



## ADULT DAY SERVICES

Admission Packet  
and  
Orientation Information

**Part 1 – This part is for the member and/or family caregiver to read and keep**

Providing help, hope and answers

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### ***Our Purpose:***

***We change the way the world defines and views disability by making profound, positive differences in people's lives every day.***



## 2) Welcome and Values

Welcome and thank you for choosing Easterseals Florida for your adult day health care needs!

Our compassionate, well-trained and dedicated staff are here to serve and assist you and your loved one through the intake process. We are here to assist you with other community resources you may need as well.

We believe you will be very satisfied with our services. Below are the values that guide our actions:

### **The Values That Guide Our Actions**

- We conduct business ethically and with a commitment to moral integrity.
- We will do what is right and will not compromise quality.
- We treat each other fairly and with respect.
- We share a sense of purpose throughout the organization.
- We strive for and are thrilled by excellence.
- We believe in having an enjoyable work environment.
- We believe that the needs of our clients and staff come first.
- We believe in the prudent stewardship of our funds.

We operate our organization as a business whose net revenues are applied to the fulfillment of our mission.



### 3) Index

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## **4) Overview of Policies & Procedures**

### **Hours of Operation:**

The Center is open Monday through Friday from **7:00 a.m. – 5:30 p.m.** . All participants are expected to be picked up by closing time. **After 5:30 p.m.** there is a **charge of \$1.00 per minute** to offset the cost for staff overtime. If an emergency prevents picking up a family member by closing time, please call and notify a staff member of the delay.

### **Center Closings:**

The Center is closed the following holidays: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after Thanksgiving and Christmas Day. The days are also posted in the center. Should one of the above observed holidays fall on a Saturday, the Center will observe and close on the Friday before. Should one of the above holidays fall on a Sunday, the Center will observe and close on the Monday just after.

### **Severe Weather Policy for Participants and Staff:**

If harsh weather conditions make it unsafe to open the center, caregivers and families will be contacted by staff with notification of the center closure and when we will reopen.

\*Please call first to verify the hours of operation after harsh weather has occurred.\*

### **Care Plans and Family Conferences:**

Quarterly, the center director, nurse, and activity director or recreational therapist meet with the family to discuss the participant's strengths, needs and problems to be addressed. Caregivers will be contacted in advance to schedule a date and time. The care plan with notes is given to the caregiver with a suggestion/remark sheet to be filled out and returned back to the nurse. Also, please feel free to update the nurse anytime with any new information that may be essential to the care of your loved one.

### **Admission Procedure and Criteria:**

An admission packet will be given upon assessment of a new member to the caregiver to complete. The following documents must be completed by a Florida physician before admission may begin:

- TB (tuberculosis skin test) must be done and is only good for 45 days after receiving
- Statement of Good Health stating free from communicable disease
- Physician Referral Form
- Vaccines (Flu and Pneumonia)
- Consent to exercise

After completion of the above orders, an appointment is scheduled to sign papers with the center director.

### **Trial Period:**

The Contract states there is a 30-day trial period for the participant and family to see if day care meets the criteria for admission.

### **Attendance:**

It is very important that participants attend the center on the day and time they are scheduled. This is to ensure the proper staffing ratio of 1:6 (one staff to six members) is met. If a participant is ill, please call



the day before by 4:00 p.m. to cancel the day. If you do not call, you will be charged for the day. Emergency situations will not incur a cost.

**Sickness:**

If a participant is ill, please call the day before by 4:00 p.m. to cancel the day. If you do not call, you will be charged for the day. Emergency situations will not incur a cost.

Participants may not attend the center if they are ill, considered infectious, or pose a health or safety hazard to others at the center. Anyone showing signs of fever, vomiting and/or diarrhea may not be brought to the center. Participants at the center who have these symptoms are sent home immediately and will be in nursing center until family can come.

**Pick-Up and Drop-Off Policy:**

Arrangements are to be made so center staff are aware of who is responsible for dropping off and picking up the member. Family is to notify the center if someone other than the responsible party is picking up the member. Unidentified family/caregivers will be asked for identification by the center staff before the member may leave the center. Family members/caregivers are responsible for walking the participant into and out of the center, and, also, ensuring a staff member receives your loved one. Family members/caregivers are responsible for signing in and out for the member.

**Medications:**

A record of all current medications needs to be on file at the center. This record must be updated by calling the nurse whenever the doctor makes a change. The nurse administers medications to participants during the day. Morning medications are to be given by the family. All medications must be sent to the center in the container which the medications were dispensed by the pharmacist. The container must state the name of the member drug name, strength, dosage of medication, and how it is to be administered.

**Meals:**

Breakfast, lunch and snacks are provided every day. Menus are posted on site and also available upon request. Family members may need to provide for specialized diets and/or food preferences when the center is unable to meet those needs.

**Personal Belongings:**

The center is not responsible for personal items brought from home. Please do not send jewelry (rings, etc.), money, credit cards or anything of value with the member. Each member needs a change of clothing and please label all articles with his/her name. Soiled clothing will be sent home at the end of the day.

**Visitation:**

Visitors are welcome. If someone is coming to the center that is not pre-approved by the family, the person cannot meet with the member. An attempt will be made to reach the family to discuss the visitor.

**Smoking Policy:**

We strongly discourage smoking. This will be reviewed by the center director and nurse during the admission process.

**Grievance Procedures:**

See attached sheet.



**Weapons Policy:**

The possession of weapons (pistols, knives, etc.) is prohibited in any form by any person other than law enforcement officers.

**Termination and Discharge Planning:**

See Discharge Guidelines attached. The center director, nurse, and a social worker will assist family with discharge planning.

**Exercise Program:**

Physical conditioning is a major component of the program at Easterseals Adult Day Services. Chair exercises are done daily in the morning.

**Media Release:**

At times the center will use pictures in our newsletter, flyers, brochures or other media sources. A media release for your permission or denial for use of such pictures is located in the admission packet for your approval or denial.

**Medical Emergency Procedure:**

All center staff members are trained in first aid and CPR. A copy of each Advance Directive (Living Will, Health Care Surrogate, DNR) is needed for the chart. In emergencies, staff begins CPR and paramedics can then implement a DNR. When emergency care is needed, participant information and Advance Directives will be given to the paramedics to take to the nearest hospital, which is:

It attending Easterseals Altrusa House in Gainesville, the hospital is: **Shands Hospital**



## **5) Policy for Member Care and Member Rights and Responsibilities**

### **Each client admitted to the Center:**

Is informed of provisions for service as evidenced by his/her written acknowledgement prior to or at the time of admission and during stay, and he/she is given a statement or summary of the Center policies and an explanation of the participant's responsibility to comply with these policies and to respect the personal rights and private property of other participants.

Is informed and is given a written statement, prior to or at the time of admission and during stay, of services available at the Center and for any related charges, including those for services not provided free and/or not covered by the facilities' basic per diem rate. This statement shall include the payment, fee, deposit, and refund policy of the center.

Is assured privacy in treatment of his/her personal and medical records.

Is treated with consideration, respect, and full recognition of his/her dignity, individuality, and right to privacy, including, but not limited to, privacy concerning his/her treatment and condition and care of his/her personal needs.

Is not required to perform services for the Center.

Participation is encouraged in all Center activities.

Is not the object of discrimination with respect to participation in activities, which include, but are not limited to, recreation, meals, leisure, other social activities because of age, race, religion, sex or nationality, as defined in Title VI of the Civil Rights Act of 1964, or Section 504 of the Rehabilitation Act.

Is not deprived of any constitutional, civil, and/or legal right solely by reason of admission to the Center.

Is allowed to discharge his/herself from the Center upon presentation of a request, preferable in writing; or, if the participant is an adjudicated mental or incompetent, upon the written consent of his/her kin, and/or sponsor, and/or guardian, and/or responsible person.

Is allowed to be dismissed, for medical reasons, for his or her own welfare and/or for the welfare of other participants, given reasonable advance notice of any discontinuance of service, except in case of emergency as determined by the governing authority of the Center.

Is allowed to retain the services of his/her personal physician at his/her own expense or under a health care plan; is assured of services provided, and is offered the opportunity to participate in the planning of his/her care.

Is assured of remaining free from mental and physical abuse, in accordance with Section 827.09 F.S. and free from chemical and physical restraints. Drugs and other medications shall not be used for punishment, for convenience of Center personnel, or in quantities that interfere with a participant's rehabilitation or activities of daily living; has a right to report abuse and is informed how to do this.



Is permitted to associate and communicate privately with persons of his/her choice, join with other participants or individuals within or outside the Center to work for improvements in participant care, and upon his/her request, shall be given assistance in the reading and writing of correspondence.

Is assured of the opportunity to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any participant. The Center shall encourage and assist in the exercise of these rights.

Offered the opportunity to participate in the planning of his/her care. 10A-6.07 (40)©, FAC.

Informed of his/her rights to report abusive, neglectful, or exploitative practices. 10A-6.07 (4) (d), (e), (f), (i), (j), (k), (l), (m), (n), (o), FAC

Is allowed to be dismissed for non-payment of fees for services, given reasonable advance notice of any discontinuance of service.

Has the right to restrict the use and disclosure of certain information in your record that otherwise would be allowed for treatment, payment, or health care operations. However, we do not have to agree to these restrictions.

Has the right to receive confidential communications from us. For example, if you want to receive bills and other information at an alternative address, please notify us.

Has the right to inspect the information in your record, and may obtain a copy of it. This may be subject to certain limitations and fees. Your request must be in writing.

If client believes information in his/her record is inaccurate or incomplete, client may request amendment of the information. He/She must submit sufficient information to support your request for amendment. The request must be in writing.

Has the right to request an accounting of certain disclosures made by us.

Has the right to complain to us about our privacy practices (including the actions of our staff with respect to the privacy of your health information). Has the right to complain to the Secretary of the Department of Health and Human Services about our privacy practices. Client will not face retaliation from us for making complaints.





## **6) NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR MEDICAL INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice is effective as of April 14, 2003.

We are required by law to maintain the privacy of protected health information, and must inform you of our privacy practices and legal duties. You have the right to obtain a paper copy of this Notice upon request.

We are required to abide by the terms of the Notice of Privacy Practices that is most current. We reserve the right to change the terms of the Notice at any time. Any changes will be effective for all protected health information that we maintain. The revised Notice will be posted in lobby, reception area and on our web site. You may request a copy of the revised Notice at any time.

We have designated a Privacy Officer to answer your questions about our privacy practices and to ensure that we comply with applicable laws and regulations. The Privacy Officer also will take your complaints and can give you information about how to file a complaint.

Our Privacy Officer is Rikeshia Blake. You can contact the Privacy Officer at 407 306-9766.

### **Use and disclosure of your protected health information that we may make to carry out treatment, payment, and health care operations.**

We may use information in your record to provide treatment to you. We may disclose information in your record to help you get health care services from another provider, a hospital, etc. For example, if we want an opinion about your condition from a specialist, we may disclose information to the specialist to obtain that consultation.

We may use or disclose information from your record to obtain payment for the services you receive. For example, we may submit your diagnosis with a health insurance claim in order to demonstrate to the insurer that the service should be covered.

We may use or disclose information from your record to allow “health care operations.” These operations include activities like reviewing records to see how care can be improved, contacting you with information about treatment alternatives, and coordinating care with other providers. For example, we may use information in your record to train our staff about your condition and its treatment.

### **Your rights**

You may ask us to restrict the use and disclosure of certain information in your record that otherwise would be allowed for treatment, payment, or health care operations. However, we do not have to agree to these restrictions.



## NOTICE OF PRIVACY PRACTICES, continued

You have a right to receive confidential communications from us. For example, if you want to receive bills and other information at an alternative address, please notify us.

You have a right to inspect the information in your record, and may obtain a copy of it. This may be subject to certain limitations and fees. Your request must be in writing.

If you believe information in your record is inaccurate or incomplete, you may request amendment of the information. You must submit sufficient information to support your request for amendment. Your request must be in writing.

You have the right to request an accounting of certain disclosures made by us.

You have the right to complain to us about our privacy practices (including the actions of our staff with respect to the privacy of your health information). You have the right to complain to the Secretary of the Department of Health and Human Services about our privacy practices. You will not face retaliation from us for making complaints.

Except as described in this Notice, we may not make any use or disclosure of information from your record unless you give your written authorization. You may revoke an authorization in writing at any time, but this will not affect any use or disclosure made by us before the revocation. In addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insurer may have the right to contest the policy or a claim under the policy even if you revoke the authorization.

### **Use or disclosure of your protected health information that we are required to make without your permission**

In certain circumstances, we are required by law to make a disclosure of your health information. For example, state law requires us to report suspected abuse or neglect. Also, we must disclose information to the Department of Health and Human Services, if requested, to prove that we are complying with regulations that safeguard your health information.

### **Use or disclosure of your protected health information that we are allowed to make without your permission**

There are certain situations where we are allowed to disclose information from your record without your permission. In these situations, we must use our professional judgment before disclosing information about you. Usually, we must determine that the disclosure is in your best interest, and may have to meet certain guidelines and limitations.

If you receive mental health care, including treatment for substance abuse, information related to that care may be more protected than other forms of health information. Communications between a psychotherapist and patient in treatment are privileged and may not be disclosed without your permission, except as required by law. For example, psychotherapists still must report suspected child abuse, and may have to breach confidentiality if you appear to pose an imminent danger to yourself or others, in order to reduce the likelihood of harm to you or others.



## NOTICE OF PRIVACY PRACTICES, continued

We may report births and deaths to public health authorities, as well as certain types of diseases, injuries, adverse drug reactions, and product defects. We may disclose information from your record to a medical examiner or coroner. We may disclose information to funeral directors to allow them to carry out their duties upon your death. We may disclose information from your record to facilitate organ, eye, or tissue donation and transplantation.

We may assist in health oversight activities, such as investigations of possible health care fraud.

We may disclose information from your record as authorized by workers' compensation laws.

We may disclose information from your record if ordered to do so by a court, grand jury, or administrative tribunal. Under certain conditions, we may disclose information in response to a subpoena or other legal process, even if this is not ordered by a court.

We may disclose information from your record to a law enforcement official if certain criteria are met. For example, if such information would help locate or identify a missing person, we are allowed to disclose it.

If you tell us that you have committed a violent crime that caused serious physical harm to the victim, we may disclose that information to law enforcement officials. However, if you reveal that information in a counseling or psychotherapy session, or in the course of treatment for this sort of behavior, we may not disclose the information to law enforcement officials.

We may use or disclose information from your record for research under certain conditions.

Under certain conditions, we may disclose information for specialized government purposes, such as the military, national security and intelligence, or protection of the President.

We may contact you with information about treatment alternatives or other health-related benefits or services that may be of interest to you.

We may contact you for fundraising efforts.



## 7) Services and Staff

### Services to be provided:

#### Arts and Wellness

- Music, Dance, Poetry, Visual Art, Creative Art Expressions, Storytelling

#### Health and Wellness

- Nutrition Education
- Health Education
- Health and Vitals Monitoring
- Medication Administration
  
- Discussions and readings
- Life enrichment activities
  
- Outings, when available
  
- Gardening
- Cook-outs
- Outdoor activities in secure area

#### Fitness

- Daily chair exercise
- Restorative exercise program
- Yoga / Zumba

#### Therapeutic Recreation

- Socialization
- Cognition / Brain Fitness
- Fine Motor Skills
- Gross Motor Skills
  
- Breakfast/ Lunch/ Afternoon Refreshments/Special Diets
  
- Games: Cards, Dominos, Wii, Bingo
  
- Personal Care
- PT and OT (for eligible members with provider)

### Staff Available:

- Center Director
- Social Worker
- L.P.N.
- R.N. Supervisor
- Certified Nursing Assistants
- Activities Director or Recreational Therapist
- Caregivers – Activity, Care and Wellness Staff
- Volunteers

### The center will be staffed as follows:

1. For six or fewer participants, two staff members at all times, thereafter a 6:1 ratio is maintained.
2. Volunteers and other non-paid personnel may be included in the minimum staff count, if it can be demonstrated that these individuals have completed a Level 2 background screening and can effectively meet the needs of the Center and its participants.



## **8) Rates for Adult Day Health Care Services**

### **Easterseals Florida - DayBreak at the Miller Center**

**Service Fee:** \$65.00 each day *or* \$308.75 weekly rate (5 days)

- Weekly rate shown above represents a 5% discount

**Payments:** Payment must be made on the 1<sup>st</sup> day of the week in advance of services.

**Late Pick Up Charges:** Beginning at 5:31 p.m. - \$1.00 for each additional minute.

**Personal Care** – Bath/Shower: \$25.00 with assistance from one staff member  
\$ 5.00 extra for each additional staff member required

**Shave Only:** \$9.00

**Outings (when available):** \$15.00 per outing

Additional amenities available include hair care, flu shots, visits from a podiatrist and extra services requested. Check with Center Director or administration staff for prices and schedule.

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### **ADDITIONAL CHARGES**

**Returned checks:** All returned checks are subject to service charges and processing fees from Easterseals Florida. . You will be responsible for all fees.

**Cancellation Policy:** Easterseals will charge 100% of the basic charges for any regularly scheduled day, missed or cancelled, unless cancellation is received by 4:00 p.m. the day before. Member will not be charged for emergency hospitalization, but please let us know as soon as possible. Cancellation for a day after the holiday must be received by 4:00 p.m., the day prior to the holiday.

**Vacation Policy:** Easterseals encourages members to take vacations. Each member may take a two-week vacation with the guarantee that his or her slot will be held without charge. For vacations of longer than two weeks, the client's slot will be guaranteed under the following condition:

The client pays 50% per day of the basic fees that would be charged for the third week; this amount must be paid in advance of the vacation. "Basic charges" are defined as the regular daily fee, excluding transportation, field trips, personal care, bathing, etc.



## 9) EVACUATION PREPARATION

**Please notify the center director if you need assistance in registering at a special needs emergency shelter.**

Recommended list of supplies to accompany **ALL** individuals using public shelters (general populace/assisted care):

All medications and equipment you use at home (2 weeks supply).

Food and water (or liquids, i.e., fruit juice, Gatorade) [72 hour supply].

Any special dietary products.

Manual can opener.

Personal hygiene items (toothbrush, toothpaste, deodorant, Depends, towels, brush/comb).

Cot, lounge chair, air mattress with blankets/sheets/sleeping bag for each person, (lounge chairs are recommended for individuals with respiratory difficulties).

Cash or Travelers Checks.

Individual medical identification cards, bracelets, etc.

All important documents (wills, deeds, licenses, picture ID/driver's license, insurance policies, home inventory, etc.)

If you have a Living Will or a **DO NOT RESUSCITATE (DNR)** order, these documents must be with you if you enter a shelter.

**NO PETS (EXCEPT SERVICE DOGS)**

**NO ALCOHOLIC BEVERAGES**

**NO WEAPONS OF ANY KIND**

Contact the Center Director if you need assistance in registering for a special needs shelter.



## 10) Health Care Advance Directives – The Right to Decide

### INTRODUCTION:

You have the right to control decisions relating to your medical care, including the decision to have withheld or withdrawn the medical or surgical means to prolong your life.

“Advance Directive” means a witnessed written document or oral statement in which instructions are given by a principal or in which the principal’s desires are expressed concerning any aspect of the principal’s health care and includes, but is not limited to, the designation of a health care surrogate, a living will, or orders not to resuscitate issued pursuant to Florida Statutes 401.45.

Easterseals Florida, Inc., requests that copies of any member advance directives be provided for the member medical chart at the center. Advance directives will be honored to the fullest extent of Florida Law.

However, families must be advised that when a member has a legitimate **DO NOT RESUSCITATE ORDER Easterseals Florida, Inc., staff members do not have the legal authority to honor it.** When a bonafide DNR exists for an Easterseals Florida, Inc., member, **should a life threatening event occur, staff will begin CPR, call 911 and hand the DNR order to one of the Emergency Medical Technicians (EMT’s). EMT’s do have the authority to honor DNR orders under Florida Law.**

By signing the Advanced Directive receipt section in Part 2 of the admissions packet signifies my understanding that copies of member advance directives (**DNR, Living Will, Health Care Surrogate and Durable Power of Attorney**) should be given to the Easterseals Florida, Inc., for the member’s medical chart. I also understand the Easterseals Florida, Inc., staff cannot honor DO NOT RESUSCITATE ORDERS and I understand and accept the procedure outlined above for DNR orders.

**It is the family’s responsibility to provide a copy of these documents for the member’s chart. Please give these copies to the Nurse. Thank you.**

### **WHAT IS AN ADVANCE DIRECTIVE?**

It is a written statement that is made out and witnessed in advance of a serious illness or injury. It directs how you want medical decisions made for you if you can’t make them for yourself.

There are two types of advance directives:

- Living Will
- Health Care Surrogate Designation

### **WHAT IS A LIVING WILL?**

A living will is a signed, dated and witnessed legal document that generally states the kind of medical care that you want or don’t want if you become unable to make your own decisions.

### **WHAT IS A HEALTH CARE SURROGATE DESIGNATION?**

It is a signed, dated and witnessed legal document naming another person such as a husband, wife, son, daughter or close friend as your agent to make medical decisions for you if you become unable to do so.

### **DO YOU NEED BOTH A LIVING AND HEALTH CARE SURROGATE?**



You may have both or combine them into a single document that describes treatment choices in a variety of situations and names someone to make decisions for you if you are no able to make them yourself.

**DO YOU HAVE TO MAKE OUT A LIVING WILL UNDER FLORIDA LAW?**

There is no legal requirement to complete an advance directive.

**MAY YOU CHANGE YOUR MIND AFTER YOU FILL OUT AN ADVANCE DIRECTIVE?**

You may change or cancel your advance directive at any time. Any change should be written, signed, dated, and witnessed. You may also change an advance directive by oral statement.

**WHAT IF YOU HAVE FILLED OUT AN ADVANCE DIRECTIVE IN ANOTHER STATE?**

An advance directive completed in compliance with that state's laws can be honored in Florida.

**WHAT SHOULD YOU DO WITH YOUR COMPLETED ADVANCE DIRECTIVE FORM?**

You should let your family, your primary care physician, or lawyer know that you have filled out an advance directive and where it is located. It is a good idea to provide your primary care physician with a copy of the advance directive to be placed in your medical record.

**CONCLUSION:**

Understanding your options will enable you to make informed decisions about the care you want to receive or refuse. Take this opportunity to protect yourself and your family from making unnecessary painful decisions in the future.



## **11) Grievance/Complaint Procedure**

At Easterseals Adult Day Services, we strive to provide quality services to our members and to our member families at all times. A quality program provides for the filing of complaints and/or grievances in order to assure that appropriate and timely action is taken to address complaints. Therefore, following is the procedure to be used when a complaint or grievance is filed.

1. Please address the problem to a staff member of the related service. (For example: if a center member did not receive appropriate service regarding a personal care issue, please address this with a program assistant first. Within forty-eight (48) hours you should receive a response to your complaint. The response may be in the form of a call, a note, email or in-person at the center.
2. If you are not satisfied with the response to your complaint please address the problem to Suzanne Caporina, VP of Adult Services. Within forty-eight hours you should receive a response to your complaint.
3. If you are not satisfied with the response to your complaint, please address the problem to Sue Ventura, Chief Executive Officer of Easterseals Florida. You should receive a response to your complaint within forty-eight hours.
4. In the event you are not satisfied with the response you receive from the Chief Executive Officer, please feel free to contact the State of Florida, Ombudsman at 1-800-96ABUSE. By law the Ombudsman must respond within forty-eight hours and report to you the action they have taken to correct the problem.

## 12) Discharge Guidelines

**PURPOSE:** The purpose of the Discharge Guidelines is to determine the level at which the center members physical, medical, and cognitive conditions are within the range of safe and effective participation in the adult day health program and to address guidelines for when conditions are outside of the range of the center members.

The center members will be given fourteen (14) days notification of discharge from the program unless the member is a danger to him/herself and/or others, becomes total care and/or bed-bound and/or becomes a risk of elopement. Should any of these circumstances occur, member may be discharged immediately.

Reasons for discharge may include but are not limited to the following:

1. A combination of severe cognitive and/or physical impairments that place the individual at risk in a day setting.
2. A member who regularly displays mood/behavior disorders or whose mood/behavior interferes with the individual's and/or staff's ability to manage personal care or activities of daily living or which would place the safety of the member, other members, or staff at risk.
3. A member with medical conditions which require ongoing and extensive intervention beyond the scope of the staff and environment.
4. Physical limitations which could pose a safety risk to the member or others in the program. This may include the need for assistance in transfer or ambulation by more than one staff member.
5. A member who displays disruptive behavior by which there is a demonstration of active aggression posing a risk to the safety of themselves and/or others.
6. A member who displays behavior which violates the rights of others, or attacks, offends or prevents the rights of others to exercise their civil and religious liberties (this may include ongoing disruptive behavior during activities).
7. Behavior patterns which require intensive and ongoing supervision.
8. Failure to pay fees as agreed, payment must be made at the beginning of the week in advance of services offered.