

## [Adult Day Health Care/ Adult Day Care Policy and Procedures](#)

Total ADHC Solutions

Below are some sample policies and procedures for Adult Day Services, taken from the Total Solutions' [Adult Day Policy and Procedure Manual](#). These are only a few of the more than 150 policies that are in the manual. Please feel free to use them if you choose to develop your own Policy and Procedure Manual.

Tips for writing your own [Adult Day Policy and Procedure manual](#):

1. Review your state's Adult Day Service Regulations: Be sure you are reviewing the specific type of center you would like to open (Adult Day Health Care, Adult Day Care) and decide whether or not there is an add-on program that you would like to offer as well (dementia program, combined program, respite program, etc.). Be sure to develop policies and procedures for this program, too.
2. Set aside the time to create your manual.
  - a. If you choose to write from scratch, give yourself approximately 200-300 hours to develop a manual that will pass the state survey and/or the application process.
  - b. If you utilize our DIY [policy and procedure manual for Adult Day Services](#), it will take you approximately 25-100 hours to complete, depending on your previous experience in health care, working in a highly regulated industry, and/or experience writing policies and procedures.
  - c. If you utilize our customized [Policy and Procedure Manual for Adult Day Services](#), expect to spend about four hours simply to review your new manual. (And set aside a couple more to celebrate that you made the best decision for your company!)
  - d. If you purchase from a company that does not specialize in Adult Day Services, from one that offers a much lower quality product, or acquire one from another

setting, expect to spend less time developing your Policy and Procedure Manual and an up to 18 month-delay in the opening of your center while you spend time revising and resubmitting to meet *current* state regulations and requirements.

3. A policy and procedure manual's function isn't just to pass survey and then sit on a shelf. Keep in mind that an Adult Day Policy and Procedure manual needs to be a "living and breathing" document, continuously revised when procedures in your Adult Day center change or state regulatory requirements are updated. (We offer an update subscription service specifically for this reason.)
4. The Policy and Procedure manual can also help protect you from lawsuits. If your staff is following the center's policy and procedure manual (and there is a policy to be followed), the risk of being found libel is greatly reduced.

We understand that time is not a renewable resource, and opening a center is daunting and extremely time consuming. Our goal at Total ADHC Solutions is to develop [products](#) and [services](#) that ensure that your center opens quickly, is highly profitable, and provides the best physical, emotional, and cognitive health services to the participants you will serve. We provide the support you need to open swiftly and efficiently, so you can begin helping others and increase your revenues faster.

## Absentee/Elopement Notification Plan

### **Policy:**

Participants and their responsible parties shall be fully informed of the Absentee/Elopement notification and prevention program and plan at the **Generic ADS ADHC** and shall provide updated contact information regarding emergency notification contacts.

### **Procedure:**

1. All participants are notified upon admission of this plan.
2. Participant or participant's responsible party shall provide the names, phone numbers, (mobile, work and home if available), addresses and email addresses (if available) of the person(s) who shall be notified if participant is missing from facility.
3. This information shall be maintained in participant's chart and shall be updated
  - a. When there is a change in the emergency contact's information; and
  - b. Every six-months, emergency contact information will be confirmed by the participant or the participant's emergency contact.
4. All participants shall be informed at time of admission that they are to remain in the program for the entire program day; that they are not to leave center during program day unless notifying and receiving permission from program director to leave center, or for a scheduled outing
5. This information will also be included in the participant agreement signed upon admission, which states that the participant agrees to not leave center during program day.

## Elopement Prevention

### **Purpose:**

To provide staff with a plan to follow to prevent elopement

### **Procedure:**

1. All exits from **Generic ADS ADHC** building are either alarmed or have a staff member assigned to ensure that no participant exits the building without permission or staff knowledge.
2. All participants are informed of the center regulations that require them to be at the center for a minimum of four hours and that leaving the center without being dismissed at the end of the day or without staff knowledge/permission, may be cause for discharge.
3. If participant is unable to fully understand #2 above due to cognitive or mental status, # 2 shall be explained to participant's designated contact.
4. Participants who are at risk for elopement will be assessed for risk. Diagnoses and history pertinent to the risk of elopement include:
  - a. Dementia, including Alzheimer's disease;
  - b. Delusion, Hallucinations;
  - c. Anxiety disorder, manic depression, schizophrenia;
  - d. History of exploring (wandering); and
  - e. History of leaving the center without permission prior to the end of the program day.
5. Once a participant has been identified as being high-risk, appropriate interventions will be implemented.
  - a. Progress Notes: document any exploring/wandering tendencies. Once these behaviors have been exhibited, the potential for elopement increases.
  - b. Supervision and periodic checks (i.e.: attendance taken at least 2 times a day).
  - c. Ongoing activity programs to minimize wandering/exploring tendencies.
  - d. Exit doors secured with alarms that are tested daily and documented.

- e. Fenced outdoor areas with staff supervision.
6. Once a participant has been identified as a high risk for elopement and preventative interventions have been implemented, the following documentation shall be made in the participant's chart;
    - a. The participant's plan of care, which shall list all interventions that are used to prevent an occurrence from happening.
    - b. Those at risk for elopement shall be identified by having a "butterfly" or "plane" sticker affixed to their name-tag.
  7. All staff will be notified of participants who are added to the "at risk" elopement list.
  8. In-service training will be provided to all staff during orientation and annually thereafter regarding elopement policy and procedures.

## Responding to an Elopement

### **Policy:**

The center shall have procedures in place to respond to a participant elopement.

### **Procedure:**

1. Any staff member observing a confused or previously identified wandering participant attempting to leave the center will attempt to prevent such departure.
2. The staff member will obtain the assistance of other staff members, if their efforts fail.
3. If no other staff are available, and efforts fail, staff will stay with participant and continue attempting to redirect the participant safely back into the building.
4. Staff is not to leave the participant for any reason.
5. If staff discovers a participant missing from the center, that staff member shall immediately notify the program director.
6. The PD will assign staff to conduct a search for the participant in the following manner:
  - a. Determine the last time the participant was seen.
  - b. Complete search of interior of building: check all rooms, bathrooms, closets, etc.
  - c. Complete search of immediate exterior of building: Two staff members will be assigned by program director to check around the outside of building, each going in the opposite direction. After meeting behind the building the individuals return to the central location to report results.
7. If search was unsuccessful, the program director will immediately carry out the following steps:
  - a. Obtain description from staff of what participant was wearing;
  - b. Notify the participant's responsible party/emergency contact(s) using information provided upon admission and updated each six-month period;
  - c. Notify the Police Department, 911;
  - d. Notify the administrator; and
  - e. Notify any other regulatory agencies required by law.

8. Once the preceding instructions have been implemented, the authorities will assume command of the search. The following information shall be provided to the authorities:
  - a. Name and nickname.
  - b. Sex.
  - c. Age.
  - d. Photograph.
  - e. Physical description: height, weight, race, and color of hair and eyes.
  - f. Where the participant was last seen.
  - g. Mental condition.
  - h. Language spoken.
  - i. Color and type of clothing being worn, if known.
  - j. Home address.
  - k. Address of any known family or friends.

## **Following Elopement**

### **Policy:**

Following an elopement, the center shall have in place procedures to help ensure that elopement will not re-occur.

### **Procedure:**

1. The Program Director or designee will notify all previously contacted persons and organizations of participant return.
2. The participant will have a complete assessment done to determine if any injuries occurred.
3. The participant's plan of care shall be updated to reflect the elopement and a prevention plan will be developed.
4. The RN and/or Social Worker will document event in participant's chart.
5. The PD or Administrator will complete and send an unusual incident report according to the Department's specifications.
6. A complete and thorough investigation of the elopement will be done immediately in order to prevent other occurrences as well as to protect other participants.
7. A plan of correction will be developed that will take into account findings of investigation to help ensure that elopement episodes do not occur.

**Purpose:**

To provide staff with a plan to follow to prevent elopement

**Procedure:**

9. All exits from **Generic ADS ADHC** building are either alarmed or have a staff member assigned to ensure that no participant exits the building without permission or staff knowledge.
10. All participants are informed of the center regulations that require them to be at the center for a minimum of four hours and that leaving the center without being dismissed at the end of the day or without staff knowledge/permission, may be cause for discharge.
11. If participant is unable to fully understand #2 above due to cognitive or mental status, # 2 shall be explained to participant's designated contact.
12. Participants who are at risk for elopement will be assessed for risk. Diagnoses and history pertinent to the risk of elopement include:
  - a. Dementia, including Alzheimer's disease;
  - b. Delusion, Hallucinations;
  - c. Anxiety disorder, manic depression, schizophrenia;
  - d. History of exploring (wandering); and
  - e. History of leaving the center without permission prior to the end of the program day.
13. Once a participant has been identified as being high-risk, appropriate interventions will be implemented.
  - a. Progress Notes: document any exploring/wandering tendencies. Once these behaviors have been exhibited, the potential for elopement increases.
  - b. Supervision and periodic checks (i.e.: attendance taken at least 2 times a day).
  - c. Ongoing activity programs to minimize wandering/exploring tendencies.
  - d. Exit doors secured with alarms that are tested daily and documented.
  - e. Fenced outdoor areas with staff supervision.

14. Once a participant has been identified as a high risk for elopement and preventative interventions have been implemented, the following documentation shall be made in the participant's chart;
  - a. The participant's plan of care, which shall list all interventions that are used to prevent an occurrence from happening.
  - b. Those at risk for elopement shall be identified by having a "butterfly" or "plane" sticker affixed to their name-tag.
15. All staff will be notified of participants who are added to the "at risk" elopement list.
16. In-service training will be provided to all staff during orientation and annually thereafter regarding elopement policy and procedures.

## Activity Services

### **Policy:**

The activity department shall provide an activity program that is both therapeutic and enjoyable. These activities shall meet the needs and interests of each participant. The activity program shall assist the participant to resume self-care and normal activities, or to prevent further deterioration. Participants shall have the choice of refusing to participate in any activity.

**Declarations:** Each day's activities shall include;

1. Physical activities—group exercise, dancing, ball tossing, including hand/eye coordination activities and dancing/movement activities intended to improve coordination, muscular strength and body alignment.
2. Mental Stimulation- activities intended to maintain or improve cognition, these include; competitive games, educational programs, language learning, puzzles, computer and internet use.
3. Creative endeavors – creative projects designed to increase self-esteem, sense of accomplishment, hand/eye coordination, creative expression, sense of worth, personal satisfaction, praise and recognition. These may include painting, gardening, cooking, ceramics/clay, stained glass and hat making. In addition to arts and crafts activities, the activities program will also include other creative outlets for participants such as poetry, storytelling, writing life experiences, pantomime, and singing.
4. Educational endeavors—various educational programs and in-services in the form of lecture and question and answer sessions-- these may include community representatives, **Generic ADS ADHC** staff and various consultants.
5. Reality orientation –reality orientation is provided on a daily basis, utilizing a variety of mediums, oral, newspaper articles, magazines and participant participation. Reality orientation may also be incorporated into daily activity programs, for instance; arts and crafts activities geared toward a specific event, such as Independence Day, act as reminders to the participants of the month and season of the year.

6. Social experiences --Social activities are intrinsically incorporated into the activities program. Most if not all activities involve some type of casual interaction with others, and some activities are based around social experiences such as reminiscence therapy or games.
7. Personal Care (if needed).
8. Rest.
9. Other programs available for participants:
10. Service involvement – many participants find great satisfaction in taking an active role in helping to ensure that the Center runs smoothly. Specific “jobs” or duties for which they alone are responsible increase the value and add meaning to their time at the Center. These activities may include: serving coffee, greeting fellow participants, sending cards to fellow participants when they are ill, welcoming new participants, participation in a monthly participant council meeting, sweeping, stacking chairs, putting out mailings, etc. Service involvement shall be performed only under the advisement of the MDT, and shall be documented on the participant’s plan of care. At no time shall the request of duties be a requirement for continued participation at the center.
11. Cultural experiences – “Special” cultural events such as Cinco de Mayo, can be celebrated through special activities (the making and eating of traditional dishes, playing Mexican music and the discussion of the origins and traditions of this holiday). For those of Mexican heritage, such a celebration may be a means of preserving personal identity, while providing an educational experience for individuals who are not of Mexican heritage. Some of the cultural events that can be celebrated include Easter, St. Patrick’s Day, Moon Festival, Christmas, and Hanukkah etc.

## Unexcused Absences

### **Policy:**

In order to ensure participant safety at home, and to provide immediate follow up during times of emergencies, the staff of **Generic ADS ADHC** shall provide follow up procedures for all participants who do not attend on their scheduled day without prior notice to the Center.

### **Procedures:**

1. Participants are informed at time of admission that if they are unable to attend on any scheduled day, that they shall notify the center, they may leave a message on the Center's answering machine at any time.
2. If the participant is ill, the Center shall determine by visit or telephone the extent of the illness, and make arrangements for proper treatment if indicated, such as notifying the participant's physician, family, arranging for home health services, or faxing a report to APS and/or phoning the police.
3. If a participant does not appear for transportation when the driver arrives, the driver shall make efforts to determine if the participant is helpless and unable to answer the door, or phone, or has gone away for the day. The driver shall attempt to phone the home by means of a cell phone to determine the whereabouts of the participant. If the driver is unable to get an answer, the driver shall phone the social worker at the center who will provide follow-up.
4. In the event that a participant who does not receive transportation does not attend the center on his or her scheduled day of attendance, and has not informed the center that he or she will be absent, the Activity Coordinator shall inform the Social Worker, who will provide follow-up.
5. The social worker shall call the participant's home, and if ill, shall institute above procedure (2). If there is no answer, the social worker shall phone the participant's identified emergency contact person to determine reason for absence.

6. The social worker may provide a home visit if necessary, or may phone the police, if he or she suspects that the participant may be too ill or incapacitated to answer the phone, or the door.
7. The social worker shall document all actions taken, as well as results of actions on the social work progress note.
8. If it is determined that the cause of the absence is voluntary on the part of the participant, a note to that effect shall be entered into the progress note.

## Medication Orders

### **Policy:**

Medication shall be administered to participants only under the order of the participant's personal physician.

### **Procedure:**

1. The RN shall review each participant's health record which includes a medication history with a list of medications currently being taken and any allergies.
2. During the initial and subsequent assessments, the RN shall ask the participant to bring in all of his or her medications to the Center so that he or she can verify the drug name, strength, dosage, frequency and use.
3. If there is any discrepancy between the physician's orders and the medications that the participant is taking or has, the RN shall contact the primary physician for orders/clarification.
4. During the initial assessment the Center RN shall also determine if the participant is fully knowledgeable of his or her medication regimen and if he or she is capable of self-administering his or her own medication. The nursing section of the plan of care notes if training is necessary, if the participant will self-administer and which medications will be self-administered, or if the Center will administer the medications with specification of which ones.
5. The RN shall also review the medical history and physical form completed by the participant's physician, to determine if the physician feels that the participant can safely self-administer medications.
6. All medications that are administered by the Center are given by a licensed nurse, the staff physician, or other person authorized by Your State law to administer drugs.

7. Each medication given in the Center is recorded with the name, strength, dosage and frequency as well as the prescriber's name, the indication for use, and with prn medication, the participant's response.

## Social Media

### **Policy:**

Social media may be used for personal use only during non-working time and in strict compliance with this and other **Generic ADHC ADS** policies. While employees are entitled to express opinions and ideas each has a responsibility not to violate **Generic ADHC ADS** policies or negatively affect the operations of the Center. The **Generic ADHC ADS** reserves the right to restrict and monitor employee's use of social media.

### **Definition:**

Social Media are works of user-created video, audio, text or multimedia that are published and shared in any electronic environment, such as a blog, Facebook ©, LinkedIn ©, Instagram ©, YouTube ©, Twitter © or any other social media site, instant messaging and email.

### **Procedure:**

1. All staff will be respectful and professional to fellow employees, business partners, competitors and patients on all social and electronic media.
2. Staff shall be responsible and act ethically when using social and electronic media. When at work, each employee's primary responsibility is to the work of the center.
3. Confidential information shall not be shared on any social media site. If there is any question as to confidentiality, staff shall not share.
4. Staff shall not talk about participants or release participant information on any social media site. They shall not take or share images of participants, other employees or the center without written permission from the program director/administrator.
5. Staff shall not refer to co-workers in an abusive or harassing manner at any time on social or electronic media.

6. Staff shall not disclose anything having to do with a legal issue, legal case or attorneys on social media.
7. Staff shall not “friend” participants unless there is previous in-person friendship that pre-dates the participant attending the center.
8. Staff in management positions shall not initiate “friend” requests with employees they manage.
9. Staff shall be professional, use good judgement and be accurate and honest in all communications; errors, omissions or unprofessional language or behavior reflect poorly on Generic ADHC ADS and may result in liability for the staff member or the Generic ADHC ADS.