Granville
HEALTH SYSTEM

Greetings Caregiver,

Thank you for your interest in the Harold Sherman Adult Day Center (HSADC). We understand the process of choosing a facility for your loved one is an important decision that requires careful consideration. Our staff are dedicated to facilitating a safe and nurturing environment that promotes their quality of life, while valuing human dignity in a medically supervised environment. At HSADC, we recognize the uniqueness of each participant, offering a variety of activities designed to meet their needs and interests. Stimulating social and physical activities help maintain cognitive functions, increase physical health, and promote a sense of belonging. Rest easy knowing your loved one is enjoying delicious meals and engaging social opportunities.

As a caregiver, we know you dedicate a lot of time and energy to make sure your loved one receives care around the clock, leaving little time for yourself. HSADC will provide respite from the constant physical and mental demands. You'll be able to work, deal with personal matters or even have some time to relax and recharge. An adult day center may be right for your family, and with some additional support, you can continue to provide your loved one with the best care.

I invite you to learn more about our program, faculty, and outstanding commitment to the community. Please feel free to contact me at 919 690-3273 for additional information. We are pleased you are considering our program.

Kind regards,

Gail M. Barnes-Hall, MPA
Program Director

Harold Sherman Adult Day Center
Program Policy Statement
Program Director - Gail M. Barnes-Hall

Enrollment Packet

The Harold Sherman Adult Day Center (HSADC) is a state certified program designed to provide day care and day health services to adults 18 years and older with a cognitive or physical disability. Our program provides a safe and structured environment that offers a wide variety of stimulating activities, balanced nutrition meals and health care monitoring. Caregivers can continue working and/or receive respite from their caregiving responsibilities. We are dedicated to facilitating optimum independence, while valuing human dignity in a safe and medically supervised environment. HSADC has been servicing Granville and surrounding counties since 1998.

Enrollment Criteria and Procedures:

Eligibility for enrollment is based on the prospective participant's needs, level of functioning, and the Harold Sherman Adult Day Center's capacity to meet those needs. The following are criteria that each participant must meet:

- Must be 18 years of age or older and would benefit from daytime supervision and activities
- Participant can adapt to group interaction and involvement
- Participant is functionally mobile and can bear own weight to assist staff in transferring (either independently or while using a cane, crutches, walker, and/or wheelchair)
- Submit a completed enrollment packet. Including medical form signed by his/her primary physician.
- Participant does not wander uncontrollably

- Participant is not combative, aggressive, or have dangerous, or disruptive behavior
- Does not have uncontrollable seizures (If history of seizures, must have note from physician stating seizures are under control; seizure activity and history will be evaluated by Healthcare Coordinator)
- Free of communicable diseases
- If he/she need oxygen, the tank must be portable, the filling and maintenance of the tank or use of an oxygen concentrator remains the responsibility of the caregiver
- Electric wheelchairs are not allowed inside the program due to space limitations and safety issues. Staff will evaluate ability to use manual wheelchair
- Nasogastric & Gastrostomy tubes will be evaluated by the Healthcare Coordinator to determine eligibility. If tracheotomy care is required, participants need to furnish own suction machine

Hours of Operation: Monday through Friday from 7:15 AM – 5:15 PM.

Holiday Closings: *See holiday schedule*

Inclement Weather: The Program Director may close the program early or for the day if there is elevated risk for participants to be exposed to extreme temperatures or unsafe conditions. In that event, notification of closures or program operating hours will be communicated from the Program Director.

Rates and Payments:

Participants will be considered either "Day Care" or "Day Health." Rates are based on the Healthcare Coordinator's assessment of the participants capabilities or needs.

Day Care (Level 1) …….. $50.00 per day
- Eats independently
- Ambulatory
- Utilizes bathroom without any assistance

Day Health (Level 2) ……$55.00 per day
- Requires assistance with ambulation, transferring, catheter, toileting and feeding
- Requires two-person bathroom assistance

- Requires healthcare monitoring, e.g., medication administration, ACCU-CHEK, etc.

Responsible parties may deliver or mail payments to the center. We accept checks, cash, and money orders. Checks should be made payable to: **Harold Sherman Adult Day Center or HSADC**. Invoices will be distributed the 2nd day of each month and due on the 14th unless that date falls on the weekend. If an invoice is paid in advance, there will be no reimbursement for day(s) missed. However, make-up days can be arranged with the Program Director.

Attendance & Absences

Caregivers are responsible for all charges for days attended. If an absence is anticipated after hours or on the weekend, caregivers may text/call the Program Director at (919) 671-5792. If a participant is unable to attend on a scheduled day, a make-up day may be arranged by contacting the Program Director. If a participant is hospitalized or has an extended illness for an extended amount of time, it is the responsibility of the caregiver to notify the Program Director. Failure to do this will result in being discharged from the program.

Medical Form:

Participants are required to have a medical form completed by the primary care physician. **This information must be renewed on an annual basis as long as the participant remains enrolled in the program.** Families will receive a reminder 60 days prior to the due date for renewal of the medical form to allow time for making an appointment with the physician and completing the physical**. If an updated medical form is not on file the participant will be suspended until a completed form in on file.**

Any participant diagnosed with a communicable disease cannot attend the program while the disease process is active and potentially transferable to others in the program. They will need to take a leave of absence from the program until medically cleared to return.

Medications:

Caregivers are responsible for providing a list of current of all medications. As well as, an updated list as changes are made to medications or dosages. **North Carolina State Adult Day Care Standards do not permit participants to self-administer their own medications while at the program.** All medication must be received at the Harold Sherman Adult Day Center in properly labeled pharmacy bottles (ask your pharmacist for an extra labeled bottle). This includes over-the-counter medications. Medications must have either a pharmacy label and/or prescription outlining recommended dosages and times it is to be dispensed.

The medication container(s) must be clearly marked with:

-Participant's full name
-Name and strength of the medication
-Proper dosage and instructions for administration of the prescription

The Harold Sherman Adult Day Center cannot offer or monitor medications that are not marked. Medications cannot be dispensed out of participant's pill minder boxes or other similarly unmarked containers. The Healthcare Coordinator will offer, monitor, and document each time any medication is required by a participant. All medications will be kept locked in the medicine cabinet(s) in the treatment room for all program participants.

Emergencies and First Aid:

HSADC staff will secure emergency personnel for medical emergencies or first aid treatment for participants to include the perimeters of a DNR (Do Not Resuscitate) order. The DNR must be provided in an original form to be medically/legally binding (see below). Participants requiring emergency treatment will be transported via ambulance to Granville Medical Center. Family members will be contacted as soon as possible. The Program Director and/or Health Care Coordinator will complete and keep records of any emergencies or injuries that occur. Any unusual behavior changes are reported to the participant's family or responsible person(s) to address with the physician or seek further medical attention.

Advance Directives:

The center honors valid out-of-facility Do Not Resuscitate (DNR) orders. The staff and volunteers of the center will do everything possible to maintain the lives of our participants, consistent with their wishes and those of the surrogate decision maker, and with existing laws and regulations. A DNR Order is valid only if all of the following are true: the document is on the authorized form; the document is the original; the document bears the notarial seal; the document bears the signature of the physician; the document has the effective date which has not expired or states that it has no expiration date. Keeping Advance Directives or DNR paperwork current is the responsibility of the caregiver and their physician, not the center.

Personal Possessions:

Participants should not bring money, loose jewelry (i.e. necklaces, bracelets) or other valuables to the center. It is important that coats, hats, gloves, pocketbooks, etc., be labeled with participant's names. The center cannot be responsible for lost or missing valuables. We ask caregivers to provide a change of clothes seasonally for us to keep for when spills or incontinence episodes occur. We will store these items in a storage box with the participants name for only their use. Caregivers and participants are responsible for providing and replenishing any protective undergarments (i.e. Depends).

HSADC Non-Discrimination:

The Harold Sherman Adult Day Center operates in accordance with federal law and the USDA policy which prohibits discrimination on the basis of race, color, sex, age, disability, or national origin.

Child and Adult Care Food Program Non-Discrimination:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Smoking:

The Harold Sherman Adult Day Center (and Granville Health System) is a smoke-free facility/campus. There is no smoking or use of tobacco products in the program by staff, volunteers, caregivers, or participants on the hospital campus. A consistent disregard or violation of this policy will be grounds for immediate dismissal.

Discharge Criteria, Termination or Withdrawal from program:

Due to the nature of the long-term illness or aging process, it may become necessary to discharge a participant from the program. This may occur if continued enrollment is no longer beneficial to the participant, his/her behavior is psychologically or physically harmful to others, he/she is too physically frail (unable to stand and bear weight for proper toileting and transferring assistance without use of a lift) or other conditions arise which are beyond the management of program staff. The Program Director reserves the right to discharge a participant immediately if his/her behavior is deemed a risk to the health, safety, and welfare of self or other participants.

Participants may be discharged for the following reasons:

- The program no longer meets participant's needs or can no longer provide care safely at the center
- Non-payment of fees for more than 60 days of service
- Participant has a contagious disease or infection
- Participant puts self or others at safety risk due to extreme, unmanageable behaviors.
- Participant or family chooses to withdraw voluntarily

Confidentiality:

The Harold Sherman Adult Day Center abides by the Health Insurance Portability and Accountability Act (HIPAA) to maintain all data in the strictest confidence. All records containing protected health information will be maintained securely in files accessible only to Granville Health System staff members. Requests for releases of medical records must be signed by the participant or their legal guardian/Power of Attorney in order for the program to release protected health information. The Program Director can provide the form to request records in writing. By law, the organization has 30 days to produce requested medical records.

Reporting Suspected Abuse or Neglect:

Harold Sherman Adult Day Center Staff and Volunteers are responsible for reporting any alleged or suspected instances of participant abuse or neglect. The Program Director will report allegations of participant abuse, neglect, misappropriations of participant property, and injuries of unknown source within twenty-four hours to the Department of Social Services.

Grievances:

Our facility will assist program participants, their responsible parties other interested family members, or advocates in filing grievances or complaints when such requests are made. The Program Director will make every attempt to resolve any complaint and grievance brought to our attention. If the complaint has not been sufficiently resolved and further action is requested, the complaint/grievance may be sent to:

Granville Medical Center
P.O. Box 947
Oxford, NC 27565
Attn: Chief Compliance Officer

Granville County Department of Social Services
P.O. Box 966
Oxford, NC 27565
Attn: Adult Day Services Coordinator

Family Caregiver Partnership Agreement

I recognize that the Harold Sherman Adult Day Center is a support program for family caregivers and in order to provide the best care for participants, lines of communication and cooperation between caregivers and program staff must remain open. The Healthcare Coordinator will send participant updates each quarter or more frequently as needs change.

As the family caregiver, I agree to respond to staff communication (letters, phone calls, requests for assistance) regarding my participant's needs and to notify program staff of any changes in health status, medication changes, or other updates.

This is to acknowledge that I have received, read and fully understand the Harold Sherman Adult Day Center's Program Policies. I have read all the sections and have had the opportunity to ask questions:

Caregiver Signature: _____

Date: _____