

509 Amherst St.  
Winchester, VA 22601

[adultcare@ntelos.net](mailto:adultcare@ntelos.net)  
[www.adultcarecenter.net](http://www.adultcarecenter.net)



Office Phone  
(540) 722-2273

Fax Phone  
(540) 450-2263

# Adult Care Center

## Participant and Family Policy and Procedures

### Manual

### With Participant Agreement

#### Our Mission

*To provide quality adult day healthcare for those with conditions impacting memory and independence.*

#### ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY, INC.

##### HONORARY BOARD MEMBERS

Charles Harris, Diane & Chris Shipe, JJ Smith

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Dr. Mariecken Fowler, Neurologist – Consultant to the Adult Care Center

# **Participant and Family Policy and Procedures Manual**

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**Please call us at (540) 722-2273 if you have any questions or concerns.**

Thank you for selecting the Adult Care Center for the weekday care of your loved one. We believe adult day care promotes independence and allows older adults with cognitive or physical disabilities an opportunity to remain part of the community. We hope this cost-effective approach to long-term care works well to meet your needs. We look forward to a professional and friendly partnership in the care of your loved one.

**\*\* Should you decide to bring your loved one to the Adult Care Center, there is a \$50.00 assessment fee due at the time of the scheduled assessment. \*\***

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## **Goals**

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To provide adult care within a safe, supportive environment which will:

1. Promote the participant's maximum level of independence.
2. Maintain the participant's present level of functioning as long as possible.
3. Provide support, respite, and education for families and other caregivers.
4. Foster socialization and peer interaction.
5. Serve as an integral part of the community service network and the long-term care continuum.

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## **Services to be Provided**

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**The Adult Care Center agrees:**

1. To provide personal care: assistance with activities of daily living
2. To provide emergency first aid.
3. To provide health monitoring and supervision.
4. To provide a nutritious lunch, and morning and afternoon snacks.
5. To provide therapeutic recreational activities.
6. To provide a personalized plan of care for each participant.
7. To give 30-day notice of any change in fees.
8. To provide feeding assistance as needed.
9. To honor confidentiality.
10. To provide continuous supervision to prevent wandering.
11. To honor and respect the participant at all times.
12. To treat caregivers professionally; cordially and with compassion.

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## Scope of Services Provided

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1. Service is available to individuals who are 18 years of age or older, are frail/impaired, have varying degrees of dementia, are stroke patients, have Parkinson's, cannot be left unsupervised, require supervision with medications, (participants are not allowed to self administer at the Center), benefit from a safe, secure setting.
2. The Center is unable to serve those who are physically aggressive, require lying down in order to change briefs or clothing, or whose BMI (Body Mass Index) may be too high to be safely assisted by staff (for example, a two-person assist, or someone requiring a hooyer lift).
3. Activities and programs are designed to provide participants with opportunities for developing confidence, self-esteem, self-expression, the sharing of feelings and ideas, creativity, reinforcement of old and development of new skills.
4. Each participant has an individualized plan of care to promote improvement in, maintain, or minimize decline of physical, social, and mental functioning.
5. Assistance with Activities of Daily Living is provided by Center Staff.
6. Participants are monitored for changes in behavior or health status and appropriate contact is made with family and/or medical personnel. Medications to be taken while in the Center are supervised by authorized staff.
7. Support and assistance is provided for participants and/or family members in locating needed services in the community.
8. There shall be at least two staff persons on duty at the Center at all times.
9. Chemical and physical restraints are not allowed in adult day centers.
10. The Center is unable to offer a renal diet.
11. Monthly bills will be offered in print or by email.
12. A participant's religious dietary practices shall be respected and the religious dietary practices of the director, staff or license shall not be imposed upon participants unless mutually agreed upon in the participant agreement.
13. Food brought from home will be labeled with name, date, and stored appropriately.
14. There shall be two staff certified in CPR on site at all times.
15. All staff are certified in first aid. New hires are certified within 60 days of employment.
16. Only a Registered Nurse will honor a DNR order at the Center. Should a Registered Nurse not be present, 911 (hospice, if appropriate) will be contacted immediately and the DNR order presented to responders.

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## Fee Schedule and Tiers of Enrollment

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### **Full-time clients:**

5 days per week at the discounted rate of \$71.00 per day, for a total of \$355.00 per week. A total of 7 business days per year are allotted without charge. A minimum two-week written notice for time away is required.

All days beyond the 7 business days are charged at the regular rate per day.

### **Three to four days per week attendance:**

3-4 days per week are offered at the discounted rate of \$73.00 per day, for a total of \$219.00 per week for 3 days and a total of \$292.00 per week for 4 days. A total of 4 business days per year are allotted without charge. A minimum two – week written notice for time away is required.

All days beyond the 4 business days are charged at the regular rate per day.

### **Two-day per week attendance (the minimum required):**

Participants attending two days per week are charged the full rate of \$75.00 per day, for a total of \$150.00 per week. No days are allotted without charge. A minimum two – week written notice for time away is required.

### **Invoicing and Payment:**

All payments must be made by personal check, money order, or credit card (add 3% of total bill for merchant fees).

All invoices will be prepared by the 25<sup>th</sup> of the month prior to service. Please check your email or Center mailbox for the invoice. One-half of the invoice will be due no later than the 1<sup>st</sup> of the month and second half will be due no later than the 15<sup>th</sup> of the month.

If the first half of the invoice is not paid by the 8<sup>th</sup> of the month, a **10% late fee** will be added. Likewise, if the second half is not paid by the 22<sup>nd</sup> of the month, a **10% late fee** will be charged.

### **GENERAL**

A participant will be discharged after 30 consecutive days non – attending regardless of payment made. An updated Physician's report form, and family meeting is required for readmission.

The Adult Care Center will credit for time spent in the hospital, or rehab, with documentation from the medical provider. Discharge papers are required to re-enter the Center.

A \$50.00 assessment fee is due at the time of the assessment.

**RIGHTS AND RESPONSIBILITIES OF  
PARTICIPANTS IN ADULT DAY CARE CENTERS**

**A. All participants shall be guaranteed the following:**

- 1. The right to be treated as an adult, with consideration, respect, and dignity, including privacy in treatment and care of personal needs.**
- 2. The right to participate in a program of services and activities designed to interest and engage the participant and encourage independence, learning, growth, awareness, and joy in life.**
- 3. The right to self-determination within the center setting, including the opportunity to:**
  - a. Participate in developing or changing one's plan of care;**
  - b. Decide whether or not to participate in any given activity;**
  - c. Be involved to the extent possible in program planning and operation;**
  - d. Refuse treatment and be informed of the consequences of such refusal; and**
  - e. End participation at the center at any time.**
- 4. The right to a thorough initial assessment, development of an individualized participant plan of care, and a determination of the required care needs and necessary services.**
- 5. The right to be cared for in an atmosphere of sincere interest and concern in which needed support and services are provided.**
- 6. The right to a safe, secure, and clean environment.**
- 7. The right to receive nourishment and assistance with meals as necessary to maximize functional abilities and quality and enjoyment of life.**
- 8. The right to confidentiality and the guarantee that no personal or medical information or photographs will be released to persons not authorized under law to receive it without the participant's written consent.**
- 9. The right to voice or file grievances about care or treatment and to make recommendations for changes in the policies and services of the center, without coercion,**

discrimination, threats, or reprisal for having voiced or filed such grievances or recommendations.

- 10.** The right to be fully informed, as documented by the participant's written acknowledgment, of all participant rights and responsibilities and of all rules and regulations regarding participant conduct and responsibilities.
- 11.** The right to be free from harm or fear of harm, including physical or chemical restraint, isolation, excessive medication, and abuse or neglect.
- 12.** The right to be fully informed, at the time of acceptance into the program, of services and activities available and related charges.
- 13.** The right to communicate with others and be understood by them to the extent of the participant's capability.

**B.** The rights of participants shall be printed in at least 14-point type and posted conspicuously in a public place in the center.

**C.** The center shall make its policies and procedures available and accessible to participants, relatives, agencies, and the general public.

**D.** Each center shall post the name and telephone number of the appropriate regional licensing administrator of the department; the Adult Protective Services toll-free telephone number; the toll-free telephone number of the Virginia Long-Term Care Ombudsman Program and any local ombudsman program servicing the area; and the toll-free telephone number of the disAbility Law Center of Virginia.

**E.** The rights and responsibilities of participants shall be reviewed annually with each participant, or, if a participant is unable to fully understand and exercise his rights and responsibilities, the annual review shall include his family member or his legal representative. Evidence of this review shall include the date of the review and the signature of the participant, family member, or legal representative and shall be included in the participant's file.

**F.** A participant shall be assumed capable of understanding and exercising these rights and responsibilities unless a physician determines otherwise and documentation is contained in the participant's record.

\*\*\*\*\*

In Case of Questions or Concerns, You May Call:

Regional Licensing Administrator

Name: Sharae Henderson

Phone: (804) 629-3479

Toll-Free Number for the Virginia Long-Term Care Ombudsman: 1-800-552-3402

Local Ombudsman serving ADCC locality: Suzie Grubb, 540-551-5635

Licensing Inspector:

Adult Protective Services: 1-888-832-3858

disAbility Law Center of Virginia: 1-800-552-3962

**Representative signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant signature (if deemed capable of understanding):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Admission Policy

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Admission of applicants is based on an individualized evaluation process, which includes assessment of the home environment and coordination with other involved professionals and agencies.

Admission policies and requirements shall be discussed with each person (and/or caregiver/guardian) entering the program. A copy of the admission policy will be provided.

Only those people whose needs can be met by the Center's program shall be admitted to the Adult Care Center. If space is not available for current enrollment, the applicant shall be placed on a waiting list.

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## Admission Criteria

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The following factors are considered when determining eligibility and appropriateness for admission to the Adult Care Center:

1. Age (at least 18 years of age, with priority given to older adults).
2. General health status (i.e., the Physician's Report Form has been signed within 30 days, indicating that the potential participant's health is suitable for the programs at the Center).
3. TB screening (must be negative), and within 30 days of the person's admission/start date.
4. ADL (Activities of Daily Living) status.
5. Hours of service needed
6. **Availability of 2 (minimum) emergency contacts that can pick up your loved one if needed, within 30 minutes if you are unavailable.**
7. Medical doctor or regular source of health care.
8. Family ability to provide for transportation of participant

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## Appeal Process

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Families or caregivers wishing to appeal a Center-initiated discharge may take their appeal to the Executive Committee of the Adult Care Center Board of Directors. The Executive Committee's decision will be final.

The Executive Committee is: Board President, Vice-President, Secretary, Treasurer, and Board Member At-Large.

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### Illness

A. If a participant arrives at the center with the signs and symptoms listed in subsection B of this section, the participant shall not be allowed to stay/attend until the symptoms no longer exist.

#### Symptoms:

Temperature of 100° F  
Recurrent vomiting or diarrhea;  
Upper/ and/or lower respiratory symptoms; or  
Any other communicable disease/symptoms.

B. If a participant develops signs or symptoms listed above during the day, the following shall apply:

He/she shall be separated from all other participants in care;  
The appropriate family member or personal representative shall be notified immediately in order to make arrangements for the participant to leave the Center as soon as possible;  
The ill participant shall be checked every 15 minutes, or more often if circumstances indicate, until he leaves the center; and  
The details of the illness and action taken shall be documented in the participant's record.  
The Center may determine the participant be seen by a pcp and upon return, provide Documentation of the visit.  
If a participant is placed on antibiotics, he/she must be on them for 24 hours before returning to the Center.

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## **Protocol for Medication Administration**

### **What you need to remember is...**

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#### **Self-Medication by Participants**

The Center does not allow self-medication by participants.

#### **Staff Administration of Medications**

Only the nurse or staff members certified in medication administration shall be allowed to administer medications. **Written authorization must be obtained from the prescribing physician for medication to be administered by Center Staff.** A copy of all physicians' authorizations shall be kept in the participants' record for as long as they are in effect. All medications shall be in the original container with the prescription label affixed. Medication administration sheets, established as part of the Individualized Plan of Care (IPC), will be the permanent record of medication administration. The authorized staff administering medications must check this sheet for the correct name, time and medication. Each time a medication is administered, the day, name of the participant, name(s) of drug(s) or prescription number, time administered, name of person administering, and any adverse/unusual reaction that occurs must be documented and signed by the person administering the medication. This record shall be retained at the Center for two years.

Should a question or a discrepancy occur:

1. Check the participant's record for verification of correct order.
2. Consult with another authorized staff who administers medication and call the RN if any question remains.
3. Call the family for clarification if necessary.
4. Call the prescribing physician if necessary.

If a new physician's order has been issued, a change in medication form will be sent to the physician requesting authorization to administer the medication. The signed form will be kept in the participant's file.

All medication shall be in the original container with the prescription label or direction label attached and legible. Sample medications shall remain in the original packaging, labeled by a physician or other prescriber or pharmacist with the participant's name, the name of the medication, the strength, dosage and route and frequency of administration, until administered.

All medication must be kept in a locked container in a designated room. Medications shall be kept in a darkened area, free from dampness and high temperatures and refrigerated if required. The area in which the medication is administered shall have sufficient light so that the labels can be read and the correct dosage can be clearly determined.

Continued page 11.

## **Protocol for Medication Administration continued from page 10.**

The Center shall maintain a list of all medications, including those taken at home and at the Center, for each participant. The Center shall attempt to verify and update the list of Center-administered medications with the prescribing health care professional at least twice a year. Unsuccessful attempts shall be documented.

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## **Inclement Weather Policy**

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The Adult Care Center will decide whether to close the Center due to inclement weather in the event of snow, ice, or flooding.

The most reliable means of information is to call the Center's telephone number, **722-2273**, and listen for a voice mail recording regarding whether the Center will be closed or if there is a delay in opening.

If the Center closes for the full day, Center participants will be credited for that day.

If the Center is open and participants do not attend, there will be no credit or refund.

To Obtain closing or delayed opening information:

- Check your phone for a group text message
- Call the Center number at 540-722-2273 and listen to the voicemail
- Check our facebook page.

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## **Early Closing Due to Inclement Weather**

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When the Center is open and weather conditions become worse during the day, the Director or staff person in charge will determine the safety of participants and working staff in returning home late in the afternoon. In the event of an early closing, the family member or responsible party will be contacted to arrange an early pickup. No refunds or credit will be given for early departure due to inclement weather.

***\*The Center does NOT follow the school system when deciding to open, close, or delay opening.\****

***The Adult Care Center will be **CLOSED** on:***

***2026***

<b>Thursday, January 1</b>	<b>New Year</b>
<b>Friday, May 1</b>	<b>Apple Blossom</b>
<b>Monday, May 25</b>	<b>Memorial Day</b>
<b>Friday, June 19</b>	<b>Juneteenth</b>
<b>Friday, July 3</b> Day	<b>Independence</b>
<b>Monday, September 7</b>	<b>Labor Day</b>
<b>Thursday, November 26 and</b> <b>Friday, November 27</b>	<b>Thanksgiving</b>
<b>Thursday, December 24 and</b> <b>Friday, December 25</b>	<b>Christmas</b>
<b>Friday, January 1, 2027</b>	<b>New Year</b>

# **Participant Agreement**

**(pages 14-19)**

**In order to receive services, I agree to the following:**

1. To indicate a regular schedule of attendance upon being admitted into the Adult Care Center program. I agree for a minimum of 2 days per week. I understand payment must be made in advance and agree to pay for services provided by the due date indicated on the bill. I understand that I will not be reimbursed for days I do not attend the Center.
2. To notify the Center Nurse of any changes in medications, diet, health status, therapies, or private physician.
3. To notify the Center if I will not attend on a scheduled day.
4. To notify the Center 2 weeks in advance of vacations.
5. To provide 2 weeks' notice when withdrawing family members from the program. If notice is not given, the daily fee will be charged to equal 2 weeks' attendance.
6. To adhere to the Center's Attendance Policy.
7. To pay a late fee of \$20.00 for late pick-up for any amount of time within the first 15 minutes of being late, and \$10.00 for each additional five minutes late. If I know that I will be late in picking up a participant, I will notify the Center staff of my delay. Three late pick-ups within a six-month period will result in discharge from the Center.
8. To adhere to the Center's discharge policy. If a clearly unsafe situation exists, one that puts the participant and/or other people in jeopardy, such a situation may warrant an immediate discharge.
9. To acknowledge that chemical and physical restraints are not allowed in the adult day care centers.
10. To acknowledge that the Center is unable to offer a renal diet.
11. To acknowledge that monthly bills will be offered in print or by email.
12. To acknowledge that a participant's religious dietary practices shall be respected and the religious dietary practices of the director, staff or licensee shall not be imposed upon participants unless mutually agreed upon in the participant agreement.
13. To acknowledge that food brought from home will be labeled with name, date, and stored appropriately.
14. To acknowledge that there shall be two staff certified in CPR on site at all times.
15. To acknowledge that all staff are certified in first aid. New hires are certified within 60 days of employment.
16. To acknowledge that only a Registered Nurse will honor a DNR order at the Center. Should a Registered Nurse not be present, 911 (hospice, if appropriate) will be contacted immediately and the DNR order presented to responders.
17. To bring in requested medication refills if the participant takes medication at the Center. Failure to do so, will result in the participant not being able to return until the medication is brought in.
18. To provide 2 emergency contacts with current, working phone numbers.

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**Initials**

## Adult Care Center Attendance Policy

### Full-time Clients:

5 days per week at the discounted rate of \$71.00 per day. A total of 7 business days per year are allotted without charge. A minimum two-week written notice for time away is required. All days beyond the 7 business days are charged at the regular rate per day.

### Three to Four days per week attendance:

3-4 days per week are offered at the discounted rate of \$73.00 per day. A total of 4 business days per year are allotted without charge. A minimum two-week written notice for time away is required.

All days beyond the 4 business days are charged at the regular rate per day.

### Two-day per week attendance (minimum required):

Participants attending two days per week are charged the full rate of \$75.00 per day. No days are allotted without charge.

*\*\*Based on the number of days you've chosen for your loved one to attend the Adult Care Center, your daily charge will be: \_\_\_\_\_ . Your monthly charge will vary based on the number of those specific days in that month.*

## PAYMENT

**Payments are due in advance of service to ensure adequate operating costs for the following month.** 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 and given to you by your preferred method of email or printed and handed directly to you. 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 22<sup>nd</sup>.

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% of the outstanding balance late fee 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% of the outstanding balance late fee added if the 2nd half of the total month's service fee is not paid.

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Initials

If payment is not made within two weeks of the due date, your loved one's attendance at the Adult Care Center will be suspended until payment is made in full and a formal discharge will be initiated after 30 days of non-attendance.

Should a client start in the middle of a billing period, total amount due for days of scheduled attendance for the remainder of the current month is due on the first day of attendance.

Should the Board of Directors vote to increase the daily fee for service, the Executive Director will notify the families 30 days prior to the increase taking effect. Fees will not be increased more than annually.

## **GENERAL**

A participant will be discharged after 30 consecutive days non-attending **regardless of payment made**. An updated Physician's report form, and family meeting is required for readmission.

The Adult Care Center will credit for time spent in the hospital, or rehab with documentation from the medical provider. Discharge papers are required to re-enter the Center.

Should you feel a refund is due to you, please contact the Executive Director to discuss.

### **Adult Care Center Late Pick-up Fee Policy**

\$20.00 for any amount of time within the first 15 minutes, and \$10 for each additional five minutes late.

#### EXAMPLE:

Any time within 5:30 p.m. thru 5:44 p.m. \$20.00 charge

5:45 p.m. thru 5:49 p.m. \$30.00 charge

5:50 thru 5:54 p.m. = \$40.00 charge

5:55 thru 5:59 p.m. = \$50.00 charge

6:00 thru 6:04 p.m. = \$60.00 charge

6:05 to 6:09 p.m. = \$70.00 charge

Etc.

Reminder: Three late fees within 6- month period will result in discharge from Center  
A participant will not be refunded if discharged for late pick-ups.

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**Initials**

## **Discharge Policy**

The discharge plan is based on regular assessment of the participant's progress or condition. Caregivers and the participant are included in discharge planning. After a discharge date is established, a letter of termination is sent to the caregiver involved. It shall consist of a discharge summary and post-discharge goals recommended for continuing care. The Center shall notify the participant and family members or legal representative at least 30 days prior to the actual discharge date. When a participant's condition presents an immediate and serious risk to the health, safety or welfare of the participant or others and immediate discharge is necessary, the 30-day notification of planned discharge does not apply.

If requested by the participant or responsible person, Center staff shall assist with the transition from adult day care to other appropriate programs/services, such as counseling or arranging a visit to the other programs or preparing a transfer report to the new program.

The following situations or conditions may be cause for discharge:

1. Condition improves and the participant is no longer in need of day care services.
2. Condition deteriorates (i.e., requiring more than 1:1 care, needs cannot be safely met due to physical/mental changes).
3. Condition requires continuous 1:1 care.
4. Participant is admitted to a nursing home/hospital.
5. Participant moves out of the area (temporarily or permanently, depending on the length of absence).
6. Death
7. Disruptive behavior that requires physical intervention or restraint to prevent injury to self or staff. The staff may request that the participant stay home and seek medical advice until the participant can be reintroduced into the program.
8. Persons whose families or care persons are unable or unwilling to cooperate with any established Center policy; i.e., not arriving on time at day's end.
9. Other conditions or situations which, in the judgment of Center staff, indicate that the participant's needs can no longer be met by the program of care.
10. Upon discharge, the Center will discuss community resources with the family to help address services needed.
11. A participant will be reimbursed for days that have been paid for, but are unused in the event of a Center – initiated discharge.

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**Initials**

**The Adult Care Center agrees to provide the following services:**

1. To provide service to individuals who are 18 years of age or older, are frail/impaired, have varying degrees of dementia, are stroke patients, have Parkinson's disease, cannot be left unsupervised, require supervision with medications (participants are not allowed to self-administer medications at the Center), benefit from a safe, secure setting. The Center is unable to serve those who are physically aggressive, require lying down in order to change briefs or clothing, or whose BMI (Body Mass Index) may be too high to be safely assisted by staff (for example: a two-person assist, or someone requiring a Hoyer lift).
2. To provide activities and services that are designed to provide participants with opportunities for developing confidence, self-esteem, self-expression, the sharing of feelings and ideas, creativity, reinforcement of old and development of new skills.
3. To develop a plan of care, with involvement of participant and/or family, designed to promote improvement in, maintain, or minimize decline of physical, social, and mental functioning.
4. To assist participants with activities of daily living (for example: toileting and associated hygiene).
5. To provide a nutritious lunch, and morning and afternoon snack. To provide feeding assistance as needed. (The Center is unable to offer a renal diet).
6. To assure that food brought from home by participant will be labeled with name and date, and will be stored appropriately.
7. To honor and respect a participant's religious dietary practices. To assure that dietary practices of the director, staff, or license shall not be imposed upon participants unless mutually agreed upon in the participant agreement.
8. To monitor Participants for change in behavior or health status and make appropriate contact with family and/or medical personnel. To assure medications taken at the Center are administered and supervised by authorized staff.
9. To honor and respect the participant at all times.
10. To honor confidentiality.
11. To provide continuous supervision to prevent wandering.
12. To assure that all staff are certified in First Aid. To assure that new hires are certified within 60 days of employment.
13. To provide emergency first aid as needed
14. To assure that a minimum of two staff persons are on duty at the Center at all times. To assure a minimum 1 to 6 staffing- ratio.
15. To assure that two staff certified in CPR are on site at all times.
16. To assure that chemical and physical restraints are not allowed in the Center.
17. To assure that only a Registered Nurse will honor a DNR order at the Center. To assure that should a Registered Nurse not be present, 911 (hospice, if appropriate), will be contacted immediately and the DNR presented to responders.
18. To treat caregivers professionally; cordially and with compassion.
19. To offer bills in print or e-mail form.
20. To give a 30-day notice of any change in fees.
21. To offer support and assistance for participants and/or family members in locating needed services in the community.

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**Initials**

The Adult Care Center is licensed by the Virginia Department of Social Services. The Center's licensing office is located at: Virginia Department of Social Services, 57 Beam Lane Suite 102, Fishersville, VA 22939, 540-430-9258, 540-332-7748 (fax), Attention Sharae Henderson (804) 629-3479, Licensing Administrator, or immediate Supervisor Chris Fracher. Licensing Inspector: Jamie Eddy, 703-479-5247.

The Executive Director oversees Center operations and is the primary contact for questions and concerns on all matters related to Center operations.

The Center Executive Director is: Katie Devolites and you may reach her by calling 540-722-2273, e-mailing [adultcare@ntelos.net](mailto:adultcare@ntelos.net), or requesting a personal meeting in her office on the second floor of this building.

The Adult Care Center is a private non-profit corporation governed by a volunteer Board of Directors. The Center By-Laws direct that a written recommendation of at least two-thirds (2/3) of the total number of Directors on the Board be obtained to approve the dissolution of Center operations, if unlikely and/or unexpected events necessitate such an action.

In the event of Center dissolution/closing, which could happen at any time:

1. The Center will not bill beyond said closing date, and will reimburse if payment was made and Center was unable to provide service due to the emergency closing.
2. Participants and their families will be given as much notification as possible (but not less than 45 days) about the closure.
3. The Center will help families with transition to other local services during the notification period.

I have read, understand, and will adhere to the Participant Agreement.

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Representative: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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Initials

**Adult Care Center of the Northern Shenandoah Valley, Inc.**  
**509 Amherst St.**  
**Winchester, VA 22601**  
**(540) 722-2273**

I have received copies of the admission policies, services to be provided, conditions for discharge, financial arrangements, and my rights. I understand them and comply with them. I also understand that only those people whose needs can be met by the Center's program shall be admitted to the Center.

I certify that the information I am giving is correct.

I give the Center permission to contact my physician and others involved with my care in order to obtain or give information necessary to the care of this participant. I understand that all information on this assessment form and received from other sources will be kept confidential.

---

Applicant's Signature

Date

---

Participant's Representative

Date

---

Witness (Center Interviewer)

Date

**(Center Copy)**

**Adult Care Center of the Northern Shenandoah Valley, Inc.**  
**509 Amherst St.**  
**Winchester, VA 22601**  
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I have received copies of the admission policies, services to be provided, conditions for discharge, financial arrangements, and my rights. I understand them and comply with them. I also understand that only those people whose needs can be met by the Center's program shall be admitted to the Center.

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Applicant's Signature	Date	Participant's Representative	Date
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Witness (Center Interviewer) Date

**(Participant/Family Copy)**

## **Permission to Photograph and Disposition of Clothing**

I, \_\_\_\_\_, give permission to the Adult Care Center of the Northern Shenandoah Valley, Inc. to photograph or otherwise record my/participant's likeness for the purposes of identification.

I also **DO / DO NOT** give permission to be photographed by the media (i.e., TV, newspaper) for Adult Care Center events, either promotional or general interest.

### **Social Media**

Looking towards the future, we are attempting different ways to build awareness about Alzheimer's related dementia not only in our community, but globally. Using resources such as computer – based technology would allow us to reach more individuals and make more of an impact. Would you be willing to have your loved one participate in social media sites? The sites we are currently a part of are Facebook, Twitter, Pinterest, Instagram, and YouTube. Providing pictures and footage of various activities would give the viewer insight into the endless possibilities of "potentials" versus "limitations".

I also **DO / DO NOT** give permission to be a part of social media for Adult Care Center events, either promotional or general interest.

I agree to keep a set of spare clothing at the Center for emergencies. When I terminate my enrollment at the Center, I want my clothing to be disposed of as follows:

\_\_\_\_\_ I will take my spare clothing home with me.

\_\_\_\_\_ I give the Adult Care Center permission to donate my clothing to charity.

---

Signature of Participant's Representative

---

Date

---

Signature of Participant

---

Date

---

Signature of Center Witness

---

Date

Thank you so much for choosing the Adult Care Center of the Northern Shenandoah Valley!

Each month we send out documents such as the lunch menu, snack menu, newsletter, and activity calendar. Some of our families have opted to have these documents emailed to them instead of having them printed and given to you at the Center. If you choose, we can also email your monthly bill to you. If you would like this option, please indicate and write your email below.

I would like to receive all monthly documents, including my bill, via email.

I would like to receive just the monthly documents, print my bill.

I would like to receive just my bill, print all monthly documents.

If you decide to receive the emails, please be sure to check in at the reception desk at least once a week as there may be communications that cannot be emailed.

Thanks so much, and welcome to the Adult Care Center family!

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Email address: \_\_\_\_\_

## Points to Remember!

- Attendance of at least **2 days a week** is required, on a **set schedule pre-arranged**. If the participant does not attend on a scheduled day and the Center is open, you will **not** be reimbursed for the day. We request a 2-week notice for vacations, as well as withdrawing from the program.
- If the participant will not attend on a scheduled day, please call us **before 8:00 a.m.** We order lunches at 8:00, and an accurate count helps us control costs.
- Payment is required **in advance**, with the first half due on the **1<sup>st</sup>** of the month, and the second half on the **15<sup>th</sup>** of the month.
- All medicines must be in the **original container**, and we must have an order from the doctor **to give it** at the Center (the prescription itself is not enough). If not, you will have to come in and give the medication.
- Our hours are **7:30 a.m. – 5:30 p.m.** Monday through Friday. We are unable to open before 7:30 and do not have staffing after 5:30.
- We must have **two working telephone numbers** to contact you or someone else who could pick up your loved one in an emergency. A **prompt** response is required.
- If the participant is receiving **Medicaid** assistance, he/she must attend for **at least 6 hours** on each scheduled day.
- We need to know about **all changes in medications and health status** so that we have accurate health maintenance records.
- Your loved one must be brought **into the building** and into the care of a staff member in the morning, and you must come **inside the building** too.
- Pick up your loved one in the afternoon.
- If you have any questions, please call us at **722-2273**

## 20 Questions for Elder and Dementia Care

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Favorite Season \_\_\_\_\_

Favorite thing in nature \_\_\_\_\_

Favorite sport/ physical activity \_\_\_\_\_

Favorite hobby/pastime \_\_\_\_\_

Favorite place to visit \_\_\_\_\_

Favorite holiday \_\_\_\_\_

Favorite pet/animals \_\_\_\_\_

Favorite snack \_\_\_\_\_

Favorite song/type of music \_\_\_\_\_

Favorite restaurant \_\_\_\_\_

Favorite food to eat \_\_\_\_\_

Favorite day of the week \_\_\_\_\_

Favorite subject in school \_\_\_\_\_

Favorite thing to wear \_\_\_\_\_

Favorite thing I own \_\_\_\_\_

Favorite room in my house \_\_\_\_\_

I always dreamed I could be \_\_\_\_\_

What I did for a living \_\_\_\_\_

Favorite job \_\_\_\_\_

Something I'd like to learn is \_\_\_\_\_

# Advance Directives and Do Not Resuscitate Orders

## **What is an advance directive?**

An advance directive tells your doctor what kind of care you would like to have if you become unable to make medical decisions (if you are in a coma, for example). If you are admitted to the hospital, the hospital staff will probably talk to you about advance directives.

A good advance directive describes the kind of treatment you would want depending on how sick you are. For example, the directives would describe what kind of care you want if you have an illness that you are unlikely to recover from, or if you are permanently unconscious. Advance directives usually tell your doctor that you don't want certain kinds of treatment. However, they can also say that you want a certain treatment no matter how ill you are.

Advance directives can take many forms. Laws about advance directives are different in each state. You should be aware of the laws in your state.

## **What is a living will?**

A living will is one type of advance directive. It is a written, legal document that describes the kind of medical treatments or life-sustaining treatments you would want if you were seriously or terminally ill. A living will doesn't let you select someone to make decisions for you.

## **What is a durable power of attorney for health care?**

A durable power of attorney (DPA) for health care is another kind of advance directive. A DPA states whom you have chosen to make health care decisions for you. It becomes active any time you are unconscious or unable to make medical decisions. A DPA is generally more useful than a living will. But a DPA may not be a good choice if you don't have another person you trust to make these decisions for you.

Living wills and DPAs are legal in most states. Even if these advance directives aren't officially recognized by the law in your state, they can still guide your loved ones and doctor if you are unable to make decisions about your medical care. Ask your doctor, lawyer or state representative about the law in your state.

## **What is a do not resuscitate order?**

A do not resuscitate (DNR) order is another kind of advance directive. A DNR is a request not to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. Unless given other instructions, hospital staff will try to help any patient whose heart has stopped or who has stopped breathing. You can use an advance directive form or tell your doctor that you don't want to be resuscitated. Your doctor will put the DNR order in your medical chart. Doctors and hospitals in all states accept DNR orders.

## **Should I have an advance directive?**

By creating an advance directive, you are making your preferences about medical care known before you're faced with a serious injury or illness. This will spare your loved ones the stress of making decisions about your care while you are sick. Any person 18 years of age or older can prepare an advance directive.

People who are seriously or terminally ill are more likely to have an advance directive. For example, someone who has terminal [cancer](#) might write that she does not want to be put on a respirator if she stops breathing. This action can reduce her suffering, increase her peace of mind and increase her control over her death. However, even if you are in good health, you might want to consider writing an advance directive. An accident or serious illness can happen suddenly, and if you already have a signed advance directive, your wishes are more likely to be followed.

## How can I write an advance directive?

You can write an advance directive in several ways:

Advance directives and living wills do not have to be complicated legal documents. They can be short, simple statements about what you want done or not done if you can't speak for yourself. Remember, anything you write by yourself or with a computer software package should follow your state laws. You may also want to have what you have written reviewed by your doctor or a lawyer to make sure your directives are understood exactly as you intended. When you are satisfied with your directives, the orders should be notarized if possible, and copies should be given to your family and your doctor.

- Use a form provided by your doctor.
- Write your wishes down by yourself.
- Call your health department or state department on aging to get a form.
- Call a lawyer.
- Use a computer software package for legal documents.

## Can I change my advance directive?

You may change or cancel your advance directive at any time, as long as you are considered of sound mind to do so. Being of sound mind means that you are still able to think rationally and communicate your wishes in a clear manner. Again, your changes must be made, signed and notarized according to the laws in your state. Make sure that your doctor and any family members who knew about your directives are also aware that you have changed them.

If you do not have time to put your changes in writing, you can make them known while you are in the hospital. Tell your doctor and any family or friends present exactly what you want to happen. Usually, wishes that are made in person will be followed in place of the ones made earlier in writing. Be sure your instructions are clearly understood by everyone you have told.

## Other Organizations

- [U.S. Living Wills Registry](#)
- AARP Advance Directive Information

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<https://familydoctor.org/advance-directives-and-do-not-resuscitate-orders/>  
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