for the elderly, and revere your God.

Leviticus 19:32

My Special Place

Once upon a time among the beautiful hills of Arkansas, there was a small city named Hot Springs. There was also this beautiful gray stone church where very special people gathered on Monday, Wednesday and Thursdays. These special people were always greeted with a smile and sometimes a big hug or a warm hand.

This place was filled with love and loving people. You could sit and chat with your friends about what was going on in the world or travel back in time to places you had never been. You could sip on coffee, punch or hot chocolate while you ate home-made cookies that were made especially for you.

This was a wonderful place where lots of exciting things were happening. There were lots of things to do and enjoy, like art, music, exercise, pets, Master Gardeners, horticulture, poetry, games, movies, crafts, outings, boat rides, prayer and devotionals. You could take walks or relax, and on special occasions, you could go out to lunch with your friends.

This place was different than most of the places I've been in my life. There were no expectations of me. I could enjoy just being myself. I was praised not for my greatest accomplishments, but my

smallest. I could utilize all the skills that I had left, no matter how large or small. I felt unique. I felt loved. I was special!

There was this great big room in the gray stone church that was filled with laughter, balls, balloons and bubbles. Once it was filled with the wonderful scents of herbs and flowers some nice lady brought for us to enjoy. We made bath salts and took them home to share with our families. With the help of my friends, we made homemade ice cream, pretzels, lemonade and bread. One day we had great big biscuits some kind man gave us. We served them with jam and made butter all by ourselves.

We were mentally and physically stimulated and we always succeeded. One day one of my friends said, "Don't we have fun?" Another friend said, "I wish I could come here every day."

In this too-often complicated and sometimes confusing world, it was a nice place to go where I could be with my friends. I can't remember how to get there or the name of the nice place. Someone who cares for me will have to take me there, but I know this is a place I want to go and spend the day with my friends.

The End

This story is unique because this story is true. You have just experienced a day with us at The Caring Place.

Written by Lynn Reeves,
Director of The Caring Place

The Caring Place

An Adult Respite Program



101 Quapaw Avenue
Hot Springs, AR 71901
501-623-2881

A ministry of First United
Methodist Church
and a group of
interfaith volunteers

Hours: Monday - Thursday
9:00 a.m. - 3:00 p.m.

The Caring Place provides respite for caregivers and families through a supervised program for participants in a safe and comfortable environment.

The enrolled participants benefit from the relaxed and friendly program. Social and recreational activities include:

- ◆ Sing-a-longs
- ◆ Reminiscence Activities
- ◆ Pet Visits
- ◆ Art Therapy
- ◆ Music Therapy
- ◆ Memory Exercises
- ◆ Crafts
- ◆ Lunch
- ◆ Outings
- ◆ Table/Card Games
- ◆ Exercise
- ◆ Ball and Balloon Games

For information about enrolling a loved one, please call 623-2881. The affordable fee of \$6.75 per hour includes lunch, outings and program materials. We accept ElderChoice Medicaid, and private pay. Scholarship funding is also available for those who meet financial requirements. Days are charged on a four-hour minimum basis.



Benefits to Participants and Families

- ◆ **Make New Friends**
The Caring Place is a relaxed program with social activities.
- ◆ **Reduced Isolation**
Being with other people helps lessen feelings of loneliness.
- ◆ **Fitness**
Exercises, walks and outings help keep muscles limber and strong.
- ◆ **Better Sleep**
Activity during the day may help your family member rest more easily at night.
- ◆ **Enjoy Life More**
The Caring Place participants can lead fuller, more meaningful everyday lives when they can get out of their usual surroundings, yet still feel safe both physically and mentally.
- ◆ **Mental and Social Stimulation**
Through conversation and memory exercises, participants exercise acceptance and success in a non-threatening environment.

- ◆ **Chapel Service for Caregivers**
Knowing that caregivers are often unable to attend worship services at their church, an interfaith chapel service is offered each month just prior to the meeting of the monthly support group.
- ◆ **Support Group for Caregivers**
A support group for caregivers meets on the second Monday of each month at 2:00 at The Caring Place. Supervision of loved ones with dementia is provided during the meeting.

Would You Like to Become a Volunteer?

The Caring Place lives and breathes because of its volunteers!

Participant volunteers receive training and interact person-to-person with those who attend The Caring Place.

Support volunteers help with special functions of the ministry such as special dinners and fundraising events.

It's a great way to spend a day!

[Home](#)[About Us](#)[Services](#)[Testimonials](#)[Contact Us](#)

About Us

OUR PRINCIPLES

1. The three plagues of loneliness, helplessness and boredom account for the bulk of suffering among our Elders.
2. Loving companionship is the antidote to loneliness. Elders deserve easy access to human and animal companionship.
3. An Elder-centered community creates opportunity to give as well as receive care. This is the antidote to helplessness.
4. An Elder-centered community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place. This is the antidote to boredom.
5. Meaningless activity corrodes the human spirit. The opportunity to do things that we find meaningful is essential to human health.
6. An Elder-centered community honors its Elders by de-emphasizing top-down bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the Elders or into the hands of those closest to them.



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who can attend

Any older adult with a physical, cognitive, or chronic health condition, such as:

- Stroke
- Diabetes
- Heart Disease
- Alzheimer's Disease
(or other related dementias)
- Parkinson's Disease

Each individual receives a comprehensive care plan after an evaluation by a Florida-licensed nurse.

getting started

Call or visit any Neighborly Care Network Adult Day Care Center to start the enrollment process. Our Center Manager will meet with you privately, and confidentially, to learn about the special needs of your loved one. A Florida physician's order for adult day services is required, including a statement certifying freedom from Tuberculosis and communicable diseases.

staffing

Our professional staff members combine their expertise in geriatrics with the caring and kindness essential to assist your loved one throughout the day.

All staff members have been screened and cleared by state regulatory and licensing agencies.

*Licensed by the Agency for Health Care Administration
Member, National Adult Day Care Association
Member, Florida Adult Day Care Association*

adult day center locations

Dunedin

820 New York Avenue • 34698
(727) 734-6911

Largo

11095 131st Street • 33774
(727) 593-1253

St. Petersburg/Lealman

3455 58th Avenue North • 33714
(727) 527-5212

Tarpon Springs

431 East Spruce Street • 34689
(727) 756-1010

*Now Neighborly offers limited independent living.
Call today to learn more.
(727) 573-9444*

Funding Sources



neighborly
CARE NETWORK

Health, Wellness and Independent Living

12425 28TH ST. N. | SUITE 200 | ST. PETERSBURG, FL 33716 | 727-573-9444

www.neighborly.org



adult
DAY SERVICES

Improved Health, Wellness & Independent Living



a positive alternative

Support for wellness and self-directed care

As a leader in providing superior health, home and community-based services, Neighborly Care Network offers a positive approach to self-directed care. With nearly four decades of experience in working with seniors and their families, we understand that independence is paramount, and our professional staff provides a caregiving partnership you can trust by offering programs for older adults facing physical or cognitive challenges.

We realize that it is not always possible to provide the extra care that your loved one may require 24 hours a day. That is why Neighborly's Adult Day Centers provide professional and caring respite from the constant challenges of caregiving.

daily programs

Empowerment and recognition

When you leave your loved ones at any of our Adult Day Centers, you will have peace of mind knowing they will be treated with dignity and respect while our staff works hard to assure that they are involved in a program that is as individual as they are. Our centers have convenient hours and are staffed with trained professional and medical staff. We offer the following:

- **Breakfast, lunch and snacks**
- **Health monitoring**
- **Medication management**
- **Arts, crafts and games**
- **Exercise groups**
- **Reminiscence groups**
- **Outings**
- **Current events**
- **Guest speakers**
- **Assistance with personal care**
- **Intergenerational programs**
- **Transportation to and from home**

"Neighborly has changed our lives. Day care gets my mom out of the house while keeping her active and occupied, giving us time for ourselves and needed respite."

- A grateful caregiver

"I can't speak highly enough of the staff and the care my mom gets. If it weren't for day care, she would be in assisted living."

- Carl M.



special memories

Creativity and innovation

If your loved one has memory loss from Alzheimer's disease or another related dementia, the Neighborly Care Network Special Memories program can help.

Each professionally trained team member provides individualized, personal care in appropriate ratio. With the peace of mind that your loved one is in good hands, you may feel free to:

- Go to work
- Take care of your health care needs
- Take care of business
- Go shopping
- Visit friends
- Spend time with your children/grandchildren
- Relax and take care of yourself

call-in service

Situations can arise when you need your loved one to attend on an unscheduled day. Or perhaps you only need occasional relief from caregiving tasks. Our call-in service, available to all previously registered Neighborly Adult Day Care participants, is offered Monday-Friday, from 8 a.m to 4:30 p.m., with a 24-hour notice. Emergency situations will be considered, dependent upon staff availability.

friendly visit

We know that you want to leave your loved one in a safe and pleasant environment. Why not come and visit one or more of our centers so you can see first-hand how well our staff members interact with the participants.

After a tour of one of our facilities, the Center Manager will be happy to explain fees and payment options to you.

ADULT DAY CARE GROUP CONSULTANTS



Headquarters for Adult Day Care "How-To" Manuals and Adult Day Care Consulting.

The efforts of our company are focused on offering State-of-the-Art Adult Day Care Informational Manuals and Consulting. This site is composed of Manuals on How-to Start and Operate an Adult Day Care Center, Manuals for Existing Adult Day Care Centers, Manuals on How-to-Start and Operate an Assisted Living Facility and On-site Consulting Programs.

For more detailed information, click on the multi-colored squares to the left.



ABOUT OUR COMPANY

We are pleased to provide information to you about our company's history. Our company was formed in 1993. We have an excellent experienced staff. Our president has 46 years of successful health care start-ups, development, management and business experience. He is the past president, and one of the founders, of a national health care company.

Our Manuals and consulting have helped individuals, developers, nursing homes, assisted living facilities, hospitals, local, state and federal government agencies to start and operate adult day care centers and assisted living facilities.



WHAT YOU NEED TO START AN ADULT DAY CARE CENTER

This section offers a description of our Manuals used to assist those who are planning to start an Adult Day Care Center; Starter Manual, (includes your State Regulations), Policies & Procedures Manual, Transportation Manual, Customized Profit & Loss Statements, Design & Floor Plans, Techniques for Successful Intake & Admissions, Adult Day Care Forms, Adult Day Care Center Profit & Loss Statements, Conducting a Needs Analysis For An Adult Day Care Center, Emergency and Disaster Procedures for an Adult Day Care Center, and Special Women's Business Articles. All Manuals are in stock and shipped immediately.



MANUALS FOR EXISTING CENTERS

This section offers a description of up-to-date Adult Day Care Manuals to assist existing adult day care centers in up-grading their policies and procedures. We offer: Administration Manual, Clinical Manual, Department Functions Manual, Personnel Policies, Transportation, Techniques for Successful Intake & Admissions, Adult Day Care Forms and Emergency and Disaster Procedures for an Adult Day Care Center. Financial information and consulting are available as well.



MANUALS FOR ASSISTED LIVING

This section offers a description of Assisted Living Manuals needed to start an Assisted Living facility: Assisted Living Information Package provides the most current articles and thinking on Assisted Living (includes your State Assisted Living Regulations). The Assisted Living Policies & Procedures Manual covering over 275 topics. An Operational Guide Manual, Administrative Guidelines Manual, Profit and Loss Statements, Financials for a New Assisted Living Project (a must for any start-up project), Basic Operational Manual, Blue Prints for one and two story (small

and large) Assisted Living Facilities, and Assisted Living On-site Consulting. We also have Blue Prints for a Child Day Care Facility. All Manuals are in stock and shipped immediately.

Thank you for exploring our website; if you should have any questions please contact us directly. We will be happy to discuss your initial questions concerning your proposed Adult Day Care Center or Assisted Living Facility, our Adult Day Care Manuals, Assisted Living Manuals and our Consulting Packages.

Adult Day Care Group
3 Ramsgate Ct.,
Blue Bell, PA 19422
Phone(610) 941-0340
FAX (610) 834-0459.



ADULT DAY CARE GROUP

GETTING STARTED

STARTER MANUAL

\$ 75.00

This manual is designed for the health care professional, companies and individuals who are interested in starting an adult day care center. The manual is designed to take you through the process of starting an adult day care center step-by-step from the beginning to operation. The manual covers the History and Definition of Adult Day Care, Demographics, Care Givers, Community Needs Assessment, Design, Physical Facility, Zoning, Renting or Leasing, Furniture, Check List, Equipment needed from Medical Supplies to Dish Washer, Projected Time Table, Free Standing Center or Operating Within a Health Care Facility, Food Service, Ranges of Care, Transportation, Budget, Calculating Cost and Charges, Funding Sources, Activities, Marketing, Public Relations, Forms, Statistics, Plus your State Regulations.

POLICIES & PROCEDURES

\$ 315.00

This manual is composed of two complete state approved adult day care policies and procedures manuals from which to choose and/or adopt to your specifications. The manuals have blank spaces for your convenience in which to type the name of your center and/or state. The manuals comply with the most stringent State Medicaid Regulations. This manual will save months of time and money for you compared to writing an adult day care policies and procedures manual yourself. These operational manuals address Licensing and Certification, Governing Authority, Administration, Client Care Policies, Plans of Care, Nursing and Medical Services, Pharmaceutical, Dietary, Social Services, Physical, Dental Services, Medical Records, Housekeeping, Quality Assurance Program, Job Descriptions.

CUSTOMIZED PROFIT & LOSS STATEMENTS*

\$ 425.00

This manual brings a professional adult day care consultant to you at a highly affordable cost. It includes multiple profit and loss statement scenarios, over ten funding sources, projection of capital needs, insurance, and a pricing formula prepared in conjunction with your State Regulations, Reimbursement and Staff Ratio Policies. A real Time & Money Saver, Essential for valid planning.*

START-UP - PROFIT & LOSS STATEMENT

\$ 55.00

Profit & Loss Statement - Primarily for Medi-Cal. Beginning assumptions for the center, such as Start Up costs; Revenues for the first year. Medi-Cal and Private Payment, Transportation Charges, Number of Aides. Number of Hours per Employee. Therapy and Nutrition hours, per month, Meal cost, Licensed Vocational Nurse and Social Worker hours, for the first year, per month. Complete individual staff salaries, and professional consultants cost. Medi-Cal assessment days. Operating budget for the first year and cash flow forecast for the first year.

DESIGN & FLOOR PLANS

\$ 100.00

This easy to use guide contains plans that maximize operational efficiency, and minimize client

risk. Some of these floor plans are being used by the most successful adult day care centers in the country. Furniture list, Planning the Facility, Design Overview.

TECHNIQUES FOR SUCCESSFUL INTAKE & ADMISSIONS

\$ 30.00

This manual is an easy to read "HOW TO" outline with direct impact words and sentences. Includes the following topics: Profile of an Admissions Person, The Correct Sales Techniques, Selling The Adult Day Care Industry, Handling Telephone Inquires Successfully, The Interview, A Crucial Hour, The Tour, Working Toward Commitment, Overcoming the "Big Stall" and Other Objections, The Day of Admissions, Starting Off Right, Delivering Continued Good Service, Marketing Strategies, Who Are Your Clients?

ADULT DAY CARE FORMS

\$ 45.00

Over Fifty Forms - including: Admission Forms, Admission Agreement, Incident Reports, Medication Chart, Individual Care Plans, Emergency Procedures, Fire Drill Report, Medication Summary, Assessment Forms for Nursing, Social Service, Environmental, Therapy & Nutrition, Staff In-Service Forms, Employee Evaluations, Forms, Living Will.

ADULT DAY CARE CENTER'S PROFIT & LOSS STATEMENTS

\$ 90.00

Scenarios of five actual Profit & Loss Statements, covering the first two years of different adult day care centers, operating within the United States. Also, included is an additional P&L scenario for a small adult day care center, depicting the first year of operation. These statements reflect states who have and who do not have Medicaid Wavier Reimbursement as well as states with varying degrees of adult day care regulations. The P&L's depict monthly operations, with accompanying explanations.

CONDUCTING A NEEDS ANALYSIS FOR AN ADULT DAY CARE CENTER

\$ 40.00

This how-to manual, developed by AAHSA (The American Association of Homes and Services for the Aging), uses a Needs Assessment Approach to complete a feasibility analysis. It provides useful instruction on how to comply with the following: applicable laws, estimating the net demand, determining expected service utilization, calculating the market potential and understanding the characteristics of your market. Further, it offers guidance on management issues and addresses pertinent industry topics. Finally, it provides informational assistance in the areas of: The Area Agency on Aging, Potential Referral Sources, Surveying Potential Clients, Competition Analysis and Calculating the Expected Demand for Community Services.

EMERGENCY AND DISASTER PROCEDURES FOR AN ADULT DAY CARE CENTER

\$ 35.00

This Adult Day Care Group Emergency and Disaster Procedure Manual outlines the emergency procedures necessary to successfully cope with evacuation, flooding disasters, major equipment failures, electrical failures, and bomb threats. Also covered are general fire procedures, medical emergencies, as well as fire prevention procedures, epidemic, poisoning, communicable diseases, unusual occurrence incidents, and transportation emergency plan.

THE HUMAN FACTOR IN STARTING YOUR OWN BUSINESS

\$ 25.00

The Human Factor offers sophisticated business experiences and observations that only the

seasoned executive knows. This information will be extremely valuable to you at every level of business. Usually this is the information that costs time and money to learn. Topics: (Thoughts and questions you might have hesitated to verbalize) - (Always ask questions, don't assume) - (Advice from advice givers, be careful) - (Choosing an expert, accountant, lawyer, etc.) - (Pessimists give advice too) - (Partners, good or bad) - (How to recognize and deal with the takers) - (Investors, better than partners) - (How to evaluate ideas) - (Starting out on your own, what you might encounter) - (Negotiate before you think legal remedies).

STARTING A NEW BUSINESS

\$ 45.00

A reference guide on the basic requirements to start and operate a business - Introduction, Basics: Registering and Licensing a Business, Professional Services, Record Keeping, Developing a Business Plan, The Marketing Plan, Legal Formation: Four Types of Business Structures, Fictitious Name Registration, Sales Tax Number, Tax Considerations of Business Structure, Purchasing an Existing Business, Federal Employer Identification Number (EIN), Licenses, Zoning and Permits, Protection of Intellectual Property, Taxes: Federal & State, Hiring Employees: Tips on Hiring, Financing your Business; Private, State Sources & Grants, Resources: Small Business Development Centers, Service Corps of Retired Executives (SCORE), Small Disadvantaged Business Purchasing Program Plus business and accounting forms.

FINANCING GUIDE:

\$ 35.00

This valuable resource manual tells what investors and lenders are looking for in your and the industry in which your business will operate; it matches your financing options with the appropriate lending organizations. Includes a Sample Balance Sheet and Income Statements. Covers such topics as Preferred Financing Providers; Preparing The Loan Request; Writing a Business Plan; Planning to Raise Equity Capital; Start-Up Financing; Equipment Leasing; Community Loan Development; SBA Micro Loans; Asset Based Loans; Bank Term Loans; SBA Loan Guarantees; SBA Guaranteed Real Estate and Fixed Assets Loans; Royalty Financing; Small Business Investment Companies; Federal Programs: SBIR, STTR, SPT; Venture Capital and Angel Investors; Initial and Direct Public Offerings.

SPECIAL WOMEN'S BUSINESS ARTICLES

\$ 15.00

These articles include: Starting a Business, Startup Funds for Women, Women Business Owners Management Their Own Way, Running a Small Business, Resources for Women Entrepreneurs.

ORDER FORM

- \$75 - STARTER MANUAL
- \$100 - STARTER MANUAL FOR CALIFORNIA
- \$315 - POLICIES & PROCEDURES
- \$65 - TRANSPORTATION
- \$425 - CUSTOMIZED PROFIT & LOSS STATEMENTS
- \$55 - START-UP PROFIT & LOSS STATEMENTS - CA
- \$100 - DESIGN & FLOOR PLANS
- \$30 - TECHNIQUES FOR SUCCESSFUL INTAKE & ADMISSIONS
- \$45 - ADULT DAY CARE FORMS
- \$90 - ADULT DAY CARE CENTER'S PROFIT & LOSS STATEMENTS

- \$40 - CONDUCTING A NEEDS ANALYSIS FOR AN ADULT DAY CARE CENTER
- \$35 - EMERGENCY PROCEDURES FOR AN ADULT DAY CARE CENTER
- \$25 - THE HUMAN FACTOR IN STARTING YOUR OWN BUSINESS
- \$45 - STARTING A NEW BUSINESS
- \$35 - FINANCING GUIDE
- \$15 - SPECIAL WOMEN'S BUSINESS ARTICLES

How to order:

Call (610) 941-0340

FAX: order to (610) 834-0459.

Send check or money order to Adult Day Care Group, 3 Ramsgate Court, Blue Bell, PA 19422.

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Indicate card type:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

ACCOUNT NUMBER _____

EXPIRATION DATE _____ / _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE (required) _____

Sub-Total	\$ _____
Add \$8.75 S & H	\$ <u>8.75</u>
PA Residents add 6% sales tax	\$ _____
TOTAL AMOUNT	\$ _____

Adult Day Care Group, 3 Ramsgate Court, Blue Bell, PA 19422
(610) 941-0340, FAX (610) 834-0459

All of our manuals are up-to-date and available for immediate delivery.



NATIONAL ADULT DAY
SERVICES ASSOCIATION

NADSA

STANDARDS & GUIDELINES FOR

*Adult Day
Services*



8201 GREENSBORO DRIVE, SUITE 300
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20 Years of Experience in
Long Term Care Home and
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Education

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- Bachelor of Arts Degree

Achievements

- Adult Day Service Director
- Project Director-Alzheimer's Research Demonstration
- Designed and Modified Adult Day Service Facilities
- Best Practice Model Adult Day Service Center
- Intergenerational Programs
- Grant awards
- Past President-Florida Adult Day Care Association
- National Adult Day Services Association Board Member



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Business Development Consultants

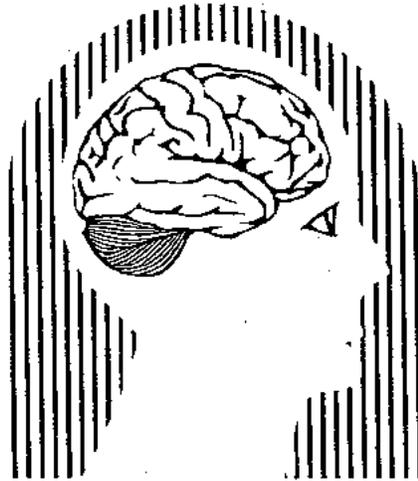


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Programming for Dementia



Presented By:
Mary Lucero, President
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May 2004

Respite Programs for Adults & the Aging

A Start-up Manual





**ARCH National Resource Center
for Respite and Crisis Care Services**
Chapel Hill Training-Outreach Project, Inc.
800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514
(800) 473-1727
www.archrespite.org

Items to Start a Daycare

Medical Supplies

Tylenol
Band-Aids
Antiseptic lotion/cream/soap
BP cuff
Thermometer
Stethoscope
Weight scale
Glucometer
Latex gloves
Lab Gowns
Towels

Activity Supplies

Paper (art/paint)
 Watercolor paints
 Markers
 Acrylics
Easy puzzles
Music books
 Great hymns of faith
 Old fun songs of the past
Records/tapes
 Big band
 Elvis
 Religious
 Old familiar tunes
Word games
Domino's
Yahtzee
Dry-erase board
Hang man breaking down words
Reminiscence
Bi-Folkal Kits
beanbags
Trivia
Picture and/or number bingo
Child's fishing pole w/ magnet to 'catch a task'
Washers
Ring toss w/ hula-hoops
Herb gardens
Balloon volleyball
Cooking activities
Play dough/good for hands
Cotton balls w/ scent

Collages

Old Magazines

Glue sticks

Scissors

Bingo dabbers

'Sensory bags' with things to feel

Scarves or hand towels

Snack Supplies

Paper cups

Paper napkins/ Paper towel

Paper plates

Graham crackers

Peanut butter

Fruit

Angel food cake

Sugar free cookies

Milk/ Juice/ Water

Cookies to bake on site

Finger jello

Personal Supplies

Depends (various sizes)

Assorted clothing items

Waterproof pads for chairs

Wipes

Aprons

Cleaning Supplies

Disinfectant cleaner

Rubber gloves

Basic Office Supplies

Telephone/Fax/Copier

Paper/pens

Charts

Bulleting board to decorate

Memory Boxes

We are in the process of making up memory boxes to use during our intergenerational visits. We have seven boxes that we are making. They are: Music, Old Fashioned Games, Playdough, Laundry Days, Present Wrapping, Food, and Tea Party. If you have any of the following items to donate, please leave them in Rita and Jenny's office.

Things we need:

- Glenn Miller/Frank Sinatra/Big Band Records (Music)
- 45's records (Music)
- harmonicas (Music)
- Copies of old songs (Music)
- Old Maid Game (Old Fashioned Games)
- Marbles (Old Fashioned Games)
- Jacks (metal) (Old Fashioned Games)
- Dominoes (Old Fashioned Games)
- Pick Up Sticks (Old Fashioned Games)
- Washers Game (Old Fashioned Games)
- Cookie Cutters (Playdough)
- Rolling Pins (Playdough)
- Potato Masher (Playdough)
- Garlic Press (Playdough)
- Plastic Placemats (Playdough)
- Recipe for lye soap (Laundry Days)
- Ribbons (Present Wrapping)
- Bows (Present Wrapping)
- Boxes (shirt, and tie) (Present Wrapping)
- Newspaper (Present Wrapping)
- String (Present Wrapping)
- Gift Tags (Present Wrapping)

Memory Boxes

Music

Things we have:

- Record player
- Records
- Spoons

Things we want:

- Glenn Miller/Frank Sinatra/Big Band Music
- Drums
- Harmonica
- 45's
- accordion
- banjo

Things we need to make:

- copies of songs (songbook to keep in the box)
 - When I Take My Sugar to Tea
 - Twinkle Twinkle Little Star
 - This Old Man
 - Hokey Pokey

Games

Things we have:

- Cards
 - Go Fish
- Chalk for Hopscotch
- Trivia
- Bingo
- Bowling
- Shuffleboard

Things we need:

- Old Maid game
- Marbles
- Jacks (metal set)
- Tops
- Dominoes
- Tin can (Kick the Can)
- Pick Up Sticks
- Washers Game

Things we need to make:

- Copies of games
 - Ring Around the Rosie
 - Other Interactive Games

Laundry Day

Things we have:

- Old fashioned clothes pins
- Clothes for folding

Things we need:

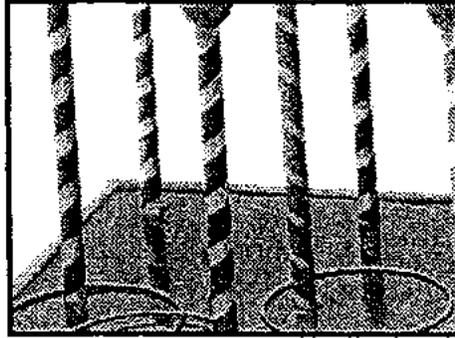
- Rope for laundry lines
- Bottle sprinkle cap
- Wringer washer
- Recipe for lye soap

Playing With The Past

at the
Missouri History Museum

"The activity of playing games is the expression of an instinct, for play is older than culture. . ."

-Patrick Beaver, Victorian Parlor Games, 1974.



The History of Washers

Like many of our favorite pastimes, the game of washers has a somewhat murky historical record. It is safe to say that one of its predecessors was likely the British game of Quoits which became popular as early as the fourteenth century. Otherwise known as horseshoes, Quoits involved the tossing of iron rings or the shoes of a horse onto an iron pole known as a "hob." As an indoor or outdoor game, this activity kept children and adults entertained year round. Certainly it's influence spread across the ocean into America; and as it did, it was adapted (as are most games.)

How To play

There are several different ways to play washers often depending on the size of the game which you are playing. The sizes of the boxes and the pipes in the center vary from one neighborhood or family to another. Though the most common sizes involved in playing a game are a set of boxes 2 feet square with a pipe in the middle measuring 5 inches around and using washers 2 1/2 inches around, other sizes and rules pertaining to each particular item exist. While no hard and fast rule applies as to who throws first to start the game, there are specific rules as to who follows whom once the game has started. Once the game has started, the team that scores during the throw is followed by their teammate. If there is no score then the team that threw last follows by throwing first. This goes on until the winning score is achieved. However, in some places you may not go over and must hit the winning score exactly. If you go over the winning score in a throw you are penalized the amount you are over by having that amount deducted from your score.

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The History of Rope Skipping

"Down in the valley where the green grass grows, there sat Mary, sweet as a rose..."

Do you remember the above rhyme. If you lived in St. Louis, and enjoyed a good rope skipping contest, then you very well may recollect this and many other rhymes like it. Children most likely began jumping "rope" with long grape vines. Songs and rhymes, which often relayed simple stories or lessons, were added to the activity. For a long time, jumping rope was a boy's activity; however, sometime in the nineteenth century girls began engaging in the game, with a warning that they should only participate in "moderation." Mary and Herbert Knapp, authors of the book One Potato, Two Potatoes, theorized that when people began moving from rural farm communities into growing urban areas, girls became the main rope skippers. As young girls had more time on their hands, not having to spend most of it working the family farm, they came together to engage in play. As the years passed, more and more rhymes dealing with any and every subject of everyday life could be heard throughout city streets. Think hard and I'm certain that you can remember a few!

How To Play

In case you have forgotten the jump rope rhymes that you sang as a child, here are some to jog your memory:

"Teddy bear, teddy bear, turn around
Teddy bear, teddy bear, touch the ground.
Teddy bear, teddy bear, tie your shoes.
Teddy bear, teddy bear, read the news.
Teddy bear, teddy bear, go upstairs.
Teddy bear, teddy bear, say your prayers.
Teddy bear, teddy bear, turn out the lights.
Teddy bear, teddy bear, say good night.
G-o-o-d-n-i-g-h-t."

"Mama, Mama, I'm sick, sick, sick,
Call the doctor quick, quick, quick,
How many pills must I take,
1,2,3,4,5. . . ."

Education and Community Programs

Playing With The Past

At the
Missouri History Museum

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-Patrick Beaver, Victorian Parlor Games, 1974.

The History of Jacks



Question: Can Jacks predict the future?

Answer: According to the ancient Greeks, this game, known as knucklebones, afforded its players a glimpse at what lay ahead.

In Greece, the first "jacks" were knucklebones from the leg of a lamb. The bones were tossed up into the air by a player who then tried to catch as many as possible on the back of his/ her hand. The player then repeated the process, trying to catch the bones in his/ her palm.

Historians have found versions of this game using small bones or rocks in ancient Asia as well as France. Frescos depicting knucklebones were even found in the city of Pompeii. When the activity made its way to America, participants often utilized dried vertebrae bones or pebbles until the steel industry made the modern six-pointed jackstone popular. Marketing geniuses later packaged an attractive, red bouncing ball with the game. Jacks continue to be a popular children's game and as such are a timeless tradition.

How To Play

The most simple version of this ancient game involves the first player "dumping" five jacks into a pile in front of them. To play "ones" you must pick up one of the jacks and throw it into the air; and in a single sweeping move, you must pick up one of the jacks on the ground and then catch the first jack as it falls. This takes a bit of skill, though eventually an experienced player will be able to play "twos," picking up the jacks in pairs. When you are an expert, "threes" and "fours" should be no problem. For a uniquely American version, try bouncing a ball in place of throwing up one of the jacks.

Education and Community Programs

Playing With The Past

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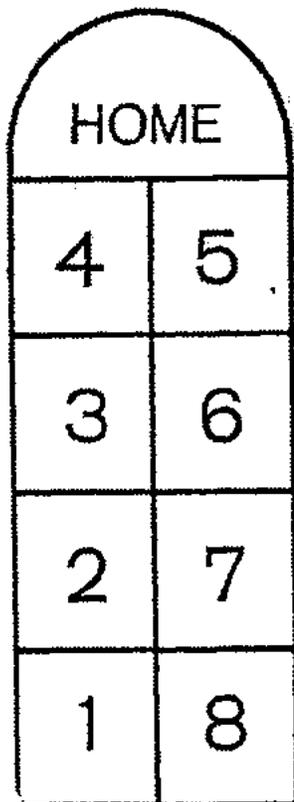
The History of Hopscotch

Question: What do young school children and Roman foot-soldiers have in common?

Answer: Hopscotch

Believe it or not, the well-know game of hopscotch was not always just a fun way to pass the time. Rather, its orgins were that of ancient Britian, when the Roman Empire flourished. In order to train for intense military action, Roman soldiers would run long (over 100 feet) hopscotch courses in full armor in order to improve their battle skills.

Just like today, Roman children loved to play by imitating adults. As a result, hopscotch became a game, as a scoring system was added. This game spread to countries all around Europe and Asia. In France it is called "Marelles," in Germany "Templehupfen," in the Netherlands "Hinkelbaan," in India "Ekaria Dukaria," in Vietnam "Pico," "Rayuela," and in Argentina "Rayuela."



How To Play

There are countless versions of hopscotch from all over the world. This simple game of HOME can be easily played by throwing a small pebble, called a "potsie" into space 1 while jumping with the right foot into space 8. Then jump with the left foot landing in space 2; next jump with the right foot landing in space 7, and so on. . .Never have two feet on the ground a the same time until you reach the HOME space. There you can turn around and start over, jumping in the same pattern, until you retrieve your "potsie" in space 1. On your next turn, throw your "potsie" into space 2 and hop in the same "right foot/ left foot" pattern. Continue until you have thrown your "potsie" into all 8 spaces and have jumped accordingly. If you make it all the way through, try the next time with your eyes closed!

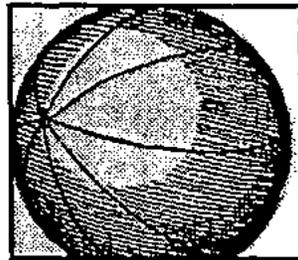
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The History of Cork Ball



One can rarely find a game more authentic to St. Louis than the famous and sometimes elusive Corkball. Sports involving balls of all shapes and sizes are probably as old as play itself. Thus the history of various ball related games is, at times, hard to trace. This is the case for Cork Ball, which as legend has it, became popular around the turn of the twentieth century. Some historians say that this game, a variation of baseball, had its origins in a saloon/boarding house that was once a popular location on Grand Avenue. Supposedly, many a professional baseball player would while away an evening batting the corks used in beer kegs. The first Cork Ball "bats" were broomsticks; and the rules often varied from game to game. Slowly the sport evolved; and as St. Louis boys travelled to Europe during World War II, knowledge of it spread. Today, you can find a Cork Ball League in St. Louis as well as some more sophisticated rules to follow.

How To Play

The adventurous Cork Ball player will make up the rules as he/she goes; however, if you delight in structure, here are a few guidelines to get you started:

You will need a corkball, bat (it can be a broomstick if need be,) and maybe a glove. There are five players on each side (a pitcher, catcher, and three fielders.) The innings can go from as few as five to as many as nine. When a team has acquired four hits, they score a run. After the four hits are completed, every hit thereafter in that inning is a run. When a team has three outs, they change sides. If a batter hits a foul, his/her turn is over. The same rule applies if he/she swings at a pitch that is immediately caught by one of the catchers. There are no walks or strikes.

Now PLAY BALL!

Education and Community Programs

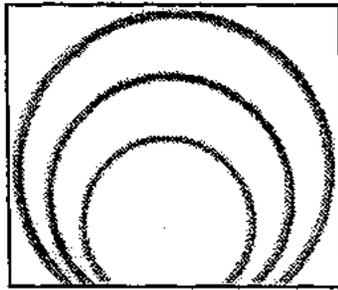
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The History of The Hoop



If you are of a certain maturity, when you think of hoops, you most likely have visions of testing your endurance with a Wham-O, plastic ring while watching American Bandstand in your living room. The 1950's hula hoop craze, however, was just the latest in the long and interesting history of the hoop. Cultures throughout the world have utilized the hoop for exercise, to enhance marksmanship, and to engage in play. The ancient Greeks felt that hoop-rolling would increase the health and vitality of the participant. Native Americans used the circular object with an inlay of rawhide as a moving target for arrows. In the Victorian era, children could be found bowling hoops either alone or in a heated contest. A variety of materials have been used to make hoops. From wood or bamboo to (when all else fails) inflated tires. The making of hoops has seen much improvisation. It was not until 1958 when Richard Knerr and Arthur "Spud" Melin, founders of the Wham-O Manufacturing Company, introduced the hula hoop that the most recent use of hoops took shape. Rotating the plastic ring around the hips became a national fad that led to over thirty imitators of the Wham-O product and countless hula-hoop contests.

How To Play

Probably the oldest way to have fun with hoops, and the way that seems to transverse many cultures, is bowling hoops. The trick is to get the hoop rolling by flicking it forward with your thumb and forefinger. Once the hoop is in motion, the next challenge is to keep it moving with a small stick or the palm of your hand. The more contemporary use of the hoop game is played by getting inside the circle and rotating it on your hips, a task easier explained than accomplished. Once you have mastered the hips, try rotating the hula-hoop on your arms and legs!

Education and Community Programs

Family Oral History Interview

Use these questions to interview a family member about his or her favorite games.

- 1) When you were a kid, what were some of your favorite games to play?
- 2) Pick one of those games and tell me the rules. Did you ever change the rules and make up your own rules? How?
- 3) What objects did you use to play the game?
- 4) Where did you play this game? Who did you play with?
- 5) Do you ever still play this game?

Save the answers to these questions somewhere and look at them in the future. You might also want to record the answers to these questions and listen to them at a family gathering. If you are internet savvy, you have some additional options for saving and sharing your memories. Here are a few websites to get you started:

www.myhistory.org This wonderful website is sponsored by the White House Millennium Council. By logging on you can both share your family memories as well as read other stories about sports, games, and American history in general.

www.richardsonps.act.edu.au/newform.htm This site allows you to contribute your knowledge of sports and games.

www.hickoksports.com, and www.gamekids.com allow you to both learn a great deal about a variety of sports and games while also providing a format where you can submit information about your favorite pastimes.

Activities For People With Dementia

To find appropriate activities to meet individual needs of a person with dementia requires creative thinking. As in other areas of dementia care, family caregivers are called upon to be resourceful in seeking meaningful recreation.

Ideally, activities should:

- compensate for lost abilities;
- promote self esteem;
- maintain residual skills and not involve new learning;
- provide an opportunity for enjoyment, pleasure and social contact;
- be culturally sensitive.

No two people with dementia are the same. So, each caregiver will need to draw upon different experiences when planning activities for the person in their care. Some basic guidelines which are known to be helpful are:

Consider all that has made your person with dementia unique.

- This means knowing the person's former life style, work history, hobbies, recreational and social interests, travel, significant life events (eg. migration, war), spiritual and cultural preferences, family dynamics and relationships, and celebrations. An ongoing cognitive and functional assessment will reveal strengths and limitations in every area of daily living—mobility, showering, dressing, eating, seeing, hearing and communication. Humour is an important consideration, knowing the person's favourite funny stories, comedians and entertainers. It is also important to know a person's fears, eg. travelling on a train through a tunnel.

Activities should re-establish old roles.

- Make use of habitual, overlearned tasks. Examples include buttering bread, washing up, drying dishes, watering the garden. Utilise old skills, such as playing the piano or planola. Activities provide a sense of purpose through being useful, eg. dusting, folding clothes, polishing brass or silver, clearing the table after meals, sweeping the patio, raking leaves, emptying the grass catcher, rubbish to the "otto" bin, hosing the car, washing and drying vegetables for salads and bringing in the washing. Encourage an area of responsibility no matter how small. In view of the person's changing abilities, the carer must be prepared to adapt and to create something of a lesser responsibility when considering realistic expectations for the person in care.

Encourage "being helpful".

- Examples of this include unloading the car, carrying parcels, wheeling the shopping trolley, feeding the dog, birds, cat.

Caregivers need to know what has contributed most to a person's self esteem and how they might continue this.

- Basically, this is loving and accepting them for who they are. In the area of personal care, if the person has always been immaculately dressed, continue this. Encourage the person her to clean their own shoes with clear boot polish, pamper with a manicure, pedicure, hair set, after shave lotion, a preferred perfume, favourite dress or suit. If appropriate, the person with dementia should be encouraged to maintain fastidious care of teeth, dentures, glasses and hearing aids.
- Activities should give relaxation and pleasure. These do not require memory, eg. a person with dementia may enjoy an outing but not know where he/she has been. They may respond to a rhythm but not know the tune. The person may enjoy a spa bath but not recollect why it felt so good. It is important that the moment is enjoyed although the experience may soon be forgotten.

- **Activities must have a meaning to the person.** A person with some loss of carpentry skills, can still assemble and screw together a pre-cut project with pre-drilled holes such as a spice rack. He needs to see a sample of the completed spice rack first to relate the parts to the whole and touch and smell the spices and herbs within the jars. Carers could perhaps arrange with a carpenter or TAFE instructor to provide small projects such as plant troughs, children's toys, stools, bread board or a gift for a relative or grandchild.
- **Equipment should be dignified.** A person who retains bowling skills may well enjoy playing carpet bowls or skittles. Seek out your TAFE College wood turning instructor or students to make your own set of timber skittles.
- **Activities should be simple and unhurried.** Particularly at meal times, focus on one thing at a time. Communicate one instruction at a time, eg. peel these hard boiled eggs, shell these peas- demonstrate, praise and encourage. Break down activities into simple, manageable steps.

The person may be involved as part of assembly line cooking eg. preparation of pizzas, spread tomato paste, grate cheese, wash and dry parsley, capsicum or mushrooms.

- **Prepare a safe work area.** Ensure it is uncluttered with a minimum of distractions and noise. Good lighting without glare, individual seating preferences and correct work height are also important. Break down the activity into stages reinforcing what is happening and about to happen. eg. a person who retains some card skills may play a simpler game without any new learning involved.
- **Activities must not reinforce inadequacy or increase stress.** Abilities fluctuate from day to day. Activities can be adapted and tried again another time. eg. watering the garden. Options include allowing a fixed length of hose; replacing a jet nozzle with a fixed gentle, fan shaped spray; watering when clothes are not on the line; securing removable hose fittings and containing the scope of the person watering by offering a watering can, in place of the hose.
- **Activities should be done at a time to suit the person's best level of functioning.** Examples of this are walking in the morning or the quiet time of early afternoon. If possible, they should be structured to the same time frame each day. Routine is security and is more reassuring than variety.

Many caregivers find that short walks become part of the routine many times a day. Some benefits include a reduced level of stress and agitation, and improved sleep. The best time for walking may be when his/her behavioural need is greatest. eg. sundowning, or when the day seems long and meaningless.

- **Activities should not overstimulate.** Be selective with outings. Avoid crowds, constant movement and noise ie. shopping centres at peak times, sports arenas and popular times at clubs, which can cause withdrawal. A ferry ride can be calming. An outing to the library can be quiet and meaningful. There can be quiet times at church for prayer during the week or arrange for a minister, priest or rabbi to visit the home at a regular time.

Picnics with family and friends allow sociability, flexibility, in a setting suited to the needs of a person with dementia, provided there is the same amount of comfort outside as inside.

- **Activities should allow an emotional outlet.** Music, including the use of percussion instruments, or contact with babies, children and animals provides positive feelings of joy, tenderness and laughter.
- **Activities should include sensory experiences.** These require little interpretation to be fully appreciated, eg. hand, neck and foot massage, brushing hair, smelling fresh flowers or pot pourri pillows, using essential oils and fragrances, the aroma of freshly cooked apples, stroking an animal, the aroma of bees wax or floor polish. Visit a herb farm, a flower show, or stores like the Body Shop for ideas.
- **A sense of movement and rhythm is retained longer than most other abilities.** Try having the person sit in a rocking chair or hammock low to the ground with sand underneath. Hire an exercise bike or a walking machine for rainy days. Be a spectators or participants at a ballroom dancing class or walk the dog together.

- **Emphasise reminiscence. Capitalise on remote memory. Visit a museum. Recollect with coloured slides. For some, a good stationary image is more easily interpreted than a reminiscence video or TV "classic" because the movement and messages of these may be too fast moving to be processed. Old newspaper cuttings, diaries, letters of recognition or significant relationships and experiences, photo albums can be comforting when prompting remote memory. If reading skills have deteriorated, make individual audio tapes enabling a response to a calm, familiar carer's voice. Record from a favourite novel or prayer book, poem or music. Many benefit from a walkman and individual headphones.**
- **Recreation is related to former life style. As this varies from one person to another, it is suggested that carers write out an activities care plan, if respite care will be provided by different carers. This will enable consistency of approach and care with ideas for recreation suited to the needs of the person with dementia. Recreation may include an adapted version of a game of cards, seeking answers together for crosswords, residual craft skills, collage, outings to the zoo, walking barefoot along the beach, visiting an art exhibition or taking a train trip.**
- **Activities play a significant part in the prevention and intervention of challenging behaviours. Know what can be effective in calming or diverting, particularly at "sundowning". Again this is very helpful information for a respite caregiver. Sometimes it can be something very simple, eg. holding onto or stroking a fur fabric pillow, a net bag with marbles or coins, drying cutlery.**

These general guidelines are based on abilities characteristically retained. Only the caregiver, through trial and error, can be specific in offering appropriate activities. The caregiver has an intimate knowledge of their person with dementia and what are realistic expectations for that person and an appreciation of his/her individuality.

This HelpNote was written by Elizabeth Wright, former Coordinator of the Association's Family Visiting Area.

Alzheimer's Outreach: <http://alzheimer's.zarcrom.com>

Click [HERE](#) to go back



Programming Home-based Activities for People with Dementia: Benefits and Constraints

[Robert Neumayer, Suzy Gattuso, Celia Saw and Herbert Jelinek *](#)

One group of older people with disabilities is those affected by cognitive deficits, primarily due to dementia. The prevalence of dementia is estimated to be 5% in people over 65, and 17% in people over 75 (Brown, 1992). Dementia is a progressive loss of cognitive abilities; principally memory and language, related to changes in brain structure and function (Selkoe, 1992). The cause is still a matter of conjecture and diagnosis is not always certain. Treatment of dementia itself is still in the experimental phase and the main target of health care is to preserve (or increase) the quality of life of people with dementia and to avoid "excess disability" (Carlson, Fleming, Smith, & Evans, 1995), a level of poor functioning not necessitated by the primary disorder.

The majority of those affected with dementia live in their own home until a high level of disability affects functions, such as mobility or bladder and bowel control, to such an extent that the caregiver (often assisted by home-care services) is unable to manage the disability. In one study of a large sample in the United Kingdom, 57% remained in the home five years after definite diagnosis (Newens, Forster, & Kay, 1995).

Government policy in Australia favours increased home-based care of people with disabilities, and changes in the provision of formal aged care (including the increased cost of accessing a nursing home placement), ensures that people with dementia will also remain in their homes for longer periods of time, as the Australian population itself ages. Although currently there are funding reductions for support services administered under the community care programs of the Australian Government, there is a growth in private enterprise provision (Stewart, 1995) and, in the long term, both government and private provision will increase. However, until recently such support, at least formally, has targeted personal care. Kocin (1990) has noted, however, that such support may be less important for caregivers than some kind of therapeutic activities for the person with dementia in the home.

Recreational programs have been identified as particularly important in maintaining quality of life in frail and dependent older people (Jones, Sloane, & Alexander, 1992) and of benefit to people with dementia (Hamilton-Smith, Hooker, & Jones, 1992). Such programs also have benefits for the non-pharmacological management of negative behaviours associated with dementia (Taft & Cronin-Stubbs, 1995). The need for a targeted, individualised leisure activity program for people with cognitive losses has also been stressed (Garratt & Hamilton-Smith, 1995).

Data on leisure participation by older people shows that their leisure activities tend to focus on home and social relationships (Lynch & Veal, 1996). There is also a reduced engagement in "active" leisure such as sports and exercise programs and a general reduction in leisure participation with increasing age (Kelly, 1987; Ross & Hayes, 1988).

Until recently, the meaning of leisure for older adults has been poorly researched, and there is some evidence that their view of leisure has not been well understood by leisure practitioners and researchers (Dimelow & Howie, 1994; Earle & von Mering, 1996; Wearing, 1996). Typical activities of older adults (travel, knitting, odd jobs, and gardening), which are generally not counted among the active leisure pursuits most valued in the leisure industry, have been identified as protective factors in preventing onset of dementia (Fabrigoule, Letenneur, Dartigues, Zarrouk, Commenges, & Barberger-Gateau, 1995).

There is a growing provision of recreational opportunities for older healthy and active adults and the recognition of the need for leisure opportunities in home and institutionally based elders with varying disabilities. In the United States, for example, home-based leisure programming has been incorporated in educational programs for caregivers administered by the New York Hospital - Cornell Medical Center (Butin, 1991), a program incorporating therapeutic

activities by specially trained home-care workers has been evaluated (Kocin, 1990); and the effects of leisure education program on people who are home-centred have also been determined (Dunn & Wilhite, 1998). In Australia, however, there is currently no formal provision of leisure opportunities for home-based older adults with disabilities and their caregivers except at day care centres. Further, only a minority of older adults with disabilities living in the community access day care.

Reports on the benefit of recreational programs for people with dementia are based largely on institutionalised approaches and, within this population, results are variable depending on such factors as the progress of dementia, comorbidity (such as presence of psychotic symptoms), and the benefits of individualised rather than group programming (Johnson, Lahey, & Shore, 1992; Mills & Coleman, 1994; Namazi & Haynes, 1994; Toughill, 1990).

In developing a comprehensive approach to leisure and dementia, Garratt & Hamilton-Smith (1995) reported that successful programs have the following features: they are stress-reducing (through social support and interaction); they provide positive stimulation (through adapted activities related to leisure pursuits the person previously enjoyed); the leisure therapist engages in communication that assumes the language and behaviour of the person with dementia are meaningful and strives to communicate in that same framework of meaning; the leisure therapist works in an effective team (in the community setting, this will also involve working with the caregiver and perhaps community support services); and the program philosophy is that of validation, accepting and valuing the world of the person with dementia as a real world. The essence of such programming (and one which has guided this research) is a recognition that: "The most central characteristic of dementia is that those affected by it construct their own reality and state of being, retaining various strengths and resources, even though this reality may not be immediately accessible to others" (Garratt & Hamilton-Smith, 1995, p.81).

Garratt and Hamilton-Smith (1995) point out that some stress is useful and necessary for everyday functioning and that, in the case of a person with dementia, activities broadly described as leisure are the focus for stimulating the person to an optimal level. Some traditional approaches to therapeutic recreation are not always effective in dementia however:

One of the traditional approaches was to offer a range of activities each day and by trial and error try to find which activities suited which resident; another was to compile a "leisure profile" for each resident and build their program of activities around what they used to do in their leisure. Both of these are well intentioned efforts to provide an interesting pattern of daily activities for every resident, but both are likely to miss the point, simply because the chosen activities may be irrelevant to the resident's current reality. (p.93)

The nature of dementia-and the reconstructed reality of the person with this disability - means that there needs to be an individualised program of recreational activities based on cooperative planning by the worker and the family caregiver, rapport and communication with the person with dementia, and responsive, creative, and fluid planning of recreational activities. A strict protocol will miss the point as the needs of the person with dementia can change from day to day and even within a therapeutic session. Communicating with the person with dementia and the family caregiver enables support workers to understand what is meaningful within the altered reality of the person with dementia.

In the enmeshed and stressed environment of home-based care the creation of a particular reality may be said also to be typical of caregivers, as part of the observed general simplification of life for themselves and their relatives (Mobily & Hoeft, 1985).

The greater part of home-based management of dementia falls on family members of the person with dementia. Since this care is, for many, a source of great stress (Haley & Pardo, 1989; Zarit, Todd & Zarit, 1986) and reduced social interaction (Keller & Hughes, 1991), the caregiver may also be described as disabled, socially, and emotionally.

While there is a well developed program of self-help support groups targeting caregivers of people with dementia, many caregivers do not access such groups. Weinblatt and Navon (1995) have identified attitudes in caregivers of people with dementia that present barriers to self-care, including participation in leisure activities. These include an enmeshment in care-giving activities and an anxiety about being away from their disabled relative, linked to a fear that, in their absence, the relative may die. Although rest and respite are frequently identified as the most pressing needs for caregivers (Mobily & Hoeft, 1985), taking opportunities for self-care and recreation, which entails absence

from the person with dementia, will rarely be a high priority for many caregivers because of their devotion to care. In the United Kingdom study referred to previously, 63% of caregivers in the study were offered respite, yet almost a third refused such help (Newens, Forster & Kay, 1995).

Thus, leisure activity programming for home based people with dementia needs to take account of the reticence of many caregivers to engage in activities which they see as detracting from their primary focus of care for their relatives. Programs need to ensure that leisure activities can be engaged in within the context of care (Keller & Hughes, 1991) as defined by the caregiver. Programs that do not require the person with dementia or the caregiver to engage in leisure outside the home or that create opportunities for leisure in parallel for both are likely to be more successful (Bedini & Bilbro, 1991; Bedini & Guinan, 1996). It is important to stress, however, that parallel should not mean togetherness:

The demands of care-giving are so staggering and the guilt so frequent that the family looking after its demented member at home has little need for an artificial play together standard (Mobily & Hoef, 1985, p.67).

The key role of activity therapist as companion has been identified, with benefits similar to formal counseling, through non-directive but supportive engagement with the family (Carlson et al., 1995).

The aims of this research were to document the experiences of non-institutionalised people with dementia and their caregivers who become involved in a home-based leisure activities program; to examine the constraints and opportunities of the program; and to assess the engagement of participants in leisure activities provided and the relationship of such engagement to the quality of life of the participants. Engagement is defined (after Conroy, Fincham & Agard-Evans, 1988) as direct involvement in a purposeful activity and/or social interaction or attending to another person's purposeful activity or interaction. Because the study examines an area of leisure practice poorly researched, and because of limitations in accessing people with dementia in the community not actively involved in leisure through day care (see below), an action research design was chosen, with the intention of providing meaningful activities and support for participants while collecting research data at the same time. Information from three of the eight dyads involved is presented here, using a case study approach (Yin, 1989) similar to that used in a study by Weinblatt and Navon (1995).

Methodology

The project addressed the continuing need to maintain a good quality of life for home-based people with dementia and their caregivers by implementing a leisure/ activity program. The goal was not only to gain research specific information but also to benefit the participants by offering a leisure/activity based program.

The primary leisure focus was related to the needs of the person with dementia, and no formal program was devised for the caregiver. However, the caregiver was offered nonspecific support and respite (while the leisure therapist worked with the person with dementia), and, if initiated by the caregiver, information and counseling was provided to discuss options for the care and stimulation of the person with dementia and for the survival of the caregiver.

Selection of participants

The person with dementia was identified by the Regional Aged Care Assessment Team (ACAT) in the rural community of Albury-Wodonga, Australia. In the Australian context, these teams are vested with the responsibility for diagnosis and assessment of older people with acquired later-life disabilities. The service conducts diagnostic examinations which include mental status and activities of daily living. By the time a family is referred to the team (by the general practitioner), dementia is generally advanced beyond the early stages, as practitioners are reluctant to label people as having dementia until the presentation becomes quite clear. ACAT approached people with dementia who were co-resident with a family caregiver about the proposed research and referred those who expressed interest in the study to the research team.

Twenty-four families gave consent to be contacted by the research team with the aim to participate in a leisure activities program. All possible participants were initially contacted by phone and an appointment made to clarify the aims and scope of the study. Locating participants proved difficult and some potential participants withdrew from consideration for the program because of illness, institutionalisation, or in some cases death. The final group of participants for this study consisted of eight people with dementia and their main caregivers.

Procedures and role of the recreation specialist

Two women in their fifties facilitated individualised leisure activity programs for people with dementia, with the support of their caregivers. Several visits were required to obtain an overall understanding of the needs of both the people with dementia and their caregivers. Throughout the study all participants were visited regularly (once or twice a week) by home-care recreationists (the term applied for the activity officers in this study) and phone contact maintained (at least once a week). The time of day the visits took place depended largely upon the individual schedule and needs of the caregiver. The programs included active listening, reminiscing, and general talking with people with dementia. Other valuable activities included knitting, walking, shopping, viewing of family photographs, telling stories, and preparing food. Active listening, advocacy, and addressing daily concerns of the caregivers as they adjusted to the changing roles they had with the person with dementia became a major role of the home-care recreationists. Some referrals to alternative care opportunities and support were also facilitated by the home-care recreationists.

The two women employed for this project brought different skills and abilities to the job. One home-care recreationist was more experienced in counseling having a psychology and social welfare background. The other home-care recreationist was qualified in developing a variety of activities for her participants as she was regularly employed by home care services for older adults. The main author, an experienced worker in the leisure and health field, especially in the area of disability, provided necessary supervision and training to the home-care recreationists in order for them to deliver appropriate activity programs. The training involved assisting the home-care recreationists to develop skills in leisure education, leisure counseling, and delivering activity programs. Such supervision and training is essential in the innovation of practice. Both home-care recreationists had prior experience in working with people with dementia.

The program lasted nine months followed by a debriefing session. The debriefing session was attended by the research team, including the home-care recreationists, and six of the eight caregivers who participated in the study. This session proved valuable to all participants as it allowed the caregivers to share some of their experiences with each other and the research team benefited by gaining some additional information about the value of the program.

Because of the various levels of dementia of the participants, a loosely structured program was required and a flexible approach to participant needs was implemented supporting the guidelines of Garratt and Hamilton-Smith (1995). The home-care recreationists kept field notes of their visits and met regularly with the research team to discuss each participant's progress in the program developments. Members of the research team interviewed the caregivers and the people with dementia at the beginning and end of the program.

Because of the exploratory nature of the research and the evidence that "best practice" in the provision of leisure for people with dementia required an evolving and fluid strategy (an action research strategy) where the worker's creative responsiveness to moment-to-moment changes in needs and capacities of the client become a central focus, it was decided by the research team to base evaluation of the program on field notes taken by the home care recreationist. These notes included information on what activities were undertaken, the reactions of the person with dementia, and judgments as to the contribution of the activities to that person's well-being. It is acknowledged that such subjective evaluations fall short of systematic evaluation; they resemble rather strategies used in participant observation research (Spradley, 1980), which the researchers considered a useful approach at such a preliminary stage of investigation. These field notes then became the basis for consultations between the chief investigator and the home-care recreationists about what was happening and what strategies might prove useful in future sessions.

Findings

The results were collected from the field notes of the home-care recreationists, and participant interviews were combined and analysed by the project coordinator and research team. Observational and interview data are summarised in the three case studies that follow of the eight obtained. In the discussion, the main themes of the case studies are highlighted and recommendations made both for practice and for further research.

Case Study 1: Laurie and Bert (caregiver)

Laurie and Bert are a married couple in their 50s with two children and one granddaughter. Laurie has acquired early onset dementia from a series of strokes. According to Bert, Laurie has always been a shy, reserved person, generally suspicious of strangers, and has seldom invited people into her home. Bert has many outside interests and is self-employed. He often took Laurie to work with him as she refused most outside assistance. Laurie reluctantly attended day care several times a week.

Laurie was initially reluctant to allow the home-care recreationist in the house, but with the assistance of Bert, Laurie eventually accepted the visits and actually came to enjoy them. The home-care recreationist would take Laurie flowers (helping her to get into the home) and did a variety of activities including going out to lunch, making several gifts for Laurie's granddaughter, watching television, reading poetry, hand massage, and walks. Laurie became quite close to the home-care recreationist and Bert believed that the visits provided Laurie with much needed stimulation and companionship. Towards the end of the visits, Laurie showed increasingly more emotion and began crying and asking for cuddles from the home-care recreationist when she was about to leave.

When the project began, Bert was unaware of many outside services and stated that the home-care recreationist aided him in learning to access other assistance programs as well as introducing other people to Laurie who could come into the home on a regular basis to assist in various capacities. Bert appreciated the respite he received from the home-care recreationist and it allowed him time to work in his shop with the assurance that Laurie was safe at home. Bert was preparing to place Laurie in a nursing home as her personal hygiene needs constant attention. Bert is also ready to engage in a variety of new activities in his life which will not include Laurie. Through this project and the local support group, Bert actually developed a friendship with another caregiver who was also in this project and in a similar situation with his wife.

Case Study 2: Sarah and Melanie (caregiver)

Sarah (in her 80s) is living with her daughter (Melanie) who is her caregiver. Sarah's husband was living in a nursing home and she and her daughter visit her husband daily (he died towards the end of this program).

Sarah is generally a happy person and enjoys outings. Melanie felt she had little choice in becoming the caregiver and has moved from another town to live and care for her mother. Melanie receives little respite and said that she gets very emotionally tired. She has little time or energy for outside activities other than caring for her mother and visiting her father.

Although initially suspicious of the home-care recreationist's visits, Sarah came to enjoy them and the stimulation they offered. She participated in a variety of activities including reminiscing, crossword puzzles, poetry, singing, knitting, and some craft projects. Sarah had some negative feelings about being alive ("I am too old, good for nothing, and should be dead") and during the activities was allowed to express her concerns to the home-care recreationist. The activities decreased tension in Sarah and increased her relaxation and ability to converse. Melanie was initially reluctant about leaving Sarah alone with the home-care recreationist but in time became willing to do so. Both participants appeared to benefit from the home-care recreationist's visits, as Sarah's reminiscing and conversing helped her to relax, and Melanie had the opportunity to discuss various issues and received added support concerning her situation as a caregiver. At the end of the program, Melanie said she would have been willing to personally pay the home-care recreationist to continue coming. In this instance, the home-care recreationist was hired by a community care program to continue providing this service.

Case Study 3: Ben and Bonnie (caregiver)

Ben (in his late 70s) lived with his wife Bonnie and had just recently been diagnosed with dementia. This was very disconcerting for Ben as he knew his lifestyle was changing and he stated there was now "no chance to grow old gracefully." Ben considered himself to be an independent and private person and also to be a deep thinker and good at solving problems. Bonnie said that Ben has been the boss in the family who made all the decisions and she described him as a loner.

With Ben's concern over his advancing memory loss, he wanted Bonnie to learn how to take responsibility for the finances of the house and other such matters. She was somewhat reluctant at first, as she stated that Ben had done all of these things in the past, and now, because of his ill health, she was having to change and this caused her considerable stress.

Both Ben and Bonnie were reserved about the home recreationist's visits and regularly challenged their value. The home-care recreationist initially visited Ben while Bonnie was away playing cards. Ben and the home-care

recreationist talked in his shed while he did lead-lighting. They had a wide range of discussions ranging from politics to philosophy of life. Over time, Ben said that he enjoyed the visits but still did not see the benefit of them. The home-care recreationist believed that Ben benefited from the extra stimulation of the visits and also organised some visits from professionals who helped them with their problems concerning finances and future security issues.

Eventually the home-care recreationist visited both Ben and Bonnie simultaneously to discuss their concerns and needs on a regular basis. With these visits and the assistance of other organisations, Bonnie began making adjustments in her life and took more responsibility in making the household decisions. The communication skills between the couple also improved with the aid of the home-care recreationist's visits and talks on a variety of critical issues.

Shortly after the conclusion of the program, Ben had a stroke and was hospitalised. He died a short time later.

Discussion

Significant themes in the data are (a) the nature of the role of the home-care recreationists in educating and supporting; (b) the nature of the leisure opportunities for the participants; (c) the way the developing relationship between the home-care recreationists and people with dementia and caregivers affected the dynamics of the dyads and facilitated a less enmeshed milieu; (d) and the crucial significance of a prolonged encounter with the home-care recreationists in improving the quality of life of the dyads.

The aim of the project was to see if organised leisure activities affected the participants' quality of life. It soon became evident, however, that the goal of quality of life could only be met by the home-care recreationists taking on a variety of less formal roles to meet the needs of the participants.

Firstly, the home-care recreationists had to understand what the participants meant by leisure, and how they equated leisure more with concepts of socialisation (e.g. visiting) or engaging in specific activities (e.g. gardening, knitting). This supports the work of Lynch & Veal (1996) in that older adults' leisure activities tend to focus on home and social relationships. This research also demonstrated that the meaning of leisure for older adults is not fully understood and needs further research (Dimelow & Howie, 1994; Earle, Earle, & von Mering, 1996; Wearing, 1996). Thus, the home-care recreationists had to adapt to the world of meaning of the participants.

Secondly, in trying to meet the needs of the participants through this project, the home-care recreationists had to become more than a provider of leisure activities. As often becomes the case for many leisure professionals, the home-care recreationist had to be counselor, friend, advocate, adviser, resource person, and facilitator to the participants.

For the people with dementia, the home-care recreationist was someone who became a companion and friend. This is an important factor since friendships had diminished for the people with dementia. In some cases, friendships continued beyond the life of the project.

Aside from receiving much needed respite, the caregivers frequently used the home-care recreationists as someone to share their fears, frustrations, and anxieties. They regularly discussed with the home-care recreationists issues and concerns about care for the people with dementia. They also sought their assistance in identifying other professionals whom they needed while caring for their partner or parent. The home-care recreationists often helped provide the link to other community services for the caregivers and the people with dementia, especially concerning services unknown to the caregivers.

The effectiveness of a model which joins together the resources of the informal, familial care-giver, (friend or advocate) with those of the formal support worker (with her greater access to knowledge of networks and community services), in a cooperative endeavour where a real partnership was formed, is exemplified in this study. People who had initially expressed a strong resistance to opening up the home environment to increased stimulation and support moved considerably towards a greater quality of life not dependent on an enmeshed relationship.

The length of the program was important. Initially many of the participants (especially those with dementia) were reserved and suspicious of the intent of the program, questioning why someone wanted to come and see them on a regular basis for no exact purpose other than to visit and engage in activities. It took time for most of the participants to understand and appreciate the home-care recreationists' visits and the variety of ways in which they could be of

help. The caregivers expressed a sense of control and decision making in their use of the home-care recreationists.

Because the program lasted for nine months, some considerable changes took place with many of the participants. Owing to the progressive nature of the illness, all of the participants with dementia deteriorated to some degree in their communication and living skills. Three of the participants with dementia moved into a nursing home or hostel care and one was hospitalised after having a severe stroke and eventually died. This caused the caregivers and the home-care recreationists to continually make adjustments to care and programming needs and created ongoing complications for all participants.

The authors believed one of the major benefits of this program was the flexible abilities and schedules of the home-care recreationists. The home-care recreationists did not set the agenda and activity programs, but instead allowed the caregiver and person with dementia to establish the programs based upon individual needs. Most of the caregivers commented that it was beneficial to see a professional come into the home and be able to assist them, as well as the people with dementia, in the ways in which they individually needed assistance. The caregivers also felt that the people with dementia were safe with the home-care recreationists, allowing the caregivers to have time away for shopping, outside duties, or socialising.

This research project, while it provides important guidelines to the area of recreation/activity programming for people with dementia and their caregivers, has several limitations. The number of participants was small (eight couples) and was limited by not being able to select participants with specific levels of dementia (level of dementia and programming for activities certainly interact). The participants were not randomly selected and some participants dropped out in the early stages of the program for various reasons, so caution should be taken when generalising these results to the overall population.

Future research could focus on larger samples of people with specific stages of dementia. More specific leisure activity and visiting programs could be developed depending on the progression of dementia. Based upon this research, however, it should be noted that people with dementia and their caregivers will always need a flexible program.

Finally, the authors suggest that home-care recreationists should exist as part of community health care teams. This study demonstrates that community health care services need to be designed in a flexible manner in order to meet the needs of their clients, and that home-care recreationists can be invaluable team members to both the service and the people receiving the service. As a result of this research project, a government-funded agency took on the financing of recreational programs for two of the dyads in the project, continuing to support the home-care recreationists in their work. As the need and value of home-based recreation services for people with dementia and their caregivers grows, this area of practice in leisure and health will be an important component of programs targeting health and well-being in the community.

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A BIFOLKAL KIT IS A WHOLE SERIES OF PROGRAMS IN A BAG!

Designing their theme kits to stimulate the memories and communication skills of older adults; Bi-Folkal Productions encourages multi-sensory programs by filling each sturdy, easy-to-carry bag with slides, videos or both, cassette tapes, 25 large print booklets of sing-along songs, poetry and photographs, activities, skits, objects, shapes, textures or scents; all reminiscent of a selected theme. An extensive manual offers step-by-step instructions for programming and for using each kit piece. Additional program ideas and resources are suggested.

Though primarily used by activities directors in nursing homes and senior centers; Bifolkal Kits are also popular with families and with group leaders of all ages to enhance multi-generational sensitivity and communication.

CCLS OUTREACH HAS 19 DIFFERENT TITLES AVAILABLE FOR LOAN TO CHAUTAUQUA AND CATTARAUGUS COUNTY RESIDENTS:

- *REMEMBERING 1924*
- *REMEMBERING AFRICAN AMERICAN LIVES **
- *REMEMBERING AUTOMOBILES*
- *REMEMBERING BIRTHDAYS*
- *REMEMBERING COUNTY FAIRS*
- *REMEMBERING FALL **
- *REMEMBERING FARM DAYS **
- *REMEMBERING FASHION*
- *REMEMBERING FUN AND GAMES **
- *REMEMBERING HOME **
- *REMEMBERING MUSIC **
- *REMEMBERING PETS **
- *REMEMBERING SCHOOL DAYS*
- *REMEMBERING SPRING **
- *REMEMBERING SUMMERTIME*
- *REMEMBERING THE DEPRESSION **
- *REMEMBERING THE FIFTIES **
- *REMEMBERING THE HOME FRONT **
- *REMEMBERING TRAIN RIDES **
- *REMEMBERING WORK LIFE **
- *Also available in Mini-Kit format**:*
CHRISTMAS

* includes slides and a video

**

Designed for a shorter program series on a smaller budget, a Mini-Kit comes in a smaller bag. It is still stuffed with program ideas; however, and includes slides and a video. The biggest difference is that you'll have to gather most of your own things to touch and make your own photocopies.

JAN NEWCOMB
CHAUTAUQUA-CATTARAUGUS LIBRARY SYSTEM
106 W. FIFTH STREET
JAMESTOWN NY 14701

PHONE: 716-484-7135, EXT. 245

Slide projectors and video playback machines may be borrowed through [The CCLS Video Department](#).



ACTIVITIES in CARE HOMES for PEOPLE with DEMENTIA - FACTSHEET

Activity is important to us all

Everyone has an inbuilt need to participate in activity and what we do makes us who we are. Engaging in a balance of self-care, work and play activities is essential to our physical and mental well-being and thereby, our quality of life. People with dementia are no exception - but dementia inevitably affects the ability to 'do'.

The high level of inactivity in care homes

Most busy people would probably admit to sometimes wishing they could just sit and do nothing for a few hours. But imagine the reality in the long term. Sadly this is often the case for care home residents. The high level of inactivity in care homes has been documented since the 1950s and continues today. This is despite the evidence that participating in activity can reduce the levels of depression, challenging behaviour, falls and dependency in care home residents. A recent study assessed daytime activities as an unmet need for 76% of care home residents with dementia (Hancock et al, 2005). Considering that approximately three quarters of care home residents have some degree of memory impairment this level of inactivity is an important problem for care home staff to address. But it must be addressed - not least because the National Minimum Standards for Care Homes for Older People (DoH, 2003) require care homes to provide "opportunities for stimulation through leisure and recreational activities in and outside the home which suit the residents' needs, preferences and capacities". A number of factors influence activity provision - for better or worse, including: residents' abilities, interests and motivation; the physical environment; staffing levels and skills; and the organisational culture.

The selection and provision of appropriate and personally meaningful activities requires staff to understand the nature of dementia and how it affects the ability to 'do'. It is however possible to utilise a range of skills and strategies in response to these difficulties.

How to select appropriate activities

The main considerations when selecting and presenting activities are **knowing the person**

and **analysing the activity**. It is vital to 'match' the person's level of ability and interest with a meaningful activity of the correct degree of challenge. Confronting a resident with an activity that they no longer have the ability to complete, or have no interest in, is doomed to fail and can leave both staff and resident feeling defeated and frustrated. Conversely offering an activity that is too easy can be seen as boring, or even patronising.

Knowing the person

There are two aspects to this. Firstly, gather information about the person's life, background, family and social networks, past interests and hobbies. It is not sufficient just to list the individual's hobbies and interests.

What was it about the activity that they valued? It might be assumed that because a resident did a lot of dressmaking that she enjoyed needlework. The reality may have been that financial necessity led her to clothe their family in this way. A number of formats can be used to produce a Life History Profile, including: a scrapbook, loose leaf folder, or container such as a shoebox - if personal objects and memorabilia are to be included. Producing such a resource can be a satisfying activity in its own right, often shared with relatives. The information obtained can then inform care staff about the person, thus enabling individualised care to be provided, and personally meaningful activities to be offered. Remember, though to ensure confidentiality of the information.

Secondly, it is important to understand how dementia affects the individual's ability to 'do'. Think about an activity that you thoroughly enjoy doing. Now, try to imagine doing this activity whilst experiencing any of the difficulties associated with dementia, for example; what if you forget (memory loss) the sequence or goal halfway through? What if you cannot communicate with the other participants (language impairment/aphasia). Perhaps you are disorientated in time, place and person; or perceptual problems affect your recognition of colours, shapes, objects - even your ability to use them (agnosia); or you have difficulty learning. Would it matter? Would it affect your ability to participate, or your

enjoyment? The effects of these impairments will differ over time, so consider what stage of dementia the person is at. Remember that a resident may have other conditions that also affect their ability to 'do', for example: arthritis, Parkinson's disease, poor sight or hearing, and these also need to be considered.

Understanding the activity

Most activities need a combination of skills to perform, so break the activity down into its component parts:

Physical	range of movement, strength, co-ordination, physical endurance,
Sensory	enable us to interpret and interact with the world around us: smell, kinaesthetic, touch, sight, hearing, taste
Cognitive	memory, problem solving, logical thought processes, ability to organise oneself and time effectively, communication
Emotional	internal drives & beliefs motivate and enable us to 'do', borne out of culture, life experiences – in turn influence our choice of activities
Social	interaction with other people and the development of relationships influences and motivates our selection of, and participation in, activity.

Types of activities

It is impossible to be prescriptive about suitable activities. It can be difficult to distinguish precisely the stage a person is at, and activity preference is very individual. However, there are some useful general principles. In the early stages people can still follow the 'rules' and work towards a goal, for example: sports and board games (draughts, Scrabble, bowls and darts), group discussions and quizzes (about topics of interest / relevance); structured crafts (craft kits, knitting from a pattern). As thought processes and language are further impaired, it is difficult to follow such rules. However, familiar routines are retained, as is the ability to use familiar objects, so now offer: music, dance and movement, reminiscence (using objects to prompt), painting and expressive crafts. As the individual's world 'shrinks' further activities need to: stimulate the senses, encourage movement, be rhythmic and repetitive, one-step and simple. Examples include: movement to music, dance, simple games using balls and balloons, folding, dusting, polishing, rummaging (using items with life history relevance, for example: fabric, lace and buttons for a dressmaker), massage and multisensory stimulation, including the use of dolls, soft toys and animals. Ultimately the person's world is only experienced through reflex responses to direct sensory stimulation, and people are unable to 'do' in the traditional sense. At this point, staff need to give of themselves by smiling, holding, rocking and

responding to any movement and vocal noise made by the resident.

Use knowledge of the resident and the ideas above to select and try out an activity. If the first attempt does not succeed, then reflect on the possible reasons and then - try a different activity. Effective activity provision can be challenging, but the benefits to residents' well-being are significant.

Further reading

Hurtley, R., Wenborn, J. (2005). *The Successful Activity Co-ordinator: A learning resource for activity and care staff.* London, Age Concern England

Perrin, T., May, H. (2000). *Well-being in Dementia: An occupational approach for therapists and carers.* Edinburgh, Churchill Livingstone

Pool, J (2002) *The Pool Activity Level (PAL) Instrument for Occupational Profiling. A practical resource for carers of people with cognitive impairment.* London, Jessica Kingsley

Organisations

City & Guilds Certificate (6977) in Providing Therapeutic Activities for Older People www.city-and-guilds.co.uk

NAPA (National Association for Providers of Activities for Older People) www.napa-web.co.uk

OTOP (College of Occupational Therapists Specialist Section for Older People) Care Homes Network: www.cot.co.uk, follow the links to OTOP - Care Homes Network

Pets as Therapy (PAT Dogs): www.petsastherapy.org

References

Hancock, G. A., Woods, R., Challis, D., Orrell, M. (2005) *The needs of older people with dementia in residential care.* International Journal of Geriatric Psychiatry.

Jennifer Wenborn, Clinical Research Fellow in Occupational Therapy, Department of Mental Health Sciences, University College, London

PSSRU

Personal Social Services Research Unit



North West Dementia Centre

The views expressed in this factsheet are those of the author, not necessarily those of the NWDC.

For further copies of NWDC fact sheets contact the North West Dementia Centre on 0161-275-5682 or nwdcamanchester.ac.uk. Alternatively write to the Information Officer, North West Dementia Centre, Dover Street Building, The University of Manchester, Oxford Road, Manchester. M13 9PL.

Participant In-take Packet

The forms provided were adapted from examples provided in the ARCH Respite Manual and from forms in a Client Intake Packet of the Adult Day Program with Neighborly Care Network, St. Petersburg, FL.

The following forms are typical of those that might be found in a *client intake packet*. Please note that the forms are examples only and must be modified to meet specific respite program requirements.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Client Intake Form

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Participant's date of birth: _____

Caregiver's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____

Information about the Participant

1) Does the Participant have Alzheimer's disease? Yes No

What is the diagnosis? _____

(Check all that apply)

Alzheimer's suspected, but no diagnosis has been made

Diagnosis by family doctor

Diagnosis by specialist

Diagnosis at specialized clinic

Other disease (please specify) _____

2) Do you provide most of the care for the participant? Yes No

If "yes" when did you start providing most of the care? Month _____ Year _____

If "no" who does? wife husband son daughter other

3) Does the participant live in the same household with you/caregiver? Yes No

If "no" approximately how far away in driving time do you live from the Participant in minutes? _____

4) What is your relationship to the Participant? spouse child

child-in-law niece/nephew sibling other relative _____

professional care manager friend self (elder) neighbor

5) Participant's sex: male female

6) Participant's marital status: single married widowed

7) Does the Participant identify with a specific ethnic or racial group?

- White (non-hispanic) American Indian/Alaskan native
 Asian or Pacific Islander Black (non-hispanic)
 Hispanic (specify country of origin) _____ Other _____

What is the Participant's native language? _____

8) Does the Participant need **no help at all**, **some help**; does he/she need **a lot of help** or **cannot do** these activities without the help of another person or special equipment?

Activity	Needs NO Help	SOME Help	LOTS of Help	Cannot Do
Bathing				
Dressing				
Eating				
Using telephone				
Cooking/fixing meals				
Doing house work				
Oral/dental care				
Buying food/clothes				
Getting in/out of a chair				
Managing money				
Taking medicine				
Using the toilet				
Using transportation				

9) In the past week, how many days did the Participant exhibit the following behaviors?

	NO Days	1-2 Days	3-4 Days	5or > Days
Keeps you up at night				
Repeats questions/stories				
Dresses inappropriately				
Occasional incontinence				
Hides things & forgets them				
Cries easily				

	NO Days	1-2 Days	3-4 Days	5or > Days
Acts depressed or downhearted				
Has become your "shadow"				
Becomes restless or agitated				
Becomes irritable or angry				
Swears or use foul language				
Becomes suspicious/ paranoid				
Threatens people				
Show sexual behavior or interests at wrong time/place				
Wanders				

10) Which category is closest to the Participant's total annual household income?

- < \$5,000
 \$5,001 to \$10,000
 \$10,001 to \$15,000
 \$15,001 to \$20,000
 \$20,001 to \$30,000
 \$30,001 to \$40,000
 \$40,001 to \$50,000
 > \$50,000

11) How many other people live with the Participant?

(Count yourself, if appropriate) Spouse Yes No

How Many: 0 1-2 3 4 5or >

Parents or In/laws					
Children under 18					
Adult Children over 18					
Grand children?					
Sisters/brothers					
Other relatives					
Other people					

Part II: Information about the Caregiver

1) Caregiver's date of birth: _____

2) Sex: male female

3) Marital status: single married widowed other _____

4) Is the Caregiver employed? full-time part-time fully retired
 retired & works part-time unemployed homemaker other _____

5) Which of the following categories best describes the caregiver's background?

- White (non-hispanic) American Indian/Alaskan native
 Asian or Pacific Islander Black (non-hispanic)
 Hispanic (specify country of origin) _____ Other _____

What is the caregiver's native language? _____

6) What is the highest grade in school completed by the caregiver?

- never attended school 8th grade or less attended high school
 high school graduate vocational training (after HS) attended college
 college graduate post graduate doctorate

7) 10) Which category is closest to the Caregiver's total annual household income?

- < \$5,000 \$5,001 to \$10,000 \$10,001 to \$15,000 \$15,001 to \$20,000
 \$20,001 to \$30,000 \$30,001 to \$40,000 \$40,001 to \$50,000 > \$50,000

8) How did the caregiver hear about our program/agency? Newspaper/TV/Radio

- friend/family member other service agency/case manager
 church/religious organization physician brochure

Name or referring person/agency: _____

9) Which services does the Participant/family currently use? (Check all that apply)

- home delivered meals home health services caregiver support group
 volunteer in-home respite paid in-home respite paid respite in a facility
 adult day care counseling services legal services
 case management other: _____

10) Services needed: _____

11) Health insurance:

Medicare number: _____

Medicaid number: _____

Private Health Insurance: _____

Private long term care Insurance: _____

12) Other comments: _____

13) Referrals made: _____

Name of Assessor: _____ Date: _____

This form was adapted from the ARCH Respite Manual, pages 129-137

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Physician's Orders

Name: _____

Address: _____

DOB: _____

Original Orders

Reassessment

Please Return Form To:

List all major health problems:

Check All Diet Modifications That Apply:

- Regular No Salt Added at Table
- May Have Salt Added at Table
- Consistent Carbohydrate for Diabetes
- Bring Food/Supplements from Home
- Other _____

List all **MEDICATIONS** their dosage and frequency, including P.R.N. Include **PRESCRIPTION** and **NON-PRESCRIPTION**. Include ROUTE administered if P.R.N. All medications must be administered at home or by participant. No medications will be given by Respite care staff.

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

List all **ALLERGIES:** _____

PHYSICAL LIMITATIONS: Yes No. **If Yes:** Mild Moderate Severe

Nature of Limitation: _____

MENTAL LIMITATIONS: High Functioning Moderate Functioning Low Functioning

Nature of Limitation: _____

May Patient Participate in Non-Strenuous (low-impact) exercise? Yes No

Patient's Height: _____ Weight: _____ Blood Pressure: _____

EKG Date _____ and results _____

This Patient is free of communicable Tuberculosis and other communicable diseases. Yes No

TB Skin Test Date: _____ and/or Chest X-ray Date: _____

PHYSICIAN'S SIGNATURE: _____ Date: _____

Please Print Name: _____ License #: _____

Address: _____

Phone: _____ Fax: _____

Date Physician's Orders received: _____

This form is a compilation of information and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual.

Church or Organization Name

Address

City, State Zip code

Phone and Fax Number

Medication Management

Participant's Name: _____

Name of Assessor: _____

Date: _____

Pharmacy used by Participant: _____

Pharmacy Phone Number: _____

How do you remember to take your medications?

- Caregiver gives them Plastic Pill Minder Follow directions on label
 Egg Carton, Envelopes Calendar Other: _____

Are there any concerns about medication utilization? _____

Special helps needed (hearing aid, etc.?) _____

Medical Utilization

In the past six months have you: seen a doctor (or physician's assistant, nurse practitioner), have you been admitted to a hospital or gone to any emergency room?

- Yes (complete below) No Don't Know

Name of Physician if applicable

Hospital or ER	Reason for Visit or Admission

Hospital Preference: _____

Hospital Phone Number: _____

(Current medicines, refrigerated medicines, non-prescription drugs, e.g. aspirins, vitamins, laxatives or herbals).

Medication

Date/Time	Dosage	Observed by	Comments

Medication

Date/Time	Dosage	Observed by	Comments

This form is a compilation of information adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual pages 141.

Church or Organization

Address

City, State Zip code

Phone and Fax Number

Cognitive/Emotional Status

Participant's Name: _____

	No Problem	Mild	Moderate	Severe	Comments
Short Term Memory					
Long Term Memory					
Cognitive understanding & Ability to learn					
Orientation - Person					
Place					
Time					
Judgment & Problem Solving Ability					
Anxiety/ Agitation					
Combativeness					
Wandering					
Hallucinations/ Delusions					
Problems w/ coping					
History of physical or sexual abuse					
Communication of needs (Please note is participant is aphasic, has speech impairment, language barrier, or uses sign language)					

Name of Assessor _____ Date _____

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Social History

Participant's Name: _____

Where were you born? _____

How long did you live there? _____

Tell me about your childhood home and family: _____

Did you live any where else? _____

What is your educational background? _____

Tell me about your different jobs: _____

What hobbies or interests do you have? _____

Did this client experience any unusual life events? _____

Does this client have any current challenges or difficulties? _____

Do we need to be aware of any cultural or religious practices? Yes No

If yes, please specify: _____

Does Participant have religious or spiritual requests that need to be addressed? Yes No

If yes, please specify: _____

Who can help make decisions about your care? _____

Additional notes: _____

Name of Assessor: _____ Date: _____

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

CARE PLAN

Participant's Name: _____

Staff: _____

Caregiver's Name: _____

Care Plan Period: _____

Date	Need	Goals	Plan	Comment

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

301 Participant's Rights

This rule establishes certain rights of participants at the _____ Respite Care Program and requires providers to have written program policies.

Every participant attending the _____ Respite Care Program can be assured of the following rights:

1. To be treated as an adult with respect and dignity regardless of race, color, sex, creed, or mental or physical disability.
2. To participate in a program of services and activities which promote positive attitude regarding one's usefulness and capabilities;
3. To participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop one's interests and talents;
4. To maintain one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence;
5. To be encouraged to attain self-determination within the _____ Respite Care Program, including the opportunity to participate in developing one's plan for services; to decide whether or not to participate in any given activity and to be involved in the extent possible in program planning and operation;
6. To be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided;
7. To have access to a telephone to make or receive calls, unless necessary restrictions are indicated in the individual care plan;
8. To have privacy and confidentiality;
9. To be free of mental or physical abuse; any abuse, neglect, or exploitation must be reported to the Department of Health and Human Services, Office of Aging, Protective Services as specified in Arkansas Stat. Ann. § 59-1301.
10. To be free to choose whether or not to perform services for the facility.
11. To be free of restraint, unless order by a physician for positioning and safety.
12. To be free of interference, coercion, discrimination or reprisal.

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

301 Participant Responsibilities

- To comply with _____ Respite Care Program policies and procedures.
- To respect the personal rights and private property of other participants, staff and volunteers.
- To treat other participants, staff and volunteers with consideration, respect and dignity.
- To participate selectively and cooperatively in the services and activities of the _____ Respite Care Program, which will enhance the individual's feeling of well being.
- To notify the organization of physician changes.
- To notify the organization of changes in telephone, address, emergency contacts or living situations.
- To have an emergency contact person available at all times in case of illness or accident.
- To notify the organization as soon as possible of any schedule changes.
- To inform the organization of any changes in legal status or Advanced Directives.
- To be examined annually by a physician or when deemed necessary by the center nurse.

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

_____ Respite Care Program Grievance Policy

The _____ Respite Care Program works very hard to make sure all participants are satisfied with the services that they receive. Participants and their caregivers are encouraged to discuss any problems promptly with the Respite Program Coordinator. If the problem continues to be unresolved, concerns may be discussed directly with the Respite Program Director. If, after following the above steps the problem is still not resolved, the following Grievance Procedures will be followed:

All Participants assessed to receive, or receiving our services, have a right to file a grievance as a formal notice of dissatisfaction with staff, services received or the decision to be placed on a waiting list to receive services. If the grievance is regarding a reduction or termination of services letter, the grievance must be filed within 10 calendar days of the postmark on the letter. Within 7 days of receipt of the request, written notice will be sent to the requester to acknowledge receipt of the request. This notice will also include:

- a. The time and place scheduled for the review;
- b. The designation of one or more impartial reviewers who have not been involved in the decision at issue;
- c. The requester opportunity to examine, at a reasonable time before the review! the individual's own case record; and opportunity to request a copy of such case record at no cost to the individual;
- d. The requesters opportunity to informally present argument, evidence, or witnesses without undue interference at a reasonable time before or during the review;
- e. A contact person for any accommodations required under the Americans with Disabilities Act; assistance, if needed, in order to attend the review.

All grievance reviews will be conducted at a reasonable time and date. The review committee will provide written notification to the requester within 7 calendar days after the grievance review of:

- a. The decision stating the reasons in detail
- b. The individual's right to appeal an adverse decision to the Area Agency on Aging (AAA) by written request within 7 calendar days; (information on how to contact the AM will also be provided)
- c. The availability of _____ Respite Care Program staff to assist in writing, submitting, and delivering the appeal to the appropriate agency
- d. The opportunity to be represented by him/herself or by legal counsel, a relative, a friend, or other qualified representative.

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Notice of Confidentiality of Participant Information and Records

This document describes how medical information about you may be used and disclosed. It also describes how you may gain access to this information. Please review this document carefully. If there are any questions about this notice, please contact _____ at _____

Section A: Who Will Follow This Notice?

This Notice describes the _____ Respite Care Program practices and that of:

- Any health care professional authorized by this Program to enter information into your medical record.
- Any paid staff member or volunteer that helps you while you are a participant in this program.

Section B: Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or maintained by this Program. This Notice will tell you about the ways in which we may use and disclose your medical information. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to make sure that medical information that identifies you is kept private and give you this Notice of our legal duties and privacy practices with respect to your medical information and follow the terms of the Notice that is currently in effect.

Section C: How We May Use and Disclose Your Medical Information

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, case managers, social workers, or other personnel involved in providing health care and related services to you. For example, a social worker or case manager who is handling your case may need to know if you have diabetes in order for you to receive proper services. In addition, the social worker or case manager may need to tell the dietician if you have diabetes so that appropriate meals can be arranged. We may share your medical information with different departments of a hospital or nursing home in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to other people outside this Program who may be involved in your medical care, such as family members, clergy or others who provide services that are part of your care.

Payment: We may use and disclose medical information about you so that the treatment and services you receive from this Program may be billed to, and payment may be collected from, federal and state health care programs (including, Medicaid), you, an insurance company or a third party, as applicable. For example, we may give federal or state health care program information about health care or related services that we provided to you, so the federal or state health care program will pay us or reimburse you for the services. We also may tell federal or state health care programs about a treatment you are going to receive in order to obtain prior approval or to determine whether the treatment will be covered.

Health Care Operations: We may use and disclose medical information about you in order to operate this Program. These uses and disclosures are necessary to run this Program and to make sure that all of our participants receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine medical information about other participants to decide what additional services we can offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, case managers, social workers, and even personnel from other health care organizations and medical institutions, such as a hospital or nursing home, for review and learning purposes; and we may combine the medical information we have with medical information from other health care organizations and medical institutions, such as hospitals or nursing homes, to compare how we are doing, and to see where we can make improvements in the care and services we offer. We also may remove information that identifies you from this set of medical information, so others may use it to study health care and health care delivery without learning who the specific participants are.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for health care or related services either at this Program or your home.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible health care related options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals: Involved in Your Care or Payment for Your Care: We may release medical information about you to a caregiver or guardian who is involved in your medical care. We also may give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort, so your family can be notified about your condition, status and location,

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Right to Inspect and Copy: You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply (for example, disclosures to your spouse).

We are not required to agree to your request : If we agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Section D: Special Situations

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation. We also may release medical information to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following:

To prevent or control disease, injury or disability:

To report births and deaths:

To report child or elder abuse or neglect:

To report reactions to medications or problems with products:

To notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition:

To notify the appropriate government authority if we believe a participant has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations,

inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement : We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at our program or at the hospital; and in emergency circumstances, to report a crime, the location of the crime or the victims; or to report the identity, description or location of the person who committed the crime.

Coroners: Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may release medical information about participants to funeral directors as necessary to carry out their duties.

Section E: Your Rights Regarding Medical Information

You have the following rights regarding medical information we maintain about you:

Denial: We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the Program will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for this Program. You must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information:

That was not created by us unless the person or entity that created the information is no longer available to make the amendment

Is not part of the medical information kept by or for this Program

Is not part of the information which you would be permitted to inspect and copy

Right to an Accounting of Disclosures: You have the right to request an 'accounting of disclosures.' This is a list of the disclosures we made of medical information about you. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to

someone who is involved in your care, or the payment for your care (for example, a family member or friend). You also could request us not use or disclose information about a surgery you had.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

Section F: Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Program room.

Section G: Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact the Respite Program Director. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Section H: Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care we provided to you.

To Avert a Serious Threat to Health or Safety We may use and disclose medical information about you when necessary to prevent a serious threat to your health or safety, or the health or safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Section I: Organized Health Care Arrangement

Our Program, other federal and state affiliated agencies and other independent health care professionals (including your physician), may agree, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your health care needs.

Section J: Marketing

We may contact you as part of our marketing efforts. We are required to obtain your written consent to use your health information for marketing purposes. Marketing does not include face-to-face encounters or communications involving promotional gifts of nominal value. Marketing also does not include communications to you about treatment options or our own health-related products or services. The selling of lists of participants to third parties, and the disclosure of your health information to a third party for the third party's marketing activities is prohibited without your authorization.

Section K: Fundraising

We may contact you as part of our fundraising efforts. The only information about you that will be distributed for any fundraising effort is your demographic information (e.g., name, address, telephone number, etc.) and the dates you were a participant in the _____ Respite Care Program.

This form is a compilation of information from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Manual.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

304 _____ Respite Program Policy I

A. Administrative Organization

Welcome to the _____ Respite Care Program. This program is staffed with a Program Director, Program Coordinator and volunteers. To date, this program is licensed for up to _____ participants.

B. Participant Eligibility

The _____ Respite Care Program is available to adults fifty-five years of age and older. All county residents, without regard to income, race or religion are eligible. Admission referrals will be accepted from all service agencies, law enforcement, health and mental health professionals, clergy, and families. All referrals, correspondence and/or inquiries will be coordinated through the Program Coordinator who is responsible for the intake process, determining need, and initiating respite service. Criteria for admission include:

- Application/intake for respite care
- Medical examination conducted by a physician within the previous twelve months and a written statement from the physician regarding medications or any medical precautions
 - Medical/Transportation Release Form signed by the caregiver(s) or guardian consenting to treatment and transportation should the need arise
- Participant Cognitive Emotional Status
- Participant Social History
- Signed statement by caregiver(s) acknowledging they understand mandatory requirements for reporting abuse

C. Health

- * All participants must be free from tuberculosis or other diseases in a communicable form, by an Arkansas licensed physician.
- * No participant may attend the _____ Respite Care Program while exhibiting the symptoms of the common cold, influenza or any other contagious disease.
- * Participants whose physical and/or mental health condition requires on-going continual one-on-one staff assistance will not be admitted or retained.

D. Medications

The _____ Respite Care Program will not dispense medications. Any medications that must be given during the course of the day are the responsibility of the participant, his/her caregiver or guardian.

No medications will be stored at the _____ Respite Care Program.

E. Medical Emergency Procedures

* If a participant, due to injury or illness, requires emergency medical assistance, the Respite Program Director or designated individual will summon paramedics (911), notify the participant's personal physician and emergency contact, and arrange for ambulance transport, at the participant's expense or under a health care plan, to the nearest emergency facility, which may not be the hospital of choice.

F. Transportation

* Transportation arrangements are the responsibility of the Participant, his/her caregiver or guardian. Transportation arrangements are made on a door-to-door basis to and from the center. Participants may not disembark at other locations en route unless previous arrangements have been made in writing with the Respite Program Director and any other persons involved.

* Participants must be picked up with-in 10 minutes of closing. The caregiver/ guardian or Participant will be charged \$1.00 a minute for every minute beyond the 10 minute grace period at the close of the day.

G. Meals

* The meals served at the _____ Respite Care Program will be _____. Meals are especially designed to meet the nutritional needs of the participants. The center is unable to provide special medical diets. Participants may bring their own lunches if the physician authorizes it.

* Because of the possibility of spoilage or contamination, no food is to be taken from the center with exception of meals specially prepared for that purpose.

H. Attendance

* On a space available basis, and depending on funding, participants may attend as many or as few days as they wish. Reservations, however, must be made the day prior to attendance, with the consent of the Respite Program Director.

* Once an arrangement is made, the participant and her/his caregiver or guardian should make every effort to see that she/he comes in. A meal has been ordered, transportation arrangements made, and perhaps some other participant refused service because of lack of space. Participants/caregivers that fail to notify the center will be charged.

* Participants are to remain at the center or with center personnel throughout the day.

I. Monetary Considerations

* **Gifts:** Gifts may be made to the Respite Program and not to individual personnel. The acceptance of personal gifts, money or tips by Respite Program employees constitutes grounds for termination of their jobs.

* **Sales:** No one is to sell or trade any items of monetary value at the _____ Respite Care Program without the written approval of the Respite Program Director.

* **Fund Raising:** Participants and/or their caregivers or guardians will be notified of special fundraising efforts. Participant involvement will be entirely voluntary.

* **Employment of Respite Program Staff by Participant, Caregiver or Guardian:** No Respite Care Program Personnel may accept employment from the caregiver or guardian of a Participant at the _____ Respite Care Program without the written permission of the Respite Care Program Director.

J. Participant Suspension or Termination

* It is our philosophy that a participant can attend the _____ Respite Care Program as long as he/she would like, however, the physical, medical and mental conditions of participant may change, resulting in a higher level of care and supervision than the _____ Respite Care Program can provide. Therefore, there may be a time when our respite center services will no longer be appropriate to meet the needs of a participant. At such time, The Respite Program Director or Program Coordinator will assist the participant, caregiver or guardian to find a suitable alternative for the participant in order to maintain continuity of care.

* The Respite Care Program Director may authorize suspension/termination respite services for any of the following conditions:

- a. Physical combativeness which may result in other participants or staff being physically injured (immediate suspension is mandatory).
- b. Symptoms of contagious disease as determined by Respite Center Director and another individual (immediate suspension is mandatory).
- c. Persistent incontinence that becomes unmanageable within the capabilities of the center.
- d. Continuous unhygienic practices.
- e. Unmanageable behavior, i.e. wandering, verbal abuse, which endangers safety of other participants and staff, or disrupts programs or activities.
- f. Refusal to observe Agency policies relating to medications, food, transportation, etc.
- g. Conditions which necessitate a constant one-to-one, staff-participant relationship.

The Respite Care Program Director must suspend services when a condition poses a physical threat to themselves and/or other participants/staff.

If suspension has been instituted and efforts to modify difficulties to allow participant to remain in center are unsuccessful, termination may occur.

The participant has the right to appeal suspension/termination decisions as well as all other administrative decisions, through regular grievance procedures. Participant attendance during the appeal process will depend upon circumstances and will be contingent upon the approval of the Respite Care Program Director.

K. Discharge by a Participant

* The participant has the right to discharge himself from the _____ Respite Care Program for any reason upon presentation of a request, in writing, or, if the participant is adjudicated incapacitated, upon written consent of the guardian; or if a participant is assessed by the Respite Care Program Director at the time of intake as confused, shall not be able to discharge him/herself until after the center notifies the appropriate person or persons and obtains their written approval.

This form is a compilation of information, and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual.

Church or Organization Name
Address
City, State Zip Code
Phone and Fax Number

304 _____ Respite Program Policy II

Mission: *Improved quality of life for individuals and their caregivers through a varied program of activities and services in a protective nurturing environment.*

Hours: Hours of operation range from _____ a.m. to _____ p.m. every _____ of the week. Hours may vary according to Participant utilization patterns

Services Provided

Activities: A varied program of therapeutic and recreational activities designed to enhance self-image, encourage socialization, maintain mobilization, and provide cognitive stimulation, entertainment and cultural enrichment.

Alzheimer's Caregiver Support Group: Meets the first Thursday of the month from 1 p.m. to 2:30 p.m. Onsite care provided.

Nutrition: Snacks and a well balanced hot lunch are served daily.

Transportation: The _____ Respite Care Program does not provide transportation.

Referral: Referral assistance to health and social service agencies can be made for Participants, their caregivers or guardians who are in need of medical, psychological, fiscal, legal, transportation and or nursing assistance or placement.

Rates:

_____ Respite Care Program Rates are \$ _____ per hour or \$ _____ per day.

The cost per lunch meal is \$ _____.

Returned checks are \$ _____.

Late Charges for Participant pick-up are \$ _____ for the first hour after the Respite Care Program closes. After one hour Adult Protective Services will be notified.

Cancellation Charges will be % _____ of the chare for the day without a 24 hour notice.

This form is a compilation of information from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Respite Center Attendance Confirmation Form

(Participant's name) _____ will be attending _____ Respite Center.

Service will begin _____.

He/she will attend: Every Week

Bi-weekly

Monthly

Other _____.

Transportation will be provided by: Self Caregiver/Guardian

Other (Please specify) _____.

If the you/participant cannot attend the respite center on your scheduled day(s) due to illness, hospitalization, etc., please have someone call the center at _____ the day before, or before _____ a.m. the same day.

Participant/Caregiver Signature: _____ Date: _____

Center Manager: _____ Date: _____

Please make take-home copy for Participant Caregiver

Rules and Procedures

The following practices are explained to caregivers and to individuals receiving respite when they are admitted to the respite program:

1. The daily schedule
2. Staff positions and their relationship with Social Services
3. Caregiver contacts
4. Behavior management policy
5. Grievance procedure
6. Discharge **procedure**
7. Hygiene
8. Any other procedures deemed necessary, including _____

The above **procedures** of the respite program were discussed with me at the time of admittance and I understand them.

Name of person receiving care _____ Date _____

Caregiver's Signature _____ Date _____

Intake worker's Signature _____ Date _____

(Adapted from Parent Resource Center of Dade County, Inc., Crisis Nursery)

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Authorization and Consent to Disclose Confidential Information

Is hereby authorized to: _____

Please: Release Copy Permit the inspection of the following record of

Participant's Name: _____ Birth Date: _____

To/by: _____
(Name: _____ Title: _____
of Staff of _____ Respite Care Program)

Record type and reason for release or authorization to inspect:

- Health/medical
- Lab test report
- Hearing screening
- Vision screening
- Psychological evaluation _____
- Psychosocial/family history _____
- Speech/language evaluation _____
- Physical therapy evaluation _____
- Occupational therapy evaluation _____
- Respite care service records _____
- Other _____

This release shall remain effective for one year from the date of signing. I certify that I am the Caregiver Spouse Guardian of the Participant mentioned in the records above.

(Signature)

(Date)

This form is a compilation of information and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care manual page 144.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

Transportation Release of Liability

As the caregiver/responsible person for _____, I confirm that the following is a list of persons with whom I entrust transportation of the participant either to or from _____ Located at _____.

This list can be updated at any time; however the participant can not and will not be released to persons other than those indicated on this list, unless responsible person contacts _____ by phone or correspondence.

The participant can be released to the care of the following persons:

- 1.
- 2.
- 3.
- 4.
- 5.

I will notify the center of any changes to the above information.

Caregiver/Guardian: _____ Date: _____

Program Director: _____ Date: _____

This form is a compilation of information, and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual.

Church or Organization Name

Address

City, State Zip code

Phone and Fax Number

_____ Respite Care Program

Record of Authorization and Release of Liability

This **Record of Authorization and Release of Liability** is executed this day of _____, by _____, the Participant and/or _____, the Participant's authorized caregiver, guardian, next of kin, or other responsible person on behalf of _____ Respite Care Program, other participants of the program and each of their insurance carriers, officers, directors, agents, employees, sub-contractors, subsidiaries and affiliates.

WHEREAS, _____ operates and manages a respite care program known as _____ Respite Care Program, and

WHEREAS, Participant and/or Responsible Person have entered in to an agreement with _____ Respite Care Program for the Participant to obtain respite services; and

WHEREAS, in order to provide such services, the _____ Respite Care Program has requested and the participant and/or responsible person have agreed to provide certain authorizations and releases contained herein.

NOW THEREFORE, for good and valuable consideration, the parties agree as follows:

1) MEDICAL SERVICES

a) **Emergency Release:** The Participant and/or the Responsible Person authorize _____ Respite Care Program, its employees and agents to summon a physician of their choice, and/or to transport or arrange transportation of the Participant to the nearest hospital, emergency room, psychiatric facility, urgent care clinic or other facility that provides medical care in the event _____ Respite Care Program, its employees or agents, in their sole discretion, deem it necessary for the Participant's health or well being. The _____ Respite Care Program will use reasonable efforts to contact the Participant's personal physician or designated alternative physician if such contact would be reasonable under the circumstances. The Participant and/or Responsible Person agree to be liable for payment of fees for services obtained by _____ Respite Care Program on the Participant's behalf pursuant to this section, and agree to reimburse _____ Respite Care Program and indemnify the _____ Respite Care Program from, and hold them harmless for any costs associated therewith. In the event it is necessary for the _____ Respite Care Program to initiate legal proceedings to obtain reimbursement of any expenses incurred hereunder, the _____ Respite Care Program shall be entitled to receive from the Participant and/or Responsible Person, in addition to all other remedies, all costs, including reasonable attorney fees, associated therewith.

b) Do Not Resuscitate Orders: PARTICIPANT AND RESPONSIBLE PERSON UNDERSTAND AND AGREE THAT IN ACCORDANCE WITH AGENCY POLICY, THE _____ RESPITE CARE PROGRAM STAFF ARE REQUIRED TO PERFORM CARDIOPULMONARY RESUSCITATION (CPR) ON PARTICIPANTS IN NEED OF RESUSCITATION WHILE AWAITING EMERGENCY MEDICAL TECHNCIANS (“EMT”). THE _____ RESPITE CARE PROGRAM WILL NOT ACCEPT *DO NOT RESUSCITATE (“DNR”) ORDERS*. _____ RESPITE CARE PROGRAM STAFF WILL PRESENT *THE LIVING WILL AND/OR HEALTH CARE SURROGATE FORMS* TO THE EMT’s UPON ARRIVAL, PROVIDED THAT A COPY OF SUCH DOCUMENTATION IS IN THE PARTICIPANT’S FILE.

c) Authorization for Treatment and Services: The Participant and/or Responsible Person hereby give permission for authorized personnel of the _____ Respite Care Program to perform all necessary procedures and treatments as prescribed by the Participant’s physician for the delivery of respite care services. The Participant and/or Responsible Person understand that the Participant and/or Responsible Person may refuse treatment or terminate services at any time and the agency may terminate their services as explained in orientation.

d) Authorization for Supervision of Medication: The Participant and/or responsible person acknowledges that it is not the responsibility of the respite care staff to give medications. No medication will be given out by the respite care staff.

2) MEDICAL AND OTHER RECORDS

a) Authorization To Obtain Medical Information: The Participant and/or Responsible Person hereby authorizes the _____ Respite Care Program, its employees and agents to obtain such information as they reasonably deem necessary, in accordance with agency policy, to enable the agency to best care for the Participant’s needs, to evaluate the Participant’s ability to participate in programs and to comply with applicable law. The Participant and/or the Responsible Person authorizes the agency, its employees and agents to obtain such information from applicable insurance companies, claims or benefit administrators, prepayment organizations, governmental agencies, providers of health care (including without limitation, doctors, nurses, therapists, hospitals, clinics, dentists) and any day care agencies. *The _____ Respite Care Program shall use reasonable efforts to maintain the confidentiality of such information and shall disclose the information only to those whom the agency determines, in its reasonable discretion, have a legitimate reason for obtaining such information.*

b) Authorization For Release Of Information: The _____ Respite Care Program, its employees and agents are hereby authorized to furnish and release, in accordance with agency policy, such medical, professional and clinical information as the agency deems reasonably necessary for the Participant’s health or well being, or the completion of any hospitalization claims, insurance forms, workers compensation claims, or similar third party requests.

3) RELEASE OF LIABILITY

a) Consent To Responsibility For Services: The Participant and/or the Responsible Person have been fully informed of all services that will or may be provided in the _____ Respite Care Program, and all activities in which the Participant will or may participate. These may include,

but are not limited to: transportation to and from the, Program, exercise, self-care instructions, nutrition, medical monitoring, education, recreation, occasional excursions, and a variety of therapeutic, leisure, social, health activities and other services, but not limited to hair care, aroma therapy, pet therapy, aimed at restoring, remediating or maintaining the Participant's optimal functioning, increasing the Participant's interaction with others and enhancing the Participant's physical and emotional well-being. The Participant and/or Responsible Person hereby assume all risk for Participant's health and well being. The Participant and/or the Responsible Person acknowledges that the Participant is being admitted to the Program of his/her own volition and is participating in the above described programs, activities and services with full knowledge of the associated risk and agrees to expressly assume sole and entire responsibility for any injuries or damages sustained as a result of Participant's participation in the above described programs, activities and services even if such injuries or damages are due in whole or in part to the negligence, breach of contract or culpable conduct of any of the Released Parties. Accordingly, the Participant and/or the Responsible Person hereby voluntarily release the Released Parties from any and all claims, damages, demands, costs, expenses, suits and/or liabilities that might arise out of or be connected with Participant's participation in the above described programs, activities and services or attendance at the _____ Respite Care Program.

b) Release From Responsibility For Valuables: The Participant and/or the Responsible Person have been informed that the Participant should not bring valuables or large sums of money to the Program. The Participant and/or the Responsible Person understands and agrees that neither the agency nor any of the Released Parties shall be responsible for any personal property of the Participant, including but not limited to the theft, loss or damage of any money, jewelry, glasses, dentures, documents or other personal articles.

c) Waiver of Respite Care Program's Responsibility For Leaving Premises Without Approval: Other than at the conclusion of the Respite Care Programs regular operating hours or other pre-arranged time, Participant and/or Responsible Person acknowledge and agree that the Participant shall not be permitted to leave the program for any reason whatsoever without the written consent of the attending physician.

4) PUBLIC RELATIONS, PHOTOGRAPHY, MEDIA RELEASES

The Participant and/or the Responsible Person authorizes the release of photographs, video tapes or other likenesses, recordings, writings or any other materials of the Participant to be used by the _____ Respite Care Program or their affiliates for the purpose of publicity, marketing, public relations or educational purposes without compensation to the Participant, the Responsible Person or and of their heirs, successors or assigns. All such materials shall be the property of _____ Respite Care Program solely and completely.

5) TRANSPORTATION

The Participant and/or the Responsible Person authorize(s) the Program and its employees and agents to transport the Participant to occasional excursion activities during hours of attendance. Transportation may be furnished by program staff volunteers, taxi or other approved transportation services.

6) MISCELLANEOUS

a) Continuity Of Release: The Participant and/or the Responsible Party understands that this Release will continue in full force and effect regardless of any termination and/or reinstatement of services unless the Participant is no longer receiving services and the Release is terminated in writing by the Participant or Responsible Party.

b) Notices: Except as otherwise specifically provided herein, all notices or other communications that may be or are required to be given pursuant to this Release shall be in writing and shall be mailed by regular U.S. Mail addressed to the party's last known address or transmitted by hand delivery. Each notice that is mailed or delivered in the manner described above shall be deemed sufficiently given and received for all purposes at the earlier of such time as it is hand delivered to the addressee or within three (3) days of when it is deposited in the U.S. Mail.

c) Governing Law and Venue: This Release shall be construed and interpreted according to the internal laws of the state of Arkansas. The parties agree that any action brought by either party against the other in any court, whether federal or state, shall be brought within the state of Arkansas in the judicial circuit in which _____ Respite Care Program has its principal place of business. Each party hereby agrees to submit to the personal jurisdiction of such courts and hereby waives all questions of personal jurisdiction or venue for the purpose of carrying out this provision, including, without limitation, the claim or defense therein that such courts constitute an inconvenient forum.

I acknowledge that I have read, understood, and have received a copy of this agreement and have provided full and complete information to the _____ Respite Program Director.

Participant

Date

Caregiver/Responsible Person

Date

Respite Program Director

Date

This form was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL.

Sample Consent Form

Name of person receiving care _____ Date of Birth _____

Caregiver _____

I _____ hereby agree to participate and allow the above named person to participate in the program of the **[name of program]** as explained to me by the appropriate staff. The program may include collection of environmental, developmental, medical, psychiatric, social, and economic information by the **[name of program]** staff.

I hereby authorize staff of the respite program to administer prescriptions and non-prescription medications as medically indicated. I also give my permission to the staff to call a doctor for medical care for the person named above. It is understood that a conscientious effort will be made to locate me or designated emergency contact before any action will be taken.

I hereby request and give consent to the staff of the respite program for said person to receive surgical aid as may be deemed necessary by a duly licensed or recognized physician or surgeon in case of an emergency when I or my representative cannot be reached.

I hereby request and give my consent for **[name of program]** respite program to transport my loved one to and from agency facilities and respite locations and on designated field trips. I will be notified as to the date and place of each field trip prior to its occurrence.

Explained by (*please print*) _____ Position _____

Signature of caregiver _____

Date _____ Telephone _____

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

_____ Respite Care Program

Participant Consent Form

Participant's Name: _____ Date: _____

Date of Birth: _____

I _____ agree to allow the above named person to participate in the _____ Respite Care Program.

I give permission to staff to call a doctor for emergency medical care for the person named above. It is understood that a conscientious effort will be made to locate me or designated emergency contact before any action will be taken.

I understand that no medications will be given by the respite care staff.

I give consent for the _____ Respite Care Program to transport my loved one to and from the _____ Respite Care Program on designated field trips. I will be notified as to the date and place of each field trip prior to its occurrence.

Explained by (please print)

(Title)

Signature of Caregiver or Guardian

Date

This form is a compilation of information and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual page 143.

Respite Service Agreement

I, _____ agree that _____

(Caregiver)

(Agency name)

will not be held responsible or liable in any way whatsoever for any incident which adversely affects the health, welfare, or safety of _____

(Consumer)

I release the respite program, its providers and administrators, from all liability in the provision of such services. By my signature, I also grant permission for necessary and required transportation and medical care in an emergency, including anesthesia, when it is indicated, and admission to a local hospital, when it is deemed necessary by the attending physician.

In addition, I will not hold the respite program, its providers and administrators, liable for any accidental breakage of, in, or on my property, and/or for any incident which might be construed as adversely affecting the health, safety, or welfare of others in or on my property during the provision of respite care services.

I acknowledge that I have read, understood, and have received a copy of this agreement and have provided full and complete information to the respite program, coordinator, and/or care provider. This permission is valid until _____

Date _____ Signature of **Caregiver/Guardian** _____

Date _____ Signature of Witness _____

(Adapted from Benton County Sunshine School, Inc.)

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

_____ Respite Care Program Acknowledgement

I, _____

Name of Participant, Caregiver or Guardian

acknowledge that:

- I have been informed of the provision for service of the _____ Respite Care Program.
- I have received a summary statement of the _____ Respite Care Program Policies and Procedures.
- The Responsibilities and Rights of the Participant have been explained to me.
- I have received a written statement of the services available at the _____ Respite Care and any fees that may be associated with them.
- I have been provided information on facts related to emergency preparedness and emergency management.
- I have been provided information on Abuse, Neglect and Exploitation of a Disabled or Elderly Person.

Name of Participant

Signature of Participant, Caregiver or Guardian

Date

This form is a compilation of information, and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual page 139.

Church or Organization Name

Address

City, State Zip Code

Phone and Fax Number

_____ Respite Care Program Admission Agreement

Between

the _____ Respite Care Program and _____

1) **SERVICES.** _____ Respite Care Program shall provide the Participant with an environment that promotes a non-institutional atmosphere with supervision for the Participant's health and safety and a variety of therapeutic, social and health activities and services which may help restore, remediate or maintain the Participant's optimal functioning and increase the Participant's interaction with others. Program Services may include, but are not limited to: social, leisure, therapeutic and health activities, exercise, self-care instructions, nutrition, education, recreation and occasional excursions. All services are to be determined on a case by case basis, as the agency deems reasonably appropriate for the Participant. All services are subject to change by the agency, in its discretion, without notice.

The Participant and/or Responsible Person have been informed of the services currently offered by the _____ Respite Care Program. The Participant and/or Responsible Person desire to obtain the following services:

i) Respite care services for _____ days per week

ii) Lunch for _____ days per week

Nutrition services will be provided to Participants as appropriate. Nutrition services shall comply with the requirements of Arkansas Administrative Code _____. Nutrition services shall include a meal, providing at least one-third of the current Recommended Dietary Allowances ("RDA adjusted for age, sex and activity", including snacks and nutrition education. Modified diets will meet the nutritional standards to the extent possible.

2) **ADMISSION FORMS.** Prior to admission, the Participant and/or the Responsible Person agree to complete and submit to the agency all of the forms required for participation. The Participant or the Participant's Responsible Person shall submit to the agency the Program's Physician Order Form, including documentation of freedom from tuberculosis in the communicable form and freedom from signs and symptoms of other communicable diseases. The form documentation must be no older than forty-five (45) days prior to admission and must be signed by one of the following: an Arkansas physician; an Arkansas licensed health care provider under the direct supervision of a physician; or a county public health unit. Participants who have Human Immunodeficiency Virus infection or AIDS may be admitted to the Program provided that the Participant would otherwise be eligible according to the Arkansas Administrative Code _____.

3) FEES. The cost for respite care services shall be \$ _____ per hour with a minimum of _____ hours per day, with a _____ % discount for _____ days of service per week. The lunch meal is provided at _____ cost. All rates are subject to change upon _____ () days written notice from the agency.

4) PARTICIPANT DISCHARGE

The _____ Respite Care Program will provide respite care for the participant based on the availability of space and the participant's needs. Criteria for discharge will include the following:

- Summary of services provided
- Progress notes on the participant form the admission process, during the participant's attendance, and at time of discharge.
- Assistance seeking additional resources if continued care is needed.

5) TERMINATION OF AGREEMENT.

A) This Agreement may be terminated by _____ Respite Care Program, the Participant and/or the Responsible Person for any reason, or no reason, upon _____ () days' written notice.

B) This Agreement may be terminated by the agency immediately, without notice, upon the occurrence of any of the following:

- i) The Participant's necessary care level is beyond the capacity of the agency.
- ii) The Participant's behavior is unacceptable, disturbing or otherwise interferes with the care or comfort of others;
- iii) Payment required under Section 3 or Section 6 of this Agreement has not been made in a timely manner.
- iv) The Responsible Person or a person designated by the Responsible Person has failed to pick up the Participant or is repeatedly late in picking up the Participant.

6) HOURS OF OPERATION. The Program's normal hours of operation are: _____ to _____. Hours may range from _____ am to _____ pm. We are open _____ through _____, excluding holidays and such other days as may be determined from time to time by the agency.

7) LATE CHARGES; ALTERNATIVE ARRANGEMENTS; AND PLACEMENT. The Participant must be picked up at the Program by the Responsible Person or an individual authorized by the Responsible Person, no later than the closing hour as stated above each day (as determined by the time shown on the Program's clocks). In the event the Participant is not picked within _____ () minutes after the stated closing - time (as determined by the time

shown on the Programs clocks) the Participant and/or Responsible Person shall pay a late charge of _____ (\$ _____).

The agency shall, at its sole discretion, notify the State of Arkansas Adult Protective Services and/or make arrangements for alternative overnight placement or extended care if a Participant is at the Program for _____ (____) hour(s) or longer after closing with or without notification from the Responsible Party or other persons authorized by the Responsible Person if the agency deems appropriate. _____ Respite Care Program shall charge a fee of _____ dollars (\$ _____) per hour of services rendered by the staff of the agency, in addition to the late charge, for coordinating the overnight placement or other arrangements. The Participant and/or the Responsible Party shall be solely responsible for all of the costs associated with such notification, placement or other arrangement made hereunder and agrees to reimburse the agency and indemnify and hold harmless the agency for any costs associated therewith. In the event it is necessary for the agency to initiate legal proceedings to obtain reimbursement of any expenses incurred hereunder, the agency shall be entitled to receive from the Responsible Party, in addition to all other remedies, all costs, including reasonable attorneys' fees, of such proceedings. The Participant, the Responsible Party and their heirs, successors and assigns hereby release the agency, its officers, directors, agents, employees, affiliates successors and assigns from and claims, causes of action recourse or liability related to or arising from any notification placement or arrangements made by the agency on behalf of the Participant pursuant to this Section 6.

8) MISSED OR CANCELLED DAYS. The Program will charge _____ percent (____ %) of the basic per day fee for any regularly scheduled day missed or cancelled unless verbal notice is received by the agency at the Program no later than 11:00 a.m. the previous day, unless the absence is due to an emergency situation (such as hospitalization or sudden illness).

9) PAYMENT. Checks should be made payable to "_____ Respite Care Program" with a notation of the Participant's name on the check. Payment is due upon receipt. Checks that are returned for insufficient funds are subject to a _____ dollar (\$ _____) service charge. Payment with a credit card is not accepted. Questions concerning the Participant's financial accounts may be made to the Center manager. Pre-paid services will be pro-rated and refunded in the event of death, voluntary or involuntary discharge

10) MISCELLANEOUS

a) Notices. Except as otherwise specifically provided herein, all notices shall be in writing and mailed by regular U.S. mail addressed to the party's last known address or transmitted by hand delivery. Each notice that is mailed or delivered in the manner described above shall be deemed sufficiently given and received for all purposes at such time as it is hand delivered to the addressee or within _____ (____) days of when it is deposited in the U.S. mail.

b) Governing Law and Venue. This Agreement shall be construed and interpreted according to the internal laws of the state of Arkansas. The parties agree that any action brought by either party against the other in any court, whether federal or state, shall be brought within the state of Arkansas in the judicial circuit in which _____ Respite Care Program has its principal place

of business. Each party hereby agrees to submit to the personal jurisdiction of such courts and hereby waives all questions of personal jurisdiction or venue for the purpose of carrying out this provision, including, without limitation, the claim or defense therein that such courts constitute an inconvenient forum.

c) Assignment. This Agreement may not be assigned by the Participant or the Responsible Person without the prior written consent of the other parties. Notwithstanding the foregoing, the agency may, without consent of any other parties, assign all or part of its rights and duties contemplated hereby; to any individual or entity similarly capable of performing the agency's duties hereunder.

d) Waiver. No delay or failure by the agency on any occasion to enforce any provision or exercise any right granted hereunder shall be deemed a waiver of such provision or right.

_____ Participant	_____ Date
_____ Responsible Person/Guardian/ Caregiver	_____ Date
_____ Respite Program Director	_____ Date

Billing Information:

Bill to: _____

Address: _____

Telephone Number: _____

Respite Care Services Rate: \$ _____ per hour attending _____ days per week for a minimum of _____ hours per day.

Lunch rate: _____ per day of attendance

This form is a compilation of information, and was adapted from the Adult Day Services client intake packet through Neighborly Care Network, St. Petersburg, FL and the ARCH Respite Care Manual.

**ADULT DAY HEALTH CENTER
ADMISSION SUMMARY**

Client: _____ Client # _____
 Address: _____ Phone # _____
 City, State _____ Zip Code _____
 Lives Alone _____ Lives with Family _____ Other _____
 Responsible Party: _____ Relationship _____
 Address: _____ Phone # _____
 Payment Type: Private _____, MA _____, CCPED _____, HCEP _____, Respite _____, Other _____
 Race _____ Religion _____

Admission Date ____/____/____
 Date of Birth: ____/____/____
 Social Security # _____ Medicaid # _____
 Medicare # _____ Other Insurance _____
 Marital Status: Married Single Widowed Divorced Separated

Medical Diagnosis: Primary: _____
Secondary: _____

Emergency Contact: _____ Relationship _____
 Address: _____
 Phone #: _____ Business Phone #: _____

Emergency Contact: _____ Relationship _____
 Address: _____
 Phone #: _____ Business Phone #: _____

Hospital Preference: _____
 Primary Physician: _____ Phone # _____
 Address: _____
 Podiatrist: _____ Phone # _____

Does this client have a legal guardian? Yes: _____ No: _____
 If yes, name of guardian: _____
 Address: _____ Phone # _____

Referral Source: _____
 Transportation Required? Yes _____ No _____ Zone _____
 Photo Release: Yes _____ No _____ Zone _____

TO BE COMPLETED UPON TRANSFER TO HEALTH CARE FACILITY

Current Medications: _____	Reason for transfer: _____
_____	_____
_____	_____

Comments: _____

Date of Transfer: _____	Time: _____	Facility: _____
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Signature of Nurse Completing Transfer Information: _____

Church or Organization Name

Address

City, State, Zip Code

Phone and Fax Number

PUBLICITY RELEASE

Date _____

I consent that _____ and other authorized representatives of _____ be allowed to use my name, title, portrait, picture, video image, photograph, or any reproduction or likeness of me, or quotation of my remarks, for public information and fundraising purposes. Permission is hereby granted to use personal information about myself, my family and the circumstances of my relationship with _____ as deemed appropriate by _____.

I warrant that I have reached the age of legal majority according to the laws of the state of Arkansas. I further represent that I have not been adjudicated incompetent and that no legal guardian has been appointed for me.

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Caregiver /Guardian: _____

Adult Day Services Center

AUTHORIZATION FOR FIELD TRIPS

I hereby give my permission for myself or my family member who is enrolled at the Adult Day Services Center to go on field trips and ride the vehicles driven by employees or volunteers of the Adult Day Services Center. I understand that I, or the enrolled adult, has the right to decline any scheduled field trip.

Signature

Date

AUTHORIZATION FOR PICTURES

I give permission for my picture or those of my family member enrolled at the Adult Day Care Service Center to be taken while at the Center. I understand the pictures may be used in teaching films, slides and publications in the United States and that the University has exclusive world rights.

Signature

Date

**TO REPORT THE ABUSE, NEGLECT OR
EXPLOITATION OF
A DISABLED ADULT
OR AN ELDERLY PERSON**

PLEASE CALL:

1-800-482-8049

Mandated Reporters of Abuse

Physicians, coroners, dentists, interns, osteopaths, registered nurses, hospital personnel, social workers, EMT's, firefighters, mental health professionals and law enforcement officers are required by law to report abuse. **If you suspect abuse, neglect or exploitation PLEASE CALL!!**

When reporting abuse, neglect or exploitation please describe:

1. Victim's name, address or location, approximate age, race and sex.
2. Physical, mental or behavioral indications that the person is infirmed or disabled.
3. Signs or indications of harm or injury, including a physical description if possible.
4. Relationship of the alleged perpetrator to the victim, if possible. If the relationship is unknown, please give as much information as is known.