

## **Priscilla's Cottage Adult Daycare Document Checklist**

- ☐ Power of Attorney
- ☐ Advance Directive
- ☐ Insurance Card
- ☐ Photo ID
- ☐ Statement of Medical Condition
- ☐ Negative TB test
- ☐ Application
- ☐ Interest
- ☐ Medications and Allergies
- ☐ Consent for Emergency Medical Care
- ☐ Activity Release of Liability
- ☐ Transportation
- ☐ Receipt of Policy and Procedures
- ☐ Receipt of HIPAA

## Priscilla's Cottage Adult Daycare

### Photo Release

Name\_\_\_\_\_

The above-mentioned named participant gives permission and release for Photographs to be made of him/ her while engaged in program activities. These photos may be used for publicity/promotion of Priscilla's Cottage Adult Daycare and also for identification purposes.

Guardian\_\_\_\_\_Date\_\_\_\_\_

# **Priscilla's Cottage Adult Daycare**

## **ACTIVITY RELEASE OF LIABILITY**

### **READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS**

In exchange for participation in the activity of the day program at Priscilla's Cottage Adult Daycare organized by Priscilla's Cottage ("Priscilla's Cottage"), of 1180 McKendree Church Road #107, Lawrenceville, Georgia, 30043 and/or use of the property, facilities and services of Priscilla's Cottage, I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Priscilla's Cottage, or the employees, representatives or agents of Priscilla's Cottage.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury and illness to myself and (if applicable) my family members, and further release and discharge Priscilla's Cottage for injury, illness, loss or damage arising out of my or my family's use of or presence upon the facilities of Priscilla's Cottage, whether caused by the fault of myself, my family, Priscilla's Cottage or other third parties.
3. I agree to indemnify and defend Priscilla's Cottage against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Priscilla's Cottage.
4. I agree to pay for all damages to the facilities of Priscilla's Cottage caused by my or my family's negligent, reckless, or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Georgia law.
6. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that Priscilla's Cottage has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.
7. This Agreement and each of its terms are the product of an arms' length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.
8. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.

9. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

10. In case of an emergency, please call \_\_\_\_\_ (Relationship: \_\_\_\_\_) at \_\_\_\_\_ (Day), or \_\_\_\_\_ (Evening).

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

## Priscilla's Cottage Adult Daycare Application

Date:\_\_\_\_\_

Full Name:\_\_\_\_\_

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

Male\_\_\_ Female\_\_\_ Birthday\_\_\_\_\_

Married\_\_\_ Single\_\_\_ Divorced\_\_\_ Widow/er\_\_\_

Presently lives with\_\_\_\_\_

Relationship: \_\_\_\_\_ Caregiver Y\_\_\_ N\_\_\_

If no please list caregivers:

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

Phone Numbers:

(H)\_\_\_\_\_ (C)\_\_\_\_\_ (W)\_\_\_\_\_

### EMERGENCY INFORMATION:

Doctor's Name:\_\_\_\_\_

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

Phone:\_\_\_\_\_

Hospital Preference:\_\_\_\_\_

Allergies:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Relationship: \_\_\_\_\_

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Comments: \_\_\_\_\_

[illegible]

Print name\_\_\_\_\_

## Priscilla's Cottage Adult Daycare

### Consent for Emergency Medical Care

As a participant at Priscilla's Cottage Adult Daycare I hereby give permission to staff (paid and volunteers) to provide direct minor emergency care for minor emergencies or to access 911 emergency medical services as deemed necessary. I hereby give my full and unconditional approval for said staff to secure emergency medical care.

Any resultant bill will be the responsibility of the participant and /or caregiver/guardian. Said individual(s) will be responsible for filing any and all medical insurance claims.

In the event a medical situation is not an emergency, staff may request that a doctor see the participant. It is understood that the participant cannot return to the program without a report concerning the incident.

I will not hold any of the staff (paid or volunteer) of Priscilla's Cottage Adult Daycare responsible for any injury, which occurs to the named participant during the course of the program.

Every reasonable effort will be made to ensure the safety of the participant.

Participant's Physician Name and Phone number\_\_\_\_\_

Hospital of Choice\_\_\_\_\_

ParticipantsName\_\_\_\_\_

Guardian (relationship)\_\_\_\_\_Date:\_\_\_\_\_

Signature\_\_\_\_\_



## OFFICE FOR CIVIL RIGHTS

# YOUR HEALTH INFORMATION PRIVACY RIGHTS

Most of us feel that our health information is private and should be protected. That is why there is a federal law that sets rules for health care providers and health insurance companies about who can look at and receive our health information. This law, called the Health Insurance Portability and Accountability Act of 1996 (HIPAA), gives you rights over your health information, including the right to get a copy of your information, make sure it is correct, and know who has seen it.

### Get It.

You can ask to see or get a copy of your medical record and other health information. If you want a copy, you may have to put your request in writing and pay for the cost of copying and mailing. In most cases, your copies must be given to you within 30 days.

### Check It.

You can ask to change any wrong information in your file or add information to your file if you think something is missing or incomplete. For example, if you and your hospital agree that your file has the wrong result for a test, the hospital must change it. Even if the hospital believes the test result is correct, you still have the right to have your disagreement noted in your file. In most cases, the file should be updated within 60 days.

### Know Who Has Seen It.

By law, your health information can be used and shared for specific reasons not directly related to your care, like making sure doctors give good care, making sure nursing homes are clean and safe, reporting when the flu is in your area, or reporting as required by state or federal law. In many of these cases, you can find out who has seen your health information. You can:

- **Learn how your health information is used and shared by your doctor or health insurer.** Generally, your health information cannot be used for purposes not directly related to your care without your permission. For example, your doctor cannot give it to your employer, or share it for things like marketing and advertising, without your written authorization. You probably received a notice telling you how your health information may be used on your first visit to a new health care provider or when you got new health insurance, but you can ask for another copy anytime.
- **Let your providers or health insurance companies know if there is information you do not want to share.** You can ask that your health information not be shared with certain people, groups, or companies. If you go to a clinic, for example, you can ask the doctor not to share your medical records with other doctors or nurses at the clinic. You can ask for other kinds of restrictions, but they do not always have to agree to do what you ask, particularly if it could affect your care. Finally, you can also ask your health care provider or pharmacy not to tell your health insurance company about care you receive or drugs you take, if you pay for the care or drugs in full and the provider or pharmacy does not need to get paid by your insurance company.



- **Ask to be reached somewhere other than home.** You can make reasonable requests to be contacted at different places or in a different way. For example, you can ask to have a nurse call you at your office instead of your home or to send mail to you in an envelope instead of on a postcard.

If you think your rights are being denied or your health information is not being protected, you have the right to file a complaint with your provider, health insurer, or the U.S. Department of Health and Human Services.

To learn more, visit [www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/).



For more information, visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

U.S. Department of Health & Human Services  
Office for Civil Rights

# Priscilla's Cottage Adult Daycare

## Interest

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name Participant likes to be called: \_\_\_\_\_

Family History (marital history, names of children, and other important relationships):

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Friends/Pets:

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Childhood History (Place of birth, parents, nationality, languages spoken, experiences):

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Education/Former Occupations:

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Previous interests (Clubs/Organizations):

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Current Interests and Hobbies (Musical Tastes, Plays an instrument? Sing? What music do they enjoy?):

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Religious Preference: \_\_\_\_\_

Social Interaction (Enjoy large social functions? Small groups? Being alone?)

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Comments:\_\_\_\_\_

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# Medications

Please report any new or dosages changes to staff within 24 hours. We need to be aware of possible side effects.

Name\_\_\_\_\_

Please list all medications

Medication

Dosage

Frequency

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Allergies

_____
_____
_____
_____

## Participants' Rights

1. The right to be treated as an adult, with respect and dignity.
2. The right to participate in a program of services and activities that promotes positive attitudes on one's usefulness and capabilities.
3. The right to be free from physical, mental, sexual, and verbal abuse, neglect, and exploitation.
4. The right to be free from actual or threatened physical or chemical restraints.
5. 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.
6. The right to self-determination within the respite setting, including the opportunity to decide whether or not to participate in any given activity; be involved to the extent possible in program planning and operation; to refuse to participate in activities; the right to be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.
7. The right to privacy and confidentiality.
8. The right to be made aware of the grievance process.

**Priscilla's Cottage Adult Daycare**  
1180 McKendree Church Road Suite 107  
Lawrenceville, GA 30043

**POLICIES AND PROCEDURES MANUAL**

**Purpose**

Priscilla's Cottage is designed to meet the social and emotional needs of adults with early to mid-Alzheimer's or other dementias and their caregivers. It provides activities and socialization outside the home in a safe environment for people with early to mid-Alzheimer's or other dementias. It provides their caregivers with emotional support through a caregiver support group, helps educate them on the disease through resources, and provides them with personal time away from caregiving.

**Services offered**

**Adult Participant:**

Priscilla's Cottage provides a safe, loving environment for the well-being of each participant. A variety of activities includes, but is not limited to, social, creative, intellectual, and recreational programming. All activities are designed to provide mental stimulation and social participation. Examples of activities include crafts, music, reminiscing, exercise, floor games, art therapy, pet therapy, and socialization activities.

Morning/afternoon snacks and lunch will be provided. Hydration will be provided throughout the day. Snacks will always be available as needed by the participants.

**Caregiver/Family**

Priscilla's Cottage provides respite (an interval of rest or relief) for the caregiver. It supports efforts of the family to keep the loved one in the home environment. We have a monthly support group. We also provide information regarding available community resources, Alzheimer's information and education, Assisted Living and Personal Care Homes in the area. We provide love and support for the entire family.

**Location**

1180 McKendree Church Road Suite 107  
Lawrenceville, GA 30043  
770-676-6262

## **Hours of Operation**

Monday-Friday 8:00am-5:00pm

Holidays we are closed:

New Years Day

Memorial Day

Fourth of July

Labor Day

Thanksgiving

Christmas

## **Inclement weather closing**

If Gwinnett County Schools are closed we will also be closed. For any other closing notification of closing will be communicated to participant's caregivers.

## **Admission Criteria**

Admission in the program will be based on the applicant's ability to participate in the program and the initial interview with the director. Taken into consideration when evaluating whether an applicant is capable of participating in the program are the following:

Stability - must be medically stable.

Ability to interact and socialize with others.

Ability to exhibit acceptable behavior in a group.

The following may be examples for excluding an applicant from Priscilla's Cottage:

Disruptive or combative behavior

Psychosis

Communicable disease

Need for one-on-one continual supervision

## **Admission Procedure**

1. An interview either by phone or in person will be conducted by the owner/director. If the potential participant meets criteria an invitation to visit the program for half a day with the participant and

caregiver attending. Following assessment an application will be given to the caregiver to be returned to the owner/director.

2.The Admission application is processed and with a doctors consent the applicant will be admitted.

## **Discharge/Termination**

Examples of reasons for discharging a participant from the program are the same as those under Admission Criteria (examples for excluding an applicant section).

If the caregiver is no longer satisfied with our program or a participant is no longer able to take part in the program due to physical or mental deterioration, the owner/director reserves the right to discontinue the participant from the program. The caregiver will be contacted about the need for discharge of the participant. At this time the director will provide the family with other options available in Gwinnett County that would better serve their needs.

## **Discharge/Termination Procedure**

Consideration of discharge from the program will be discussed with the family member(s) before a final decision of termination is made in order to give as much advance notice as is reasonably possible. Our goal is to give the family at least 30 days notice. Upon the final decision that discharge will occur any daily fees paid in advance will be refunded.

## **Rates/Payments/Attendance**

Hourly rates are \$15 an hour for up to three hours

Half day rate of \$55

All day \$70

**Guarantee Days** (Pay in advance. No refund on missed days)

\$60 full day

\$45 half day

Priscilla's Cottage hours are 8:00am-5:00pm. There is a half an hour grace period for pick up. After 5:30pm a \$10 per minute late fee will be charged.

A bill will be issued every two weeks. A \$20 late fee will be applied after 5 business days from bill issue date.

Participants are expected to attend the program as scheduled. Activities/crafts, food and staffing are planned for those scheduled to attend. Caregivers are asked to notify Priscilla's Cottage by 9:00a.m. if the participant will not be in attendance that day. A \$40 no show fee will be charged if notification is not received by 9:00a.m.



## **Staffing**

Priscilla's Cottage is staffed by experienced Alzheimer's staff members. All staff members are CPR trained. The ratio of staff to participants will be at least 1-8.

## **Communication**

Open communication is of great importance between caregivers, family members and the program. If the family/caregiver of the participant has any concerns, observations, and/or questions they would like to discuss, they are always encouraged to do so. This can be best accomplished by contacting the owner/director to schedule an appointment to discuss any issues.

## **Medication/Health/Injury**

The owner/director will keep a confidential file for each participant. This file will include the following:

- Consent for Emergency Treatment
- Advance Directive
- Power of Attorney
- Health Insurance
- Medications and Allergies
- Insurance
- Application Packet

Participants can be given medication if needed. Medication kept on site will be placed in a secure area.

If a participant shows signs of illness or infectious illness the participant's caregiver will be contacted advising her/him to pick up the participant. In case of an emergency 911 will be called.

Please keep participant at home if their temperature is above normal, vomiting or diarrhea within the past 24 hours or any communicable illness, (examples pink eye, cold, sore throat, runny nose ect.)

Illness and accidents resulting in physical injury or suspected physical injury will be reported to the manager on duty who will arrange for appropriate medical attention to be obtained. The participant's caregiver will be immediately notified or emergency actions will be taken. If it is deemed necessary, transportation to the hospital will be obtained by calling 911. An incident report will be filed.

## **Private Attendants**

Participants may choose to have their own private attendant with them during the program. Private attendants will provide necessary aid only to their own client. They will also be responsible for their own snacks and meals.

## **Disaster Plan**

The caregiver will be contacted in case of a natural disaster, fire or any other reason Priscilla's Cottage would not be safe for the participants. The caregiver will be responsible for picking up the participant either at Priscilla's Cottage or other location if we are relocated due to the incident.

**Elopement** If a participant is missing after 5 minutes of the staff searching we will contact 911 and the caregiver if the participant is not found. An incident report will be filed.

## **Physical Therapy**

If PT is required for a participant we will arrange with the caregivers choice of agency for the therapy at Priscilla's Cottage.

## Receipt of Priscilla's Cottage Policies

I \_\_\_\_\_ received a copy of Priscilla's Cottage Policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Receipt of HIPAA

I \_\_\_\_\_ received a copy of HIPAA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Priscilla's Cottage Adult Daycare

## STATEMENT OF MEDICAL CONDITION

Dear Physician:

This patient has applied to attend Priscilla's Cottage Adult Daycare. Please certify that he/she is healthy to attend an adult daycare program.

Name\_\_\_\_\_

Birthdate\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Diagnosis\_\_\_\_\_

Flu shot Date\_\_\_\_\_

Pneumonia vaccine Date\_\_\_\_\_

Tetanus\_\_\_\_\_

\***Required** TB test\_\_\_\_\_ positive\_\_\_\_\_ negative\_\_\_\_\_

Allergies:\_\_\_\_\_

Please circle the recommended diet for this patient:

Low Salt      Low Cholesterol      Diabetic/low calorie      Gluten Free

Other\_\_\_\_\_

Special considerations/precautions/comments:\_\_\_\_\_

I certify that the above named patient is free of communicable diseases and is able to attend an adult daycare. I recommend his/her participation at Priscilla's Cottage Adult Daycare Program.

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

Address\_\_\_\_\_

Phone\_\_\_\_\_

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## Priscilla's Cottage Adult Daycare

### Transportation and Arrival/Departure Plan

Participant \_\_\_\_\_

Arrival Time \_\_\_\_\_

Departure Time \_\_\_\_\_

Transportation\_\_\_\_\_