



**Adult Day Health Care Program**  
**A Legacy of Caring**

**ADULT DAY HEALTH CARE PROGRAM**  
**Checklist for New Admissions**

**Admission and Financial Policies**

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- \_\_\_\_\_ A. Registrant will be admitted to the Adult Day Health Care Program or the ADHCP only if pre-registration evaluation determines that program can delay institutionalization and further deterioration and program can adequately and appropriately care for the registrant. First 30 days of registration is trial, to determine helpfulness of program to appropriateness of ADHCP for registrant.
- \_\_\_\_\_ B. Registrant has received, read and signed, as necessary, Registrants' Rules, Regulations and Responsibilities, Registrants' Bill of Rights and Articles of Agreement for Admission. Registrant understands these forms and has discussed questions/concerns with social worker.
- \_\_\_\_\_ C. Registrant must maintain a relationship with a community PCP in order to attend ADHCP.
- \_\_\_\_\_ D. Arrangements made for payments of Schofield Residence bill. Schedule of due dates, rates and services offered provided to registrant. Concerns of registrant re: above and third party reimbursement/payment and/or legal representative's involvement addressed.
- \_\_\_\_\_ E. Registrant to sign for third party (eg: Medicaid, Medicare, Blue Cross, Blue Shield) reimbursers' receipt of relevant information from Schofield Residence. Schofield Residence will bill these insurers, if indicated.
- \_\_\_\_\_ F. Registrant gives permission to Program to photograph registrant upon admission and thereafter for purposes of identification and/or completeness of medical records.

- \_\_\_\_\_ G. The registrant designates Program as attorney-in-fact for purposes of Medicaid application, as necessary, and/or other administrative functions in applying for third party reimbursement.
- \_\_\_\_\_ H. The Program's Interdisciplinary Team will meet periodically to review registrant's care and appropriateness of placement in ADHCP. The Team may recommend, at any time, transfer to another, and appropriate level of care. Registrant invited to attend Review Meeting.
- \_\_\_\_\_ I. ADHCP is not responsible for valuables or money in registrant's possession while at ADHCP. Schofield Residence will assume responsibility only for articles delegated to its safe keeping. Locked cabinets are available to secure belongings.
- \_\_\_\_\_ J. Registrant is transferred or discharged from ADHCP only for medical reasons, non-participation in the program, for his welfare or that of other registrants, for non-payment of ADHCP services, or if their choices interfere with the safety of themselves or others.
- \_\_\_\_\_ K. Registrant has the right to express and have responded to his grievances related to ADHCP services offered. Staff, especially, social worker, available to discuss further with registrant.
- \_\_\_\_\_ L. Complaint form and process explained to registrant.
- \_\_\_\_\_ M. Registrant to be free from mental and physical abuse, free from chemical and physical restraints except as physician ordered for a specific time limited period and to prevent registrant injury to self or others. In case of emergency, a licensed nurse may utilize restraint with documentation of circumstances requiring restraint. Physician notified within 24 hours in case of use of chemical restraint.
- \_\_\_\_\_ N. New York State Patient Abuse, Mistreatment or Neglect reporting laws and procedures reviewed.
- \_\_\_\_\_ O. Registrant not required to perform services for the ADHCP that are not included for therapeutic purposes in his plan of care.
- \_\_\_\_\_ P. Registrant may associate/communicate privately with persons of own choice and may join other registrants or individuals within or outside of ADHCP to work for improvements in registrant's care.
- \_\_\_\_\_ Q. Registrant voting encouraged at district or via absentee ballot. Social worker will help arrange for absentee ballot if desired. Registrants at all times encouraged to participate in decision making.

## **Visitation**

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- \_\_\_\_\_ A. To insure the safety and wellbeing of registrants, all persons entering the Program must register at the Reception Desk.
- \_\_\_\_\_ B. Special visiting arrangements may be made with the Director of the ADHCP in order to observe registrant's progress.

## **ADHCP Staff and Services**

### **Nursing**

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- \_\_\_\_\_ A. Questions related to registrant's condition will be answered by the ADHCP staff.
- \_\_\_\_\_ B. If registrant is unable to take a bath/shower at home, he may receive shower at ADHCP as part of physician ordered plan of care.
- \_\_\_\_\_ C. Only medications to be taken during registrants' visits to ADHCP may be brought to ADHCP. Medications must be in properly labeled containers with directions for use. The ADHCP staff will remind/assist with medication administration.
- \_\_\_\_\_ D. No applicant suffering from infectious stages of communicable disease may be registered or retained in program, unless their physician certifies that registrant presents no significant hazard to any person.
- \_\_\_\_\_ E. An applicant who manifests behavioral or emotional disorders or suffers from substance addiction shall be registered or retained only if ADHCP has the capability of adequately and appropriately managing registrant's problems, and if they do not impede on the rights of other registrants.
- \_\_\_\_\_ F. It is suggested that a complete change of clothes be kept in the ADHCP. They must be properly labeled. If not picked up within 30 days of discharge, they will be disposed of.
- \_\_\_\_\_ G. Relatives/responsible parties may contact the Director of the ADHCP regarding progress in the program.
- \_\_\_\_\_ H. Only ADHCP personnel or other appropriately trained staff will provide assistance to registrants who require it while eating.
- \_\_\_\_\_ I. Registrants requiring personal assistance will be provided such by ADHCP personnel or other appropriately trained staff. Registrants may request which employee provides their care.

### **Occupational Therapy**

- \_\_\_\_\_ A. The ADHCP will provide occupational therapy services to the registrant as determined through the registrant assessment as needing such services.
- \_\_\_\_\_ B. The Occupational Therapist will, upon written order from the registrant's physician, evaluate, administer and supervise appropriate therapy treatment program under the provisions provided for by the NYS Rules and Regulations.
- \_\_\_\_\_ C. Modalities include, but are not limited to, ADL training, therapeutic activities and exercise, cognitive and perceptual re-training and neuromuscular re-education.
- \_\_\_\_\_ D. Adaptive equipment will be available as needed.

### **Physical Therapy**

- \_\_\_\_\_ A. The ADHCP will provide physical therapy services to registrants determined through the registrant assessment as needing such services.
- \_\_\_\_\_ B. The Physical Therapist will, upon written order from the registrant's physician, evaluate, administer and supervise the appropriate therapy treatment program under the provisions provided for by the NYS Rules and Regulations.
- \_\_\_\_\_ C. Modalities include, but are not limited to, transfer training, gait training, stair management and balance activities.
- \_\_\_\_\_ D. Assessment for wheelchairs, orthotics/prosthetics available as needed.

### **Speech Therapy**

- \_\_\_\_\_ A. The ADHCP will provide or arrange for speech therapy services to the registrant as determined through the registrant assessment as needing such services.
- \_\_\_\_\_ B. The MS CCC SLP will, upon written order from the registrant's physician, assess and administer appropriate therapy treatment program.
- \_\_\_\_\_ C. Swallow evaluations are also performed by the Speech Pathologist to assess solid and liquid texture tolerance, recommend feeding methods and adaptive equipment to promote optimal oropharyngeal functioning.

### **Dietary**

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- \_\_\_\_\_ A. Any registrant on the premises at the time will be served a meal. Registrant have access to food at any time during program hours upon their request.
- \_\_\_\_\_ B. Nutritional services will be provided under the direction of a qualified dietitian.
- \_\_\_\_\_ C. Any questions may be directed to the Director of the ADHCP.

### **Activities**

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- \_\_\_\_\_ A. Registrant will participate in planning of diverse meaningful activities within the limits prescribed by their personal physician. Cost of equipment and supplies is provided by ADHCP.
- \_\_\_\_\_ B. Registrant may meet with and participate in activities of social, religious and community groups, unless medically contraindicated and physician documented.
- \_\_\_\_\_ C. Registrants may choose to participate in a community outing offered by ADHCP.

### **Social Services**

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- \_\_\_\_\_ A. Assess with registrant upon admission financial, family and emotional needs and concerns for Social Services interventions. Follow-up as indicated.
- \_\_\_\_\_ B. Provide supportive counseling to registrants and works collaboratively with family and other caregivers regarding their concerns for registrants' condition and progress.
- \_\_\_\_\_ C. Involves and/or consults with care providers outside of ADHCP as registrant advocate if needed/requested.
- \_\_\_\_\_ D. Advanced directives reviewed upon admission and annually or as warranted. (Health Care Proxy and DNR Order).
- \_\_\_\_\_ E. Do not Resuscitate Order: A Guide for Patients and Families. (Provided) Registrant/Family understand if registrant does not have a Do Not Resuscitate order, Cardio Pulmonary resuscitation will be provided by Program staff in the event of a witnessed Cardiac or Respiratory resuscitation.
- \_\_\_\_\_ F. Registrant may leave ADHCP for scheduled appointments and/or outing during program hours. Please sign out on the "Registrant sign out" sheet. Reg/rep to arrange transport for outing.
- \_\_\_\_\_ G. Discussed contents and whereabouts of "Resource Handbook"

### **Specialized Services**

- \_\_\_\_\_ A. Specialized services such as laboratory and radiology can be arranged to be provided on-site with a physician's order.
- \_\_\_\_\_ B. Other services, such as dentistry, podiatry, ophthalmology and audiology can be arranged in the community as needed.
- \_\_\_\_\_ C. Registrant is not restricted from receiving other services outside of Schofield ADHCP.

### **Miscellaneous**

- \_\_\_\_\_ A. Schofield is a smoke free facility. There is no smoking on the premises.
- \_\_\_\_\_ B. Medical services are provided by registrant's private physician and carried out under the direction of the Medical Director of ADHCP.
- \_\_\_\_\_ C. Registrant Council Meetings are held 12 times a year. Registrants are encouraged to attend.
- \_\_\_\_\_ D. The ADHCP will be open to the registrants from 7:30 a.m. to 6:30 p.m., Monday through Friday, and 11 a.m. to 4 p.m. on Saturdays, except for the following holidays:
  - New Year's Day
  - Memorial Day as officially observed
  - July 4th
  - Labor Day
  - Thanksgiving Day
  - Christmas Day

In signing this statement, I acknowledge having been informed of the contents of the Admission Agreement, the Registrant's Bill of Rights, the Registrant's Rules, Regulations and Responsibilities and also acknowledge receipt of a copy of the above documents/information.

\_\_\_\_\_  
Signature of Registrant or Legal Representative

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Date