



Creative Living Center is a day health program designed to significantly enhance the quality of life for senior adults and adults with disabilities and to provide a cost effective alternative to premature nursing home or rest home placement. The Center is open Monday through Friday from 7:30 AM to 5:30 PM. The caregiver has the option of scheduling their family member one to five days per week. Some common diagnosis of CLC participants include but are not limited to: Parkinson's Disease, Alzheimer's Disease, Dementia, CVA's Heart Disease, Diabetes, Cancer, Hypertension, Depression, Social Isolation, and Mild Mental Retardation. The fees for enrollment are based on a sliding fee scale depending on level of care and income. The fee scale ranges from \$22-\$45 per day and includes all needed food and supplies. Creative Living Center is certified by the State of North Carolina and is monitored monthly through the Division of Aging and Adult Services of the Pitt County Department of Social Services.

The program offers the caregiver:

- ? Respite
- ? A safe environment
- ? Ability to continue working while providing care of their loved one
- ? An alternative to premature nursing home or rest home placement
- ? A monthly caregiver support group

The program offers participants:

- ? Two nutritious snacks and a full catered lunch
- ? Physical stimulation through exercise & walking programs, games, adapted sports, etc;
- ? Mental stimulation through word puzzles and games, trivia, reminiscence activities, board games, etc;
- ? Social stimulation through peer interaction, community outings, parties, etc;
- ? Spiritual stimulation through bible study and other religious activities
- ? Creative expression through arts and crafts and music therapy
- ? Comprehensive health services including on-site RN care, medication administration, bandage changes, vital sign monitoring, diabetes screenings, blood sugar monitoring, health in-services, physician communication, etc;

Enrollment requirements include:

- ? Scheduled tour and assessment with the Executive Director and Health Care Coordinator
- ? Completed forms and paperwork (by both caregiver and physician) must be completed at least 2 days prior to attending
- ? TB skin test administered, read, and recorded

Eligibility Requirements:

- ? Participant must be 18 or older
- ? Participant must need socialization and supervision throughout the day
- ? Other requirements regarding behaviors/medical needs/etc; do apply

Donetta Steiner, Executive Director
Phone: 252-757-3344 Fax: 252-757-9615
Email: creativelivingcenter@yahoo.com
Address: 901 Staton Road
Greenville, NC 27834



CREATIVE LIVING CENTER

PROGRAM POLICIES AND PROCEDURES

PURPOSE

The purpose of the Creative Living Center is to offer an adult day program that will serve both the social and physical needs of older adults as well as provide relief and support to family members and other caregivers responsible for the provision of full-time care.

HOURS OF OPERATION

The Creative Living Center operates year-round Monday through Friday from 7:30 a.m. until 5:30 p.m. Participants are asked to arrive by 9:00 in order to be counted in the lunch count and to benefit from a full day of programming. If a participant must remain beyond 5:30, a late fee will be charged of \$10.00 every 15 minutes or portions thereof, beyond 5:30. After 30 minutes and no family contact, staff will call Sheriff's Department to make a report of abandonment.

In the event of hazardous weather, watch channel 9 WITN for delays or closing. It is the family's responsibility to watch for such announcements. Creative Living Center staff will notify families if schedule is different or the center must be closed for any other reason.

Creative Living Center will observe the following holidays throughout the year. New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving (Thursday and Friday), 2 days at Christmas. A complete Holiday closing schedule is available upon request.

In addition CLC will be closed 1 Friday every quarter for a staff work day. The center will be closed on this day to participants so that staff is able to discuss the plan of care for all participants so that their treatment plan can be updated.

ATTENDANCE

A participant is scheduled to attend 1 to 5 days each week depending upon individual needs. However, the participant is expected to attend on their designated days. In the event that the participant must be absent on a scheduled day, the family is responsible for notifying the staff by 9:00. If you desire attendance on a non-scheduled day, the director must be contacted prior to attendance. If you do not notify the center of an absence before 9AM on the day of, you will be billed for the full day.

FEES

Creative Living Center participants are asked to pay a small attendance fee. These fees are set on a sliding scale, based upon the participants' level of care and individual income. The fee scale ranges from \$22.00 to \$38.00 per day. You will be invoiced each month for the upcoming month. Payment should be received by the 10th of the month to avoid loss of service. Half-day rates are available only if the participant does not plan to stay for lunch.

There are some grant funds available through the Home and Community Care Block Grant and Social Services Block Grant. To receive these funds, the responsible party must complete an application. Certain guidelines are set for the use of these funds as stated in the HCCBG manual Section 2, #6.

Participants receiving state funds for Adult Day Care will be notified quarterly of the opportunity to contribute to the service cost-sharing program. The amount requested will be based upon a percentage appropriate to the income range of the participant as described in the HCCBG manual Section 5. The money collected through cost sharing will be reported to the funding source on a monthly basis.

NUTRITION

A lunch meal containing at least one-third of the daily nutritional requirements is catered by Cypress Glen Retirement Center. A range of special diets is available as specified by the physician. Meals are ordered every morning by 9:30. A nutritious snack is also served in the morning and afternoon. The cost of lunch and snacks are included in the attendance fee that is charged.

ACTIVITIES

The Creative Living Center program is not a "sitting service", but rather a program that will play an active role in skill maintenance and supportive services as appropriate for each participant. The ultimate goal is to assist participants in reaching and maintaining their optimum level of independence. Participants that attend the Creative Living Center are encouraged to participate in a variety of physical and mind-stimulating activities including active games, arts and crafts, Bible study, music therapy, pet therapy, and a number of reminiscence and trivia-type activities.

The services provided are intended to not only assist the participant in optimizing his/her daily life, but also to assist the family members in providing appropriate and beneficial care at home. Through the interaction between the staff at the center and the participant and family members, it is hoped that unnecessary placement of the participant outside of his or her home can be prevented through an improved overall quality of life for all members of the family.

ASSESSMENT / CARE PLAN

An initial assessment of each participant's physical, social, and mental level of function will be completed within the first month of enrollment. The assessment information is used to determine the current level of functioning and develop an individualized plan of care. All Creative Living Center staff members and often family members of the participant, are involved in the development of this plan. This plan and its goals are updated on a quarterly basis, or as needed.

Upon re-evaluation, it is possible that it may be determined that the participant's level of care has changed or that their needs are no longer compatible with the programming/services which the center provides. The Creative Living Center reserves the right to determine the level of care needed by each participant. The level of care will be determined from the FL-2 provided by the primary physician and a personal interview. Once the participant exhibits characteristics of inappropriate behaviors, the caregiver will be given as much notice as possible about discharge from the program. Every attempt will be made to begin counseling with the family to discuss other options of care. Once the participant's level of care has changed, a new financial agreement must be signed to reflect a change in their daily rate.

SPECIAL NEEDS

All prescription and over-the-counter medications must arrive in labeled pharmacy bottles. The center cannot administer medications that are not in the proper container. Center staff will administer medications as directed. All medication will be kept in a locked closet and a record will be kept for each time medication is given. Tylenol (or generic brand) is available at no cost as needed for headache or pain. Staff will keep records of this as well. If a physician changes a drug regimen, the caregiver is responsible for providing new orders in writing from the physician.

The center can assist the caregiver by referring other services that are available in the area. These include home health agencies, companion services, and other activity programs, etc.

If the staff of Creative Living Center become concerned or notice a change in the care provided to participants or it is reported to staff that there is any reason for concern, the employee is legally obligated to contact Pitt County Department of Social Services-Adult Protective Services. Proper documentation in client charts will be made regarding such a referral and any follow up that is made by Adult Protective Services. All potential participants who are referred to Creative Living Center through APS will have priority for enrollment.

TRANSPORTATION

Transportation is the responsibility of the participant. Many of our participants use PATS or other local transit companies to take them to and from CLC. The Center will supply you with a list of local transportation companies if desired.

There is often transportation grant money available to those individuals who can demonstrate a case of financial hardship. This funding is limited and is based on a first come, first serve basis.

In the event of an early closing due to weather or circumstances beyond our control, the family is responsible for making necessary transportation arrangements. It is the responsibility of the participant/caregiver to notify transportation of any cancellations, closings, holidays, delays, etc. Participants are to be dropped off no earlier than 7:30 AM and must be picked up at or before 5:30 PM. Participants picked up late from CLC will be charged \$10 for each 15 minute increment past 5:30PM (as per financial agreement). It is the responsibility of the caregiver/participant to inform transportation of this policy.

ENROLLMENT PROCEDURES

Persons aged 18 years and older who are in need of daytime supervision are eligible to apply.

The responsible party must complete a center application. This provides emergency information including physician's name and phone number as well as another relative or friend that can be reached in the event of an emergency.

A medical exam form (FL-2) must be completed by the participant's physician and received by Creative Living Center at least 2 days before the first day of participation. The FL-2 provides information of functional level of care needed. This form must be updated annually. In addition, any physician's visits or changes in orders must be reported to the center. The participant or their caregiver is responsible for seeing that this is done in a timely manner.

The participant must have a Tuberculin test or chest x-ray. The results of the test must be reported to Creative Living Center in writing. This test must be administered every year. Non-compliance with these requirements may result in termination of enrollment.

Participants and their caregivers are encouraged to visit the center prior to the first day of attendance. This allows them to see the facility, meet the staff, and ask questions. In addition, Creative Living Center staff is better able to determine the appropriateness of the participant for the program. Each participant will be placed under trial period for the first two weeks of enrollment. During this trial period, termination from the center may be determined to be necessary at the discretion of CLC staff.

All participants and/or their caregiver must sign a medical waiver statement, which authorizes the release of medical information from the participant's physician, and an authorization for emergency medical care. Additional consent forms may be requested for various events. Once signed, these consents will be in effect for the duration of enrollment at Creative Living Center. However, the consent is subject to revocation at any time. These consents will be maintained in the client record.

All caregivers must sign a financial statement agreement in regards to program service fees. All forms in the enrollment packet must be filled out completely and accurately before participants will be eligible to start the program.

DISCHARGE PROCEDURES

Creative Living Center reserves the right to discharge a participant at any time if they are deemed inappropriate for the program. Discharge will be decided on a case by case basis at the discretion of the Healthcare Coordinator and Executive Director.

Participants on grant funding may be discharged after excessive absences (at the discretion of CLC staff) so that other participants can receive funding and may then be placed in their available slot. If a grant funded participant is discharged and decides to re-enroll at a later date, they will have to go on the bottom of the waiting list.

When a participant is discharged, all records will be destroyed. In the event that a participant re-enrolls after being formally discharged, they will be required to get a physical and fill out all paperwork again before starting the program. If participants re-enroll after being formally discharged, all applicable fees will be reapplied (ex. Processing/registration fees).

CONFIDENTIALITY

All client data contained within the files of Creative Living Center are considered confidential. No data including names, addresses, personal or medical information, financial status, etc. may be released to any individual or organization except those Creative Living Center has authorized to have such data. This data is to be kept in a notebook for each individual client. This information is locked in the health care coordinator's office at closing. All employees and volunteers are required to sign consent to confidentiality and training will be provided to ensure confidentiality of client information.

The participant has the right to access information in his/her file and information will be promptly provided. The center's director or designated representative will be present when client records are reviewed. Client information may be disclosed without the consent of the client if it is for the purpose of making referrals, supervision, consultation or determination of eligibility or for the purpose of responding to and monitoring by funding sources.

Access to the automated data processing systems is restricted to the director and approved personnel who have been instructed in the need for confidentiality of information in the data processing system.

I have fully read and understand CLC's policies and procedures

Signature

Date



CREATIVE
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**ADMISSION APPLICATION
CREATIVE LIVING CENTER**

901 STATON ROAD
GREENVILLE, NC 27834
(252) 757-3344
FAX (252) 757-9615

Full Name: _____

Home Address: _____

Telephone Number: _____ Cell Number: _____

Email Address: _____

Birthdate: _____ SS#: _____

Marital Status: Married: _____ Widowed: _____

Divorced: _____ Never Been Married: _____

Special Dietary Needs: _____

E-mail Address: _____

PRESENT LIVING ARRANGEMENTS:

With Relatives _____ With Non-Relatives _____ Lives Alone _____

Living With Whom? _____

Relationship: _____

Address if different from above: _____

INSURANCE INFORMATION

Insurance Company Name: _____

Address: _____

Policy Number: _____ Group Number: _____

Name of Policy Holder: _____

Relationship to Participant: _____

Insurance Company Name: _____

Address: _____

Policy Number: _____ Group Number: _____

Name of Policy Holder: _____

Relationship to Participant: _____

EMERGENCY CARE INFORMATION

Name of physician who will see you on request: _____
Physician's Address: _____

Physician's Telephone Number: _____
Alternate Physician Name and Number: _____

Name of Dentist who will see you on request: _____
Dentist Address: _____

Dentist's Phone Number: _____

PLEASE LIST THE NAMES OF TWO PERSONS WHO MAY BE CONTACTED IN CASE OF AN EMERGENCY:

1. Name: _____
Address: _____
Telephone Number (Home): _____ (Work) _____
Relationship to Participant: _____

2. Name: _____
Address: _____
Telephone Number (Home): _____ (Work) _____

Significant Others: _____



Leisure, Social, & Lifestyle Assessment

Date: _____

Full Name: _____ Preferred Name: _____

Date of Birth: _____ Place of Birth: _____
(city, state, country)

Mother's Name: _____ Father's Name: _____

Sibling(s) Name(s): _____

Other significant family members: _____

Spouse: _____ Date Married: _____

Spouse still living? _____ Yes _____ No

If not living, date & cause of death: _____

Children: (names, ages, where they live, & how often they visit)

Grandchildren: (names and ages) _____

Close Friends: (past & present) _____

Highest level of education completed: _____ none _____ grammar school
_____ high school _____ college _____ other

Diplomas or certificates: _____

Military Info: _____

Occupation: _____

Club or civic group involvement: _____

Religion: _____

Degree of religious involvement: _____

Past/present hobbies, sports, areas of interest (check all that apply):

- | | | | |
|---------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> cooking | <input type="checkbox"/> card games | <input type="checkbox"/> arts & crafts | <input type="checkbox"/> sewing |
| <input type="checkbox"/> bingo | <input type="checkbox"/> gardening | <input type="checkbox"/> quilting | <input type="checkbox"/> bible study |
| <input type="checkbox"/> pets/animals | <input type="checkbox"/> music | <input type="checkbox"/> singing | <input type="checkbox"/> woodworking |
| <input type="checkbox"/> travel | <input type="checkbox"/> movies | <input type="checkbox"/> news | <input type="checkbox"/> crocheting |
| <input type="checkbox"/> board games | <input type="checkbox"/> exercise/walking | | |

Other: _____

Sociability:

- Does participant enjoy working in groups? yes no don't know
Large groups small groups
- Does participant enjoy group discussions? yes no don't know
- Does participant enjoy taking and sharing things about themselves?
yes no don't know
- Is participant best described as a leader or follower?
- Is participant best described as talkative or quiet?

Please list/describe any things that may agitate the participant or make them fearful or uncomfortable: _____

Please list any things or actions that might calm the participant down if they become agitated or distressed: _____

Please list any strange words/expressions that participant may exhibit and what (if known) they mean: _____

Please list and describe any challenging or strange behaviors the participant may exhibit and any successful techniques used for addressing such behaviors:

Comments/Additional Info: _____

Completed by: _____

Relationship to participant: _____

Thank you for taking time out to help us get to know your loved one better! ✍



Consent Form

Please complete the following form by checking agree or disagree.

Activities

I understand that periodically the center will be planning field trips. I hereby acknowledge the risks, involved and voluntarily agree to participate in these field trips provided my health allows.

Agree _____

Disagree _____

I consent to be a participant in the pet therapy program. I understand that there are certain risks such as bites or scratches when animals are involved. I hereby acknowledge the risks and do voluntarily agree to participate in the program.

Agree _____

Disagree _____

Medical

If emergency medical care becomes necessary, I give my permission to the Creative Living Center to provide Emergency medical care from any licensed practitioner or qualified personnel and/or to be transported to the nearest medical facility.

Agree _____

Disagree _____

I agree to inform staff of any changes in my reported medical, physical or mental health condition. I hereby authorize Creative Living Center to receive any medical information relevant to my current health care provided by a licensed provider. I hereby authorize Creative Living Center to disclose medical and other confidential information on a “need to know” basis, as relevant to my current health care.

Agree _____

Disagree _____

I consent for qualified Creative Living Center staff to administer prn (as necessary) medications as stated on the standing order form signed by my physician. I consent for qualified Creative Living Center staff to administer prescribed medications per physician orders. I understand that the medication(s) must be in labeled pharmacy bottles.

Agree _____

Disagree _____

Program

I give my permission for general information volunteered by me to be used in the Creative Living Center Newsletter. I understand that the newsletter will be distributed locally in the community for purposes of information and public relations regarding the center.

Agree _____

Disagree _____

I authorize the use of photographs taken of me during center activities to be used for the purposes of information, public relations, and publicity regarding the center. I understand that my consent to be photographed or interviewed will be requested verbally before pictures are taken.

Agree _____

Disagree _____

I authorize the use of videotapes taken of me during center activities to be used for the purposes of information, public relations, and publicity regarding the center. I understand that my consent to be videotaped or interviewed will be requested verbally before being videotaped.

Agree _____

Disagree _____

I do hereby acknowledge receipt of the policies and procedures statement of the Creative Living Center. I also acknowledge that I have read, understand, and will uphold these policies.

Agree _____

Disagree _____

Signature of Caregiver

Signature of Participant

Witness

Date



CREATIVE
LIVING CENTER

Transportation & Attendance Sheet

Participant Name: _____

Days of Attendance: Please circle days of regular/preferred attendance

Monday Tuesday Wednesday Thursday Friday

*Transportation to and from the Center is the responsibility of the caregiver.

Transportation to Center:

Approximate Arrival Time: _____

Transportation Name/Contact Info: _____

Transportation from Center:

Approximate Arrival Time: _____

Transportation Name/Contact Info: _____

Form completed by: _____

Date completed: _____



CREATIVE
LIVING CENTER

Income Information Form

Participant Name: _____

Social Security Number: _____

Please note that all information will be kept confidential.

<u>INCOME</u>	<u>AMOUNT PER MONTH</u>
Social Security/SSI	_____
Pension/Retirement	_____
Interest Income	_____
Other Income	_____
TOTAL	_____

<u>EXPENSES</u>	<u>AMOUNT PER MONTH</u>
Rent/Mortgage	_____
Utilities	_____
Phone	_____
Cable	_____
Food	_____
Insurance	_____
Medications	_____
Program Fees	_____
Other Health Expenses	_____
Other Expenses (list)	_____
_____	_____
_____	_____
TOTAL	_____

I agree that the above information is accurate and I will notify the director of any changes.

Signature: _____ **Date:** _____

Social Security Number: _____

Please remember to download and complete the Child and Adult Care Food Program Enrollment Form and Eligibility Application. The links are listed separately under the link that you accessed these forms from.



ROUTINE MEDICATION ADMINISTRATION POLICY

ROUTINE MEDICATION

Medication administration is a service offered at the Creative Living Center (CLC). When the responsible party/caregiver is unable to give medication at home then the medication can be given by the Health Care Coordinator (HCC) or assistance provided by the designated staff.

The following requirements must be met before ANY medication can be given:

- 1) There must be a doctor's order on file (FL-2, copy of the prescription, written order, etc.).
- 2) Medication shall be kept in the original pharmacy containers in which they were dispensed. The containers shall be labeled with the participant's full name, the name and strength of the medicine, dosage and instructions for administration.
- 3) The Medication Administration Consent/Waiver form must be signed by the responsible party/caregiver.

The responsible party/caregiver is responsible for updating the HCC of all medication that the participant takes, even if the medication is not taken while at CLC, including: dosage changes, short term, new or discontinued medications.

CONSENT/WAIVER for Routine Medication Administration **(please check one and sign)**

I have carefully read and/or had the Medication Administration Policy explained to me. I understand this policy and agree to comply.

____ **YES**, I give the HCC and/or designated staff of the CLC permission to administer medication.

____ **NO**, I do not give the HCC and/or designated staff of the CLC permission to administer medication.

Signature/Caregiver/Responsible party _____ Date _____

Participant Name _____ Date _____

Signature/Health Care Coordinator _____ Date _____



**STATEMENT OF RIGHTS
OF
ADULT DAY CARE PARTICIPANTS**

The right to be treated as an adult, with respect and dignity.

The right to participate in a program of services and activities that promote positive attitudes on one's usefulness and capabilities.

The right to participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop one's interests and talents.

The right to be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence.

The right to self-determination within the day care setting, including the opportunity to:

- ? Participate in developing one's plan for services;
- ? Decide whether or not to participate in any given activity;
- ? Be involved to the extent possible in program planning and operation.

The right to be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.

The right to privacy and confidentiality.

Prepared by:
The National Institute on Adult Day Care
a constituent unit of The National Council
on the Aging, Inc. 1984

Signature: _____ Date: _____

