

## **Elder Care Services, Inc.**

**Elder Day Stay  
1660-11 N. Monroe Street  
Tallahassee, FL 32303  
Telephone 850-222-4208  
Fax 850-222-0330**

### ***Elder Day Stay Eligibility***

1. Elder Day Stay is sponsored by Elder Care Services. The purpose of Elder Day Stay is to provide protective individual supervision and activities in a safe and pleasant environment. Activities are provided that include arts and crafts, discussion groups, exercise, hygiene classes, memory stimulation, movies, outings, therapies when needed, etc. These activities help participants remain as active and independent as possible for a longer period of time. The participants must be 60 years of age or older or be experiencing symptoms of dementia. Transportation is usually provided by family. Although transportation is not provided by EDS, the Social Worker may assist in arranging for alternate transportation. Family Consultation and Referral Services are provided upon request or as indicated. Leon County residents will be given first priority in placement.
2. An assessment may be scheduled to be completed at the Elder Day Stay. The Elder Day Stay Director or the Social Worker will make an appointment with you and/or your family to determine your eligibility. Elder Day Stay enrollment is limited, and you may be placed on a waiting list until space is available.
3. **If a client is determined to be eligible and appropriate, physician orders and a TB test or chest x-ray must be completed to comply with health department rules. Physician orders and physical exams must be renewed annually.**

### ***Elder Day Stay (EDS) Program Policies***

#### **1. Hours of Operation**

The EDS program is open from 7:30 a.m. until 5:30 p.m., Monday through Friday. Closing will occur promptly at 5:30 p.m. A late fee will be assessed for participants not picked up by 5:30 p.m. A \$10.00 late fee will be assessed in 15-minute increments.

#### **2. Attendance**

Participants are expected to attend as arranged. If an absence is anticipated, we ask that you notify us at least 24 hours in advance, when possible. Otherwise, the courtesy of a phone call if a participant is going to be absent on a regularly-scheduled day is requested. The participant or caregiver must contact the EDS director as soon as possible to allow for adjustments in staffing & meal ordering.

### 3. Medication

Medication will be given **only** with a written order from the participant's physician and **must** be brought in the original container from the pharmacy. **All changes in medications require a new order from the physician.** All over the counter drugs require a physician's order. Participants are not permitted to bring medications (prescription or OTC) in unmarked containers. All medications should be given to the medical staff for supervision.

### 4. Incontinence

Chronic incontinence (total loss of bladder control) cannot be managed at EDS. Protective undergarments are acceptable for leakage control. **We ask that an extra set of clothing be provided at the start of a new client attendance.** This allows the staff to assist the client in changing plus saves the caregiver from having to make an extra trip to EDS.

### 5. Special Assistance

Although EDS staff is always available to provide assistance to clients, they are not available on a one-on-one basis. Clients needing constant one-on-one staffing would not be considered appropriate clients. Also, persons regularly requiring the simultaneous assistance of more than one staff person are not appropriate EDS participants.

### 6. Hygienic Standards

It is very important that all EDS participants have good hygiene. Good hygiene means a clean body (including mouth and hair) and clothes. In case of poor hygiene, staff will advise the participant and/or caregiver, and help to solve the problem through referrals and/or education. Improvements must be evident within two weeks after notification, or the participant's participation in the program may be terminated. A participant may be sent home for poor hygiene. Family will be notified to pick up the participant.

### 7. Activities

A variety of daily activities are scheduled for EDS and all participants are encouraged to participate. Those who refuse to participate in activities will be re-evaluated to determine the appropriateness of EDS as a part of their plan care.

### 8. Wandering

Participants whose reasonable safety cannot be ensured due to wandering are not appropriate for the program. Determination of the appropriateness of participants who are prone to wandering will be made on an individual basis.

### 10. Combative Behavior

The participation of persons who are routinely hostile, combative or verbally abusive to others (participants or staff) will be terminated. The person will be allowed to remain as a participant if behavior problems can be controlled by medication or through behavior management.

## **11. Cost of Service**

Participants are responsible for payment of the cost of Elder Day Stay Services. Fees are \$60 per day, with a 2-day-per-week minimum. When appropriate, participants will be referred to financial assistance programs to assist with the cost.

## **12. Termination from the Program**

These policies and standards were developed to ensure a healthy, pleasant and stimulating environment for all EDS participants and staff. A participant who does not meet these standards will be re-evaluated to determine appropriateness of service. In such situations, an individual conference with the participant, caregiver and/or case manager may be scheduled to assess the situation. If it is determined that the Elder Day Stay cannot meet the needs of the participant, the participant and/or caregiver will be given a minimum of two weeks notice prior to the termination date. If the participant poses a threat to other participants or to staff, immediate termination will be necessary. All personal items must be picked up by day thirty after termination. After thirty days, all items will be donated or discarded.

## **13. Volunteers**

Elder Day Stay uses volunteers from the community, local schools and universities. There are many volunteer opportunities.

## **14. Visiting Hours**

Visiting hours are from 12:30 to 1:30. Please contact the center at 850-222-4208 to schedule visits with participants while they are at Elder Day Stay. This will allow our programs to function properly and also assure the participants receive the required daily therapeutic activities. (See attached Visitation Policy)

## **15. Miscellaneous**

- a. For the health and safety of our clients, we ask that no edible items be brought into the center.
- b. We highly recommended that any valuables remain at home.
- c. No tobacco products are permitted in the center.

### **Policy 6.03 Elder Day Stay Visitation**

- I. Elder Care Services (ECS) Elder Day Stay (EDS) promotes and supports a safe, secure and family centered social environment for clients who participate in its programs. The EDS provides for visitation in accordance with the ECS non-discrimination policy, but reserves the right to limit access to clients to protect client privacy, physical or emotional health, and general welfare.
- II. Caregivers and immediate family may visit the center at any time to interact with their senior member. As visitors, however, they must follow the visitor guidelines identified in Section VII below.
- III. Extended family members, friends or other acquaintances who wish to visit an individual client may do so during the hours of 12:30 p.m. and 2:00 p.m. or at other times with prior notice to the director. Visitors or family members with prohibitive legal documentation, such as an applicable restraining order, will not be allowed to visit.
- IV. Visitors to the EDS who are not ECS staff, board members or business partners and who wish to observe the program and briefly interact with one or more clients must make an appointment with the director or assistant director in advance.
- V. Volunteers who wish to interact with one or more clients over a period of time must complete a volunteer application form prior to the beginning of their service and may be subject to background screening requirements.
- VI. EDS clients who are requested to participate in an approved study or research project may do so only after a consent form is signed by the caregiver or authorized family members.
- VII. The following guidelines shall be followed by all EDS visitors:
  - A. All visitors must sign in or check in with a staff member upon entering EDS.
  - B. Visitors must be appropriately dressed (including shirt and shoes)
  - C. Visitors who may interact with clients shall use a hand sanitizer before and after their visit.
  - D. Visitors and volunteers are not allowed in the clinic, restrooms or kitchen areas without the permission of staff.
  - E. Visitors and volunteers should not come to EDS if they are feeling ill or have signs of, or have been recently exposed to, a communicable illness or infection.
  - F. Visitors and volunteers meeting with an individual client shall respect the Privacy of other clients and minimize noise and disturbances.

- G. Visitors and volunteers shall not interfere with the normal operations of EDS or interrupt planned client activities.
  - H. Children under the age of 15 must be accompanied by an adult.
- VIII. The EDS director or assistant director may deny entry to EDS to any person who may reasonably be perceived as a safety risk to clients or a potential disturbance to the orderly operation of the center. This may include:
- A. A person who appears to be under the influence of alcohol or drugs.
  - B. A person who appears to be in an agitated state that may cause clients to become upset.
  - C. A person who appears to have symptoms of an illness that may be contagious.
  - D. A person who creates a disturbance that upsets the client they are visiting or other clients, or otherwise interferes with the order operation of EDS.
- IX. In the event that a dispute arises between a family member and a visitor or other family members, the director or assistant director shall resolve the issue based upon the best interests of the client and EDS. A family member may appeal the director's decision to the ECS President/CEO.

Elder Care Services  
May 25, 2011 Approved

The Elder Care Services Elder Day Stay Eligibility Guidelines and Program Policies have been discussed with me (client and/or significant family members or friends). I understand this information and agree to abide by these policies.

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Participant Signature

Date

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Guardian/Family Member/Caregiver

Date

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EDS Director

Date

Elder Care Services, Inc.  
Elder Day Stay  
1660-11 North Monroe Street  
Tallahassee, Florida 32303  
Phone (850) 222-4208  
Fax (850) 222-0330

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Date

Elder Day Stay fee is \$60.00 per day, with a minimum of two days per week.

Please circle the days participant will attend:

Monday

Tuesday

Wednesday

Thursday

Friday

Participant or responsible party agree to pay invoices in full

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

**Payment for services is due by the 1<sup>st</sup> of the month following receipt of the invoice.  
Accounts more than 30 days past due will result in interruption of client services.**

\_\_\_\_\_ staff initials

\_\_\_\_\_ family representative initials

**Hospital and Preference Form**

In the event I cannot be reached during an emergency involving my family member, please transport (participant name): \_\_\_\_\_ to the following hospital:

- Tallahassee Memorial Hospital
- Capital Regional Medical Center

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Guardian/Family Member/Caregiver Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Case Manager Signature Date

This release is effective from (date) \_\_\_\_\_ until termination of services.



## Field Trip Release Form

I give my permission for \_\_\_\_\_ to participate in Elder Day Stay field trips made in the Tallahassee area. I realize that transportation will be provided by Elder Care Services vans. I will not hold Elder Stay Program of Elder Care Services responsible for any injury that occurs on a field trip.

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Guardian/Family Member/Caregiver Signature Date

- I would like to help with transportation for trips.
- I would like to help with transportation for trips.

I would like to help in other ways: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photo/Publicity Release**

To:

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I hereby authorize the release of photos and the use of my name for  
publicity purposes.

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**Participant Signature**

**Date**

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**Guardian/Family Member/Caregiver**

**Date**

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**EDS Director**

**Date**

# Elder Day Stay

## Medication Administration Policy and Procedure

**Please check the following appropriate box:**

- All participant medications will be administered at home.
  - All participant medications will be administered at EDS.
  - Some medications will be administered at home and the following medications will be administered at EDS: **See policy below:**
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- 
- 

1. Caregivers must obtain a signed order from a M.D. for the medication(s) to be administered at Elder Day Stay. Please make sure the **medication name, dosage, route and frequency (including times of the day) are indicated on the order.**
2. Caregivers may hand deliver or have a copy of the order faxed to Elder Day Stay (EDS) at (850) 222-0330.
3. It is the caregiver's responsibility to provide the medication(s) to the Elder Stay nurse on a weekly basis. Each medication must be in the original bottle.
4. **The Elder Day Stay nurse will only administer medication as indicated in the physician's orders. Any changes must be in the form of a new written order.** A verbal from a caregiver is not acceptable.
5. It is the caregiver's responsibility to inform the EDS nurse of any additions or discontinuing any participant medications.
6. **NO** medications including over the counter medications may be administered without a physicians order.

Participant Signature

Date

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Guardian/Family Member/Caregiver Signature

Date

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**850/222-4208 phone**  
**850/222-0330 fax**

\_\_\_\_\_ Initial

\_\_\_\_\_ Annual

**PHYSICIAN'S ORDERS**

Participant: \_\_\_\_\_

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

\_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Current Diagnosis: (Physical and/or Mental)**

\_\_\_\_\_  
\_\_\_\_\_

**Please list current medications including OTC medications, dose and frequency.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**May client have Tylenol (Acetaminophen) prn for pain? Please check: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_**

**May client have Imodium (Lopermide) prn for loose stools? Please check: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_**

Mobility:      Ambulatory     Cane       Walker       Wheelchair

Physical Limitations:

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**Please indicate diet /meal type client should receive:** Regular  Low Salt  Low Sugar

Allergies: (Medications and/or Food)

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Vital Signs: Blood Pressure  Pulse  Respiration

**Communicable Disease: All tests must be done within 45 days prior to admission to Elder Day Stay and annually thereafter**

Is this client free of communicable diseases: Yes  No

**\*\*\*TB Test or Chest X-Ray must be repeated annually\*\*\***

TB Test: Date of TB Test: \_\_\_\_\_ Results: \_\_\_\_\_

**OR**

Chest X-Ray: Date of X-Ray: \_\_\_\_\_ Results: \_\_\_\_\_

Special Health or Safety Needs: \_\_\_\_\_

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Additional Comments to assist in client's care:

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Date of Last Office Visit: \_\_\_\_\_

Physician Signature

Date

Physician's Name (Please Print)

Physician's Telephone

