



Village Shalom

Great Days - Adult Day Programs Service Agreement

Date Agreement Initiated: _____

The following Negotiated Service Agreement is a joint agreement between Village Shalom GREAT DAYS Program and _____ for adult day services. _____ has been provided with information about the admission/discharge criteria and consents to its content.

The client plans to participate in the Adult Day program on the following days and time:

	Up to 4 hours	Four to eight hours	Over eight hours	Transportation
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____

Rate Information

- Up to four hours: \$45.00
- From 4.25 to eight hours: \$70.00
- From 8.25 to eleven hours: \$90.00
- Transportation fee from home to the facility is \$12.50 (round trip) \$25.00

Rates are subject to change with 30 days written notice to client and/or representative. Clients will be billed on a weekly basis for their actual attendance during the previous week.

Activities are provided and may include but are not limited to the following:

- | | | |
|---------------|----------------|---------------------------|
| Music therapy | Reminiscence | Entertainment |
| Art classes | Current Events | Food preparation |
| Relaxation | Spirituality | Monthly theme activities |
| Exercise | Socialization | Puzzles/work games/trivia |

Village Shalom will provide activity supplies.

Note client issues or preferences:

Food service will include:

___ AM Snack ___ Lunch ___ PM Snack

Kosher or Kosher style may be requested.

Menus are reviewed and approved by a registered dietician and provided by Village Shalom.

Breakfast and dinner may be arranged for in advance and will be reflected on the statement.

Medical Supplies: The client and/or family members will provide medical supplies that are required for use by the client as well as personal care supplies, (i.e. disposable incontinent products) Village Shalom will provide supplies such as wet-wipes. If requested, Village Shalom will provide medical or personal hygiene supplies at the client's expense and as itemized in the Schedule of Additional Services. All clients are required to leave one complete clean change of seasonally appropriate clothing at Village Shalom.

Medication: To ensure the safety of our clients, medications will be stored in a locked medication cart and dispensed by qualified staff as indicated by the written prescription. Village Shalom will provide a locked refrigerator for medications that need refrigeration. Medications administered at Village Shalom's *GREAT DAYS* program must be labeled by the pharmacy in their original container with directions for their use clearly marked. All medications must be listed on a medication flow sheet kept by Village Shalom. "As needed" medications such as Tylenol require a physician's order to be dispensed at the *GREAT DAYS* program. Medications may not be kept in a client's purse or pocket. It is the responsibility of the client or representative to notify Village Shalom of any changes in medication. The participant's primary physician must review all medication orders every 60 days.

Participants/caregivers are reminded of the importance of providing information to staff relative to all medications taken by the participant even if they are not taken during the program hours. If any medications are newly prescribed, changed or discontinued, the nurse and/or Great Days Program Coordinator must be informed.

Medical Information: Any medical information regarding medical needs that would impact services provided to the client will be provided to Village Shalom *GREAT DAYS* staff by client/representative prior to admission and on an ongoing basis. The client will be assessed based on the Functional Capacity Screen criteria. The Village Shalom medical form and/or current physician's orders will be required prior to admission to the Adult Day program. Village Shalom has permission to carry out all procedures ordered by the attending physician. Village Shalom is authorized to send client's medical records to any hospital or care facility that would provide care for the client.

A Health Statement regarding freedom from infectious disease and inactive TB status must be provided by client's physician on admission. The two-step Mantoux test may be given by the nurse at Village Shalom.

Health monitoring: If the Functional Capacity Screen indicates that a resident is in need of health care services, a licensed nurse in collaboration with the resident and the resident's legal representative shall develop a health care service plan if requested and agreed upon.

Participants are assessed on a daily basis for signs and symptoms of health concerns as well as functional and mental status changes. Concerns are communicated to the caregiver/family and the physician is notified if the nurse finds it to be necessary. There is an additional fee for medical services/treatments provided. Participants who attend *Great Days* generally have an Alzheimer's or dementia related diagnosis.

Illness/Accident: For the health and well being of participants and staff, individuals who are acutely ill or have other signs of communicable illness will not be allowed to attend. Participants exhibiting any one of the following conditions should not attend Village Shalom *GREAT DAYS* program: nausea and vomiting; fever > 100 F; diarrhea; red or draining eye(s); persistent cough; yellowish tint to skin or eyes; unusually dark, tea colored urine; infected areas of skin with crusty, yellow, gummy, dry areas or rash; severe itching of body or scalp; general signs of unusual malaise – listlessness, weakness, drowsiness, flushed face, headache or stiff neck; and obvious discomfort or pain.

If a participant becomes ill or a contagious illness is suspected and/or detected in a participant while he/she is attending the Village Shalom *GREAT DAYS* program, the participant will be separated from other participants. The family (and participant's primary physician, if necessary) will be notified of the health concern and the family will be expected to take the client home.

Please call and discuss any questions concerning attendance with the *GREAT DAYS* Program Nurse prior to the client's return to Village Shalom.

Emergency: In case of acute medical emergency, the professional staff will use its best judgment in requesting rescue squad transportation to the nearest medical facility unless Village Shalom has complete, valid DNR orders and Advanced Directives documents on file. Any charges incurred are the responsibility of the participant or responsible party. In an emergency, Village Shalom is authorized to communicate privileged health information to medical personnel required for transport and/or treatment of the participant.

Conditions for Returning: Participants who have been hospitalized must have physician's clearance to return to Village Shalom. Those who have been absent for illness must meet the following criteria: no fever for 24 hours without use of fever-reducing medications; no diarrhea for 24 hours; no nausea or vomiting for 24 hours and able to take food; all discharge from eye(s) must have stopped; skin sores must be healed; and exhibit no symptoms of acute illness.

Transportation Services: Transportation to and from Village Shalom is available within a 20-minute radius for an additional fee. The transportation schedule will be determined to provide the most appropriate and time efficient route for all involved. Participants must be able to tolerate a seat belt securely fastened and remain seated when the van or other vehicle is in motion. It is the responsibility of the family to notify Village Shalom of changes in the transportation schedule as soon as possible by calling the drivers at 913-963-9124 or 913-963-9128.

Caregiver/responsible party of Dementia Day Stay participants or participants who are unable to anticipate their needs must be at home when the van arrives to pick up participants in the morning and when it returns them to their residence in the afternoon. They are asked to accompany participants to and from the van and to keep their walkways clear of snow, ice and other obstacles. Pets that may pose a threat should be restrained. In case of emergency,

caregivers are asked to designate another responsible party to be present in the home or at another drop-off point. In all cases, staff should be notified immediately regarding any change in procedures. Violation of this procedure may lead to termination of transportation service.

Caregivers who transport their family members are asked to escort them in and out of the Village Shalom program area. To assure safety, participants may not be dropped off before 7:00am and must be picked up by 6:00pm. A late fee of \$5.00 per minute after 6:05pm will be assessed unless arrangements are made with the *Great Days* Program coordinator in advance.

When it is necessary to send another family member or friend other than the caregiver to pick up a participant, staff should be notified by the caregiver in advance. Individuals unknown to the staff will be asked to show proper identification before a participant is given into their care. Clients will not be released to individuals unknown to Village Shalom without prior approval of the primary caregiver.

Wandering/Elopement: For the safety of participants who are confused and tend to wander without supervision, the following steps will be implemented:

1. A current picture of all participants will be maintained in their charts.
2. All participants will be provided with a nametag that includes their name, the address and phone number of Village Shalom.
3. Code Alert pendants will be given to every participant that is ambulatory and required to wear the pendant while at Great Days.
4. Residents who persist in trying to leave the facility will be monitored at all times. The family will be notified and be requested to pick up the resident if Village Shalom is unable to manage the client's behavior.

Admission Criteria: Village Shalom shall not admit or retain any client who has one or more of the following conditions unless the negotiated service agreement includes resources to meet the needs of the client while in the facility:

1. Incontinence - if the client cannot or will not participate in management of the problem.
2. Immobility - If the client requires total assistance in exiting the building.
3. Any ongoing condition requiring a two-person transfer.
4. Any behavioral symptom that exceeds manageability.
5. Any client whose clinical condition requires the use of physical restraints.

Discharge: When discharge seems imminent, caregivers will be notified and the reasons carefully discussed with them. Every effort will be made to offer both participant and caregivers an alternate form of service. A notice of transfer or discharge shall be provided in writing to the client or representative 30 days before the client is transferred or discharged involuntarily except in an emergency when:

1. The safety of other individuals in the facility would be endangered; or
2. The health of other individuals in the facility would be endangered; or
3. The client's urgent medical needs require an immediate transfer to another program or facility; or
4. The program can no longer meet the safety, physical or emotional needs of the individual client; or

5. The client is too physically frail to attend the program or no longer meets the admission criteria for program participation; or
6. Other conditions arise which are beyond the management capabilities of the staff; or
7. The program ceases to operate.

If an emergency occurs, the responsible person will be called first if possible to arrange for the client to be transported from the facility immediately.

GREAT DAYS Closings: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day. Reminders will be posted prior to the holiday.

Inclement Weather: Village Shalom's staff reserves the right to cancel transportation and/or close the *Great Days* program during hazardous weather. Transportation will be cancelled when the Shawnee Mission and/or Blue Valley school districts are closed for inclement weather. Caregivers will be notified by phone if the program is closed. Please inform the *Great Days* staff if you will not be able to attend due to inclement weather.

Cancellation and Billing:

- Statements will be mailed by the Business Office monthly and will reflect the charges for the actual dates of attendance.
- Interest will be assessed (10% annually) on outstanding charges not paid by the due date noted on the statement and attendance in the *Great Days* program may be terminated for non-payment;
- If there are any extenuating circumstances that preclude payment of the amount owed in accordance with above schedule, please immediately contact the Billing Coordinator in the Business Office to further discuss the matter.

Consent: I consent to the release of the participant records by Village Shalom *GREAT DAYS* Adult Day Program for the purpose of review or audits by Village Shalom, the Kansas Department of Health and Environment or any other duly authorized regulatory agency, or by authorized representatives of my insurance company. I authorize Village Shalom to communicate regarding protected health information with my physician(s) as identified in my participant record for the purpose of my treatment in the *Great Days* Adult Day Program. I understand that Village Shalom will not directly bill any insurance company. I agree to pay my bill in advance and submit information to my insurance company for reimbursement. I understand that the Business Office will supply my insurance company with information needed for reimbursement.

Signature of Client/Representative – Date

Signature of *Great Days* Coordinator - Date



Great Days Social Club

Admission/Emergency Medical Form

This form is to be completed by the program participant's physician. By signing below, you hereby authorize any physician, clinic, or hospital to fully answer any request from Village Shalom for medical information/medical history concerning you.

Printed Name of Program Participant

Signature of Program Participant/DPOA

Date

Active Medical Diagnoses:

Current Medications including strength & dose:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

All known allergies:

PRN medications acceptable to me: (please cross out unacceptable standing orders)

Tylenol 325 mg 1-2 PO q 4-6 hours for pain or fever

MOM 30 cc PO PRN q 3rd day without BM

Mylanta 5-10 cc q 2 hours PRN acid indigestion

Diet: What type will participant be observing? (circle all that apply)

Regular *No added salt* *No concentrated sweets* *Mechanical* *Kosher* *Pureed*

Activity Level Permitted:

Code Status:

Is the participant free of any communicable diseases? (If no, please explain)

Can the participant self-administer medications? **Yes** **No**

(Village Shalom cannot set up med-minders or assist residents in taking medications from multi-dose bottles or physician samples. If a Resident is not independent in medication administration, unit dose medications must be used and maintained by Village Shalom.)

Please return this form to:
Great Days Social Club
Attn: Paula Jones 913-266-8450
Fax 913-266-8009

Village Shalom
5500 W. 123rd Street
Overland Park, KS 66209
913-317-2600

Does the participant require oxygen or nebulizer treatments? Yes No
If yes, please specify: _____

Does the participant use any prosthetic device? Yes No
If yes, please specify: _____

Does the participant require any device to assist in ambulation? Yes No
If yes, please specify: _____

Participant's current and/or past emotional health history: (check all that apply & explain)

- Emotional illness or maladaptive behavior
- Admission to psychiatric facility
- Drug or alcohol problem
- Tendency to wander or become confused
- Aggressive or abusive behavior
- Not physically or mentally capable of being left alone without undue risk

Explanation: _____

Date of most recent chest X-Ray: _____ Date of most recent TB skin test: _____

Has the participant had Pneumovax? Yes No

Do you wish for the participant to have Pneumovax? Yes No

Do you wish for the participant to have annual Flu vaccines? Yes No

Is this participant capable of negotiating a pathway to safety unassisted in case of an emergency?
Yes No

Most recent physical examination was completed on: _____

Results: VS: Weight: HEENT:
Pulmonary: CV: ABD: Musculoskeletal:
GU/Breast as appropriate: Neuropsych: Skin:
Other pertinent findings: _____

The participant, _____, was last seen on _____. In case of an emergency, please send this patient to the emergency room of _____ Hospital.

Physician's printed name Physician's signature Date

Address 24 hr Phone#/on-call #

Lifestyle Assessment Questionnaire

Name: _____		Date: _____	
(Last)	(First)	(Middle)	
Prefers to be called: _____			
BACKGROUND HISTORY			
Current living situation:			
<input type="checkbox"/> Apartment, for _____ years, in (city and state): _____			
<input type="checkbox"/> Retirement Community, for _____ years, in (city and state): _____			
<input type="checkbox"/> House, for _____ years, in (city and state): _____			
Other places you've lived: _____			
Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe: _____			
Household pets: _____			
Education: Highest grade completed: _____		<input type="checkbox"/> Degree: _____	
		Location: _____	
Military History: Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch: _____	
		Dates: _____	
EMPLOYMENT AND VOLUNTEER HISTORY			
From	To	Name of Organization	Type of Work

FAMILY HISTORY

Marital status: Married Widowed Single Divorced

Birth Date: _____ Birthplace: _____ Ethnicity: _____

Religion: _____ Place of Worship: _____ Phone: _____

Spouse's name: _____

Pattern of Relating to Others: ___Outgoing___Involved___Social___Loner___Other

Explain: _____

How does participant relate to primary caregiver: _____

Reason for choosing Great Days at Village Shalom: _____

What are your hopes and goals for attending this program? _____

Do you smoke? Yes No - If yes, Cigarette Pipe Cigar

Other Comments: _____

Something I've always wanted to do my entire life is: _____

Please check the activities you most enjoy:

<input type="checkbox"/> Card Games	<input type="checkbox"/> Walking	<input type="checkbox"/> Watching TV
<input type="checkbox"/> Conversation	<input type="checkbox"/> Reading	<input type="checkbox"/> Movies
<input type="checkbox"/> Plays	<input type="checkbox"/> Symphonies	<input type="checkbox"/> Acting/Drama
<input type="checkbox"/> Helping Other	<input type="checkbox"/> Teaching	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Sightseeing	<input type="checkbox"/> Shopping	<input type="checkbox"/> Writing
<input type="checkbox"/> Drawing	<input type="checkbox"/> Painting	<input type="checkbox"/> Gardening
<input type="checkbox"/> Collecting	<input type="checkbox"/> People-watching	<input type="checkbox"/> Bingo
<input type="checkbox"/> Swimming	<input type="checkbox"/> Exercising	<input type="checkbox"/> Learning
<input type="checkbox"/> Speakers	<input type="checkbox"/> Singing	<input type="checkbox"/> Musical Instruments
<input type="checkbox"/> Being with Animals	<input type="checkbox"/> Listening to Music	<input type="checkbox"/> Drives in the Country
<input type="checkbox"/> Being Alone	<input type="checkbox"/> Meditation	<input type="checkbox"/> Being with People
<input type="checkbox"/> Being with Children	<input type="checkbox"/> Dancing	<input type="checkbox"/> History
<input type="checkbox"/> Organizing	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Designing

Other, please describe: _____

Significant Hobbies, Clubs, Organizations (Including religious etc.) enjoyed: _____

GREAT DAYS

Adult Day Programs and Services

2018 Holiday Closings

Below is a list of the National Holidays in 2018 when the Great Days Program will be closed:

January 1 st	New Year's Day
May 30 th	Memorial Day
July 4 th	Independence Day
September 5 th	Labor Day
November 24 th	Thanksgiving Day
December 25 th	Christmas Day

(Other holidays that fall on Saturday or Sunday, when the Great Days Program is not regularly open are not listed)