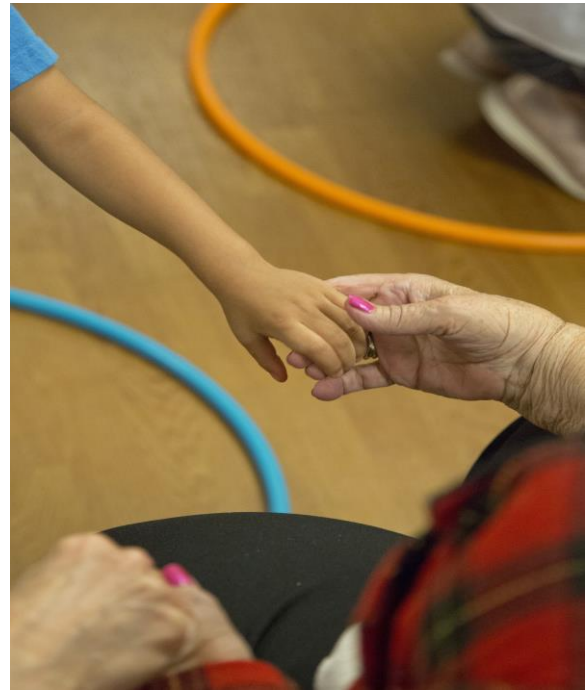


***All clients and staff of the Adult Care Center are required to be vaccinated.*** Please review the symptom list below daily. If the answer to any of the questions is 'yes', please call the Center.

COVID-19 symptoms:

- a new fever (100.0 or higher)
- new shortness of breath that you cannot attribute to another health condition
- a new cough that you cannot attribute to another health condition
- new muscle aches that you cannot attribute to another health condition or a specific activity (such as exercise)
- new sore throat that you cannot attribute to another health condition
- chills
- repeated shaking with chills
- headache
- new loss of taste or smell
- pain or pressure in the chest
- new confusion or difficulty awakening
- blue-tinged lips or face
- gastrointestinal distress
- recent increase in lethargy
- dizziness or increase in falls
- contact with someone who has suspected or confirmed COVID-19 infection within the last 14 days
- runny nose or congestion



## ENROLLMENT INFORMATION



**Adult Care Center**  
of the NSV, Inc.  
Encouraging, engaging, & enriching since 1993



411 N. Cameron Street  
Winchester, VA 22601

Phone: (540) 722-2273  
Fax: (540) 450-2263



[www.adultcarecenter.net](http://www.adultcarecenter.net)

We are excited to have an opportunity to introduce you to the Adult Care Center and to all the benefits that adult day health services can offer you, your loved one, and your family. The Adult Care Center of the Northern Shenandoah Valley offers a vibrant day program for those experiencing conditions affecting memory and independence. As the area's only adult care and day health services program, the center seeks to engage, enrich, and encourage clients while supporting caregivers who want to keep loved ones in their homes and active in the community for as long as possible.

Since 1993, the center has positively impacted the lives of hundreds of families in the Valley, but their greatest impact is on the clients served. Clients benefit from research-supported programs that stimulate interest, encourage activity and movement, and provide opportunities for socializing with others.

We've included a wide range of information in this packet that we believe will help you make informed decisions, but we want to emphasize that **we are available to you to answer questions** and provide additional information you may find beneficial. Please don't hesitate to call us at 540-722-2273. We're here for you.

Warm Regards,

Katie Devolites, Executive Director

P.S. Check us out on social media to get a glimpse into our day-to-day happenings. Please "like" us on Facebook (search for "Adult Care Center of the NSV"). You can also find us on Pinterest by searching for "Adult Care Center," on Twitter (@ACCoftheNSV), TikTok (@accofthensv), and on Instagram (adultcarecenter).

The Adult Care Center of the Northern Shenandoah Valley, Inc. is guided by the leadership of its board of directors, which includes the following individuals:

**Honorary Board Members:** Bill Armstrong, Charles Harris, Julie Reed, Florine Sempeles, Chris & Diane Shipe, J.J. Smith

**Board of Directors:** Tess Newcome, MS Applied Behavioral Analysis President; Linda Shimer, MA CCC-SLP, Vice-President; Christopher Francis, MSN, Treasurer; Rosalie Lewis, MSN, MS, RN, FCN, Secretary; Joyce Casey; Ann B. Colson, RN, CCRN, BSN; Dr. Mariecken Fowler, Neurologist; Dr. Rebecca Morrison, Psychologist; Janet Murphy; Jeannie Shiley, NHA, CASP; Varina (Vee) Tavenner

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1. About The Adult Care Center
2. Activities
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4. Frequently Asked Questions

### **Section Two:**

1. Application for Enrollment

### **Appendix:**

1. Closures (Calendar)

## **Section 1.1: About The Adult Care Center**

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The Adult Care Center of the Northern Shenandoah Valley offers a vibrant day program for those experiencing conditions affecting memory and independence. As the area's only adult care and day health services program, the center seeks to engage, enrich, and encourage clients while supporting caregivers who want to keep loved ones in their homes and active in the community for as long as possible.

From mornings spent painting or participating in music therapy to afternoons playing a live-action version of "The Price is Right" or lounging in the flower garden under a canopy tent, clients benefit from a wide range of research-supported programs that are designed to keep participants moving, thinking, feeling, and living well. Additionally, participants benefit from the continual, discrete health monitoring that occurs around the clock.

The center has been serving clients and supporting their caregivers since 1993. Throughout that period, hundreds of families have been impacted by their work. They were pioneers then, offering a service to help caregivers keep their loved ones at home—and out of nursing facilities—for as long as possible. Today, the foundation of innovation in programs and quality in care remains true.

### **In short, we are:**

- A licensed facility offering a day program for adults who are coping with physical and/or cognitive challenges that necessitate supervision and assistance;
- A center staffed by trained and qualified personnel, including a registered nurse who monitors each participant's health and well-being;
- And a place where participants enjoy a variety of therapeutic, mentally stimulating recreational activities that are planned and executed by a professional and compassionate team every day.

### **We provide:**

- Individualized care plans that are based on the medical, health, and social needs of each participant;
- Compassionate and vigilant care for participants with incontinence;
- Continual medical monitoring and documentation by the registered nurse on staff;
- Supervised administration of medications;
- Monthly weight, blood pressure, pulse, and respiration rate evaluations;
- Therapeutic walking assistance;
- Glucose monitoring;
- Assistance with personal care needs;
- A healthful and balanced lunch served every day;
- Nutritious snacks provided at mid-morning and mid-afternoon breaks;
- And much more.

### **We serve:**

- Adults with memory loss and varying forms of dementia;
- Adults with early-onset, mild, and later stages of Alzheimer's Disease;
- Adults with physical limitations due to stroke or advancing age;
- Adults with Parkinson's Disease;
- Adults who require supervision or assistance with personal care needs;
- And adults who may benefit from a safe and engaging environment and a warm, encouraging setting.

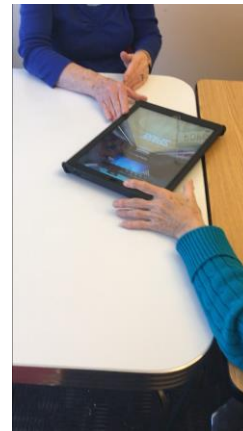
The Adult Care Center is excited to serve you. The next few pages provide information you'll need as you make decisions concerning the care of your loved one. Please call us if you have further questions. We look forward to serving you.

## Section 1.2: Activities

The Adult Care Center wants your loved one to truly enjoy the time spent at the center. Some of the activities participants engage in while here include:

- Recreational Therapy Events
- Therapeutic Arts Activities
- Intergenerational Events
- Weekly Film Matinees
- Holiday Celebrations
- Individual and Group Music Therapy\*
- Daily Exercise
- Spirituality Sessions
- Themed Luncheons
- Socialization Periods

\* Under the Direction of Whitney Lan, MMT



## Section 1.3: Hours of Operation & Fee Schedule

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### Hours

We understand the hectic schedules of caregivers. As such, the Center operates a ten-hour day, five days a week. We are open Monday through Friday from 7:30am to 5:30am.

### Fee Schedule

All participants are required to pay for a minimum of two (2) days per week. The daily rate is \$65.00, but a discounted rate is available for those committing to three or more days per week.

#### Breakdown of Fees Figure 1.3.1

| Commitment | Daily Fee | Weekly Fee |
|------------|-----------|------------|
| 2 days     | \$65.00   | \$130.00   |
| 3 days     | \$63.00   | \$189.00   |
| 4 days     | \$63.00   | \$252.00   |
| 5 days     | \$61.00   | \$305.00   |

**Payments are due in advance of service.** All payments can be made by personal check, or money order and we also accept credit/debit cards. There is a fee of 3% of the total bill being paid if paying with a card. Invoices for the upcoming service period are prepared by the 25th of the month. One half of the total bill is due by the 1st of the month. The balance is due by the 15th of the month.

A 10% fee is added if the first half of the payment is not received by the 8th of the month or if the second half is not received by the 27th.

To better explain our billing, here is an example of how services are billed for the month of February.

**January 25th:** The invoice is prepared and submitted to you.

**February 1st:** One half of the client's total monthly service fee is due.

**February 8th:** A 10% fee is added if the 1st half of the total month's service fee is not paid.

**February 15th:** The second half of the total monthly service fee is due.

**February 22nd:** A 10% fee is added if the 2nd half of the total month's service fee is not paid.

If you have any questions about invoicing or fees, please contact the executive director.

## Section 1.4: Frequently Asked Questions

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➤ **Is there a minimum attendance required?**

Attendance of at least two days per week is required. Those days must occur on pre-established set days approved by the executive director. Changes to established days, vacation scheduling, and other issues impacting participation in Center programs should be addressed with the executive director. We request a two-week notice for vacations or prior to withdrawing from the program.

If the participant receives Medicaid assistance, he or she must attend for at least six hours on each scheduled day.

If a participant does not attend on a day he or she is scheduled to do so, you will not be reimbursed for that day (unless the Center is closed for a scheduled holiday or inclement weather).

➤ **How are payments handled?**

Payment is required in advance. One half of the total monthly payment is due on the 1st of the month, and the balance is due on the 15th.

➤ **Can I drop off my loved one earlier than 7:30am or pick them up after 5:30pm?**

Our hours are 7:30am to 5:30pm, Monday through Friday. We are unable to open prior to 7:30am, and we do not have staff available after 5:30pm.

➤ **What should I do if my loved one cannot be there on a day he or she is scheduled to be?**

Please call us **before 8am** if your loved one will not attend on a scheduled day. We order lunches at 8am, and an accurate count helps us to control costs.

➤ **What happens if an emergency occurs while my loved one is at the Center? Why have I been asked to provide two phone numbers?**

We must have two working telephone numbers to contact you or someone you designate in the event of an emergency or other situation requiring you to come pick up your loved one. You may be asked to pick up your loved one, and a prompt response is required.

➤ **How are medications handled?**

Medicines must be provided in their original containers and we must have a doctor's order on file to administer any medicines (the prescription itself is not enough). If an order is not provided, you may have to come in to administer the medication.

➤ **What if my loved one's medication or health status changes?**

It is critically important that you notify us of any changes to your loved one's health status or prescribed medications. We need to maintain accurate health records and ensure proper medication administration.

➤ **Can I drop off my loved one without exiting my vehicle?**

To ensure the safety of all clients, your loved one must be brought **into the building** and into the care of a staff member in the morning. Similarly you must come **inside the building** to pick up your loved one in the afternoon.



## Section 2.1: Application for Enrollment

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**Before you begin the application process, please call us. It is our pleasure to guide you through the steps needed to enroll your loved one in our programs.**

---

The process for enrolling a loved one in Adult Care Center programming is straightforward. We look forward to helping you complete the steps needed for us to serve your family. Once you've called us to ensure you are ready to begin, you will follow these steps:

1. Complete the Enrollment Application that begins on the next page. Return it to the center.
2. ***Once you've heard from a staff member to proceed***, make an appointment with a physician for a physical. The physician will need to complete the Physician's Report Form. **\*\*\*Note: Licensing requirements dictate that your loved one must begin attendance within thirty (30) days of the physician signing the report so please wait until speaking with us before scheduling.**
3. Once the completed Enrollment Application and Physician's Report Form are received, we will call you to schedule the required assessment. We ask that you schedule approximately 90 minutes for the assessment. **\*\*\*Note: There is a \$50 assessment fee.**

The Enrollment Application follows this page. It is a two-page document that has been designed so that you can pull the two pages out of this packet before returning it to the Adult Care Center upon completion.

# Adult Care Center of the Northern Shenandoah Valley, Inc.

## Application for Enrollment

|                        |   |                |                |                |  |
|------------------------|---|----------------|----------------|----------------|--|
| Date                   |   |                |                |                |  |
| First Name             | Middle Name   | Last Name      |                | Preferred Name |  |
| Social Security Number | Date of Birth   | Age            | Place of Birth |                |  |
| Street Address         | City  |                | State          | Zip Code       |  |
| Home Phone Number      | Marital Status<br><input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D | Name of Spouse |                |                |  |

Provide directions from the ACC to home

|                          |                         |               |
|--------------------------|-------------------------|---------------|
| Present Living Situation | Name(s) of Caregiver(s) |               |
| Medicaid Number          | Other Insurance Name    | Policy Number |

|  |                   |                 |
|--|-------------------|-----------------|
| Education Level  | Former Occupation | Church          |
| Veteran<br><input type="checkbox"/> Y <input type="checkbox"/> N | Branch of Service | Wartime Service |

|                              |                   |                    |          |
|------------------------------|-------------------|--------------------|----------|
| Nearest Responsible Relative | Relationship      | If Employed, Where |          |
| Street Address               | City              | State              | Zip Code |
| Home Phone Number            | Work Phone Number | Cell Phone Number  |          |

|                   |          |
|-------------------|----------|
| Power of Attorney | Guardian |
|-------------------|----------|

Advanced Directives (If DNR order is in effect, an original must be on file at the Center)

|   |                   |                   |          |
|---|-------------------|-------------------|----------|
| List the Names of Two Persons Who May be Contacted in the Event of an Emergency |                   |                   |          |
| Name  |                   | Relationship      |          |
| Street Address  | City              | State             | Zip Code |
| Home Phone Number   | Work Phone Number | Cell Phone Number |          |
| Name  |                   | Relationship      |          |
| Street Address  | City              | State             | Zip Code |
| Home Phone Number   | Work Phone Number | Cell Phone Number |          |

|                   |                     |       |          |
|-------------------|---------------------|-------|----------|
| Primary Physician | Office Phone Number |       |          |
| Street Address    | City                | State | Zip Code |

|   |                     |  |   |
|---|---------------------|--|---|
| Hospital Preference   |                     | Date Last Admitted   |   |
| Other Physicians Rendering Care   |                     |  |   |
| Physician Name  | Office Phone Number | Type of Care   |   |
|   |                     |  |   |
| Other Services Currently Being Received (give agency name)  |                     |  | Needed in Day Care  |
| Physical Therapy  |                     |  | <input type="checkbox"/> Y <input type="checkbox"/> N   |
| Speech Therapy  |                     |  | <input type="checkbox"/> Y <input type="checkbox"/> N   |
| Occupational Therapy  |                     |  | <input type="checkbox"/> Y <input type="checkbox"/> N   |
| Dental Care   |                     |  | <input type="checkbox"/> Y <input type="checkbox"/> N   |
| In-Home Care (personal care, nursing, home health agency, etc.)   |                     |  | <input type="checkbox"/> Y <input type="checkbox"/> N   |
| Social Services   |                     |  | <input type="checkbox"/> Y <input type="checkbox"/> N   |
| Contact Name  |                     |  | <input type="checkbox"/> Y <input type="checkbox"/> N   |
| Planned Days of Attendance<br><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | Hours of Attendance | Full Days<br><input type="checkbox"/> Y <input type="checkbox"/> N | Transportation to Center by<br><input type="checkbox"/> Family <input type="checkbox"/> Other (CNA, Para Transit, etc.) _____ |
| Best Time to Schedule Assessment Interview and Visit  |                     | When would you like to start?                                      |   |
| Signature of Person Completing this Application   |                     |  |   |
| Printed Name of Person Signing  |                     |  |   |

Email Address: \_\_\_\_\_

Thank you for your time and interest in the Adult Care Center. Please return this form to us and we will schedule an assessment interview. Upon return of this application and return of the completed physician's report form, we will schedule an assessment interview.

We look forward to talking with you soon.

## **Appendix One: Closures (Holiday Closings)**

---

The Adult Care Center is closed on the following days. You will be notified of exact dates as these holidays and special occasions draw near.

- New Year's Day
- The Friday of Apple Blossom Weekend (Festival's Fireman's Parade)
- Memorial Day
- Juneteenth
- Independence Day (4th of July)
- Labor Day
- The Thursday and Friday of Thanksgiving
- Christmas Day and either the day before or the day after Christmas (depending on what day the holiday falls on for the year)

If a holiday falls on the weekend, the preceding Friday of the following Monday will be observed as the holiday.

Additional closings may be announced if inclement weather renders local roads dangerous for our clients, their caregivers, and our staff. The decision to close is one not taken lightly, and we do not necessarily mimic the closing decisions made by the local school systems and municipalities. Clients will be notified of closing decisions with ample notice.