

# Adult day care centers



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Adult Day Care Centers Naomi Noel University of the Rockies Abstract Adult day cares have not received the acclaim due. They are an invaluable part of the communities that they serve. They incorporate succinct mission statements to effectively get their point across while also employing a wide range of professionals to better serve their clientele. They utilize needs based assessment tools for enrollment as well as needs assessment surveys to gather information from the surrounding community. The chain of command is laid out so that ethical guidelines can easily be established and appropriately enforced.

They also refer to agencies better equipped to handle particular situations in order to better serve their clientele. Within the next five to ten years, the need for their services will increase. However, unless federal guidelines change and more funding is established the current trend of only operating for a few years will continue. Adult Day Care Centers The majority of in-home care providers for physically or cognitively disabled adults are family members, generally an adult child or a spouse. Without the care of these family members, many adults would require nursing home care.

Family caregivers are extremely valuable, but often need additional help in caring for a loved one. Caregiving can take an enormous toll, both financially and physically. Adult day care can provide needed respite from caregiving and may reduce the need for a nursing home. An adult day care center, also commonly known as adult day services or adult day healthcare, is a non-residential facility providing activities for elderly and/or handicapped individuals. While centers of this kind are available, they often have waitlists due to the high demand.

Most centers operate 10 - 12 hours per day and provide meals, social/recreational outings, and general supervision. Adult daycare centers operate under a social model and/or a health care model. Daycare centers may focus on providing care only for persons with Alzheimer's and related dementias or their services may be available for any disabled adult. The original concept was to provide a "sitting service" as it were to provide activities and stimulation for care-recipients in an environment outside of the home.

The care-recipient would receive supervision and possibly some limited care while the caregiver would have a break from the routine of daily caregiving thus allowing them to take care of other responsibilities or simply have time to themselves. This also allowed peace and quiet to relieve the stress of caregiving. The care center might offer transportation at a nominal additional cost to transport the loved one to and from the center. This initial model is still around but it has undergone some tweaking in order to prove profitable.

There are now three basic models for adult day care that were developed mostly so the government would be inclined to contribute financially. The traditional model with social services, activities, crafts and some individualized attention; the medical model with all of the aforementioned services plus skilled services such as nurses, therapist, psychiatrists and geriatric physicians; and the Alzheimer's model with services specifically designed to support and care for Alzheimer's patients. Participation in adult day care often prevents re-hospitalizations and may delay admission to residential long term care.

For participants who would otherwise want to stay at home alone, the social stimulation and recreational activities may improve or maintain physical and cognitive function. Adult Day Care Centers are designed to provide care and companionship for seniors who need assistance or supervision during the day. The goals of the programs are to delay or prevent institutionalization by providing alternative care, to enhance self-esteem and to encourage socialization. (Eldercare. gov, 2012) A mission statement defines an organizations fundamental purpose.

It answers the basic questions of why the organization exists while describing the needs that it is attempting to meet. It also provides the basis for judging the success of the organization and is capable of attracting donors and volunteers while simultaneously encouraging community involvement. Your mission statement embraces the reasons your practice exists (besides just making a living for you and your staff), the core values your organization shares and expresses through its work, how you serve your key stakeholders, and your overarching (sometimes idealistic) goals. (Urology Times, 2011) The mission statement of the adult day care center created for this paper would read as follows: To provide a secure and nurturing environment for clients who need social environment, consistent supervision and loving assistance. This mission statement sums up the goals for the center in a concise manner while offering reassurance to the client's primary caregivers. The list of professionals necessary for organizational success includes licensed nurses, certified nursing assistants, a certified nutritionist, a physical therapist and an occupational therapist.

These employees are the ones who would be required to have a degree, licensure or certification in their respective areas. This does not include staff such as receptionists and bookkeeping. The licensed nurses would be responsible for the overall day-to-day operation of the center and particularly ensuring that the center is operating according to state licensing regulations and health department policies and procedures. They would supervise the nursing assistants and medication staff while also reviewing client history prior to admission to the facility and conducting admission assessment conferences.

The certified nursing assistants (CNAs) would be responsible for assisting with overall client care including but not limited to assessment, care planning, mobility, safety, comfort, and unit efficiency. The medication staff's only role would be to ensure the proper storing and dispensing of client prescriptions. Next would be a nutritionist. Nutritionists play a preventative role while offering education about what kind of foods are consumed. They offer menu suggestions and assist with understanding the connection between food and emotions.

They would be a vital member of the center's team since the typical center serves breakfast and lunch and an afternoon snack. The final professionals necessary for a creditable adult day care center are an occupational therapist and a physical therapist. Occupational therapists are proficient in modifying the physical environment as well as training the individual in the proper use of assistive equipment to increase independence. They also emphasize helping their patients engage in meaningful activities of daily living (ADLs).

Physical therapists are trained to identify and maximize quality of life and movement potential within the spheres of promotion, prevention, diagnosis, treatment, intervention, and rehabilitation. Their primary focus is on the physical, psychological, emotional, and social well-being of the client. While each of these specialists concentrates on differing characteristics of care, they do experience some vocational overlap which allows them to work well in tandem. The physical and occupational therapists would be contracted out of reimbursement purposes.

It is important that the timing of each unit of therapy is not inclusive of any other treatments. The clients would be timed from when the actual therapies or services begin. This would not include time for restroom breaks, waiting for someone to get ready or clothing changes. Adhering to these policies allows clients to receive quality therapeutic services while keeping the overall costs down. Needs based assessment tools are a vital part of the overall blueprint for adult day care center enrollment.

These assessments allow the facility to obtain data from potential clientele in order to evaluate whether or not the center can address the client's diverse needs. Some of the more common tools include psychological, physical, leisure interest, nutritional and risk assessments. Some facilities may elect to include financial and estate planning depending on availability and demand. Most states require a licensed nurse to conduct the psychological assessment portion of a patient's intake process. One of the most common assessment instruments in use is the Folstein Mini-Mental State Examination (MMSE).

The MMSE is a brief assessment of the cognitive state of the adult client. The instrument screens for impairment in cognition, estimates the severity of impairment at a specific point in time (usually during intake) and can be used to reassess and follow changes in the individual's mental state over time or to document changes that happen as a result of therapy or applied therapeutic support services. The nurse typically obtains copies of any formal psychological evaluations and assessments that have been completed within the past ten years. State minimum standards outline what sorts of physical evaluation are needed.

Standard tests include height, weight, blood pressure, respiration and temperature. A nurse also obtains and reviews the patient's medical history from his doctor and follows up with questions about specific conditions that may affect the patient's care plan. At this time, the patient's family and the nurse develop or make a copy of the patient's advance directive, which lays out the patient's wishes in case extraordinary medical intervention is needed to keep him alive. This documentation is crucial especially when working with the elderly. The center activity director (AD) conducts a leisure/recreational interest inventory of the patient.

The inventory is a check-off list of recreational activities that the person either enjoys or does not enjoy to varying degrees. By identifying recreational interests of each new patient, the AD can structure an activities program so that activities not only meet physical, mental and social needs in a therapeutic way but also engage the patient. The center's consulting nutritionist may perform their own client assessment while also looking at

the care plan drawn up by the center treatment team to incorporate the patient's special dietary needs into the center's meal and snack menus.

Clients with special dietary needs may require a detailed meal plan be designed. The nutritionist is also in charge of monitoring the client to ensure that the diet is satisfactory. As part of the intake process, the entire treatment team considers physical, social and mental limitations faced by the patient in addition to special needs, flight risk, fall risk, seizure potential or other possible risks in providing care to the patient. The team as a whole weighs risks, develops strategies and addresses risk factors to be incorporated into the patient's treatment plan.

The family will eventually meet with the bookkeeping staff, to assess family financial resources, insurance (including Medicare and Medicaid) and other social service resources while developing a care contract and payment plan. At this time, the staff typically provides a copy of the center's family handbook to the patient's caregivers with center policies and procedures as well as general information about operations, hours, types of services offered and terms of service.

The chain of command is defined as “ The order in which authority and power in an organization is wielded and delegated from top management to every employee at every level of the organization” (Business Dictionary. com, 2012). The clearer cut the chain of command, the more effective the decision making process and greater the efficiency. Military forces are an example of straight chain of command, extending in an unbroken line from the top brass to ranks. However, this illustration is not conducive to the requirements of an adult day care center.



Chain of command is considered very important in organizations because it enhances the effectiveness of the management. The chain of command clearly shows the line of authority and responsibility in the organization, therefore, it really plays an important role in the organizations. Following is a more appropriate chain of command sequences for a facility of this nature. This type of chain is more of a pyramid and is well-suited to the organization's needs.

Volunteering, in the sense of carrying out tasks or providing services for individuals or community organizations without financial recompense, is generally considered an altruistic activity, intended to promote good or improve human quality of life. It is considered as serving the society through one's own interests, personal skills or learning, which in return produces a feeling of self-worth and respect, instead of money. Volunteering is also famous for skill development, socialization and fun. It is also intended to make contacts for possible employment or for a variety of other reasons.

Community volunteers would be a substantial part of the center's staff as their involvement is capable of forging friendship with the clients. It is essential for an agency of this capacity to be knowledgeable about other services and facilities that the clientele can benefit from. The benefit of this is two-fold. First, you show your clients and their families that you really want them to succeed. Second, this service allows you to network with other agencies providing them with additional clientele. If the experience is positive (for all parties involved), then it is likely that they will return the favor.

Collaboration among agencies is the key to preventing fragmentation. In addition to reducing the likelihood of clients falling through the cracks between disparate and unconnected agencies, collaboration can foster a more holistic view of the client. Sometimes just a simple change of perspective can make the difference between circumstances being viewed as "needs" and being viewed as assets. For example, a single parent who cannot find a babysitter on a particular evening misses a treatment session. See Appendix for a suggested agency referral list. The ethical standards that govern the human services profession depend on many variables, including the human service professional's level of education, professional license, and even the state in which they practice" (Martin, 2011). In the state of Oklahoma, an adult day care is required to have a designated administrator-of-record who has been licensed by the state. Because of the nature of this agency and the mandatory licensure, it falls under the umbrella of the Oklahoma State Board of Examiners for Long Term Care Administrators' Code of Ethics which was adopted from the American College of Health Care Administrators' Code of Ethics.

The abbreviated version contains four simple expectations. EXPECTATION I - Individuals shall hold paramount the welfare of persons for whom care is provided. EXPECTATION II - Individuals shall maintain high standards of professional competence. EXPECTATION III - Individuals shall strive, in all matters relating to their professional functions, to maintain a professional posture that places paramount the interests of the facility and its residents. EXPECTATION IV - Individuals shall honor their responsibilities to the public, their profession, and their relationships with colleagues and members of

related professions. American College of Health Care Administrators, 2012) These expectations are reasonable and simple to understand. Maintaining the standard of the governing organization would not present any difficulty. In addition to the code of ethics from a superior governing organization, the center would adhere to the following principles as well: quality of care, participant rights, participant selection, appropriateness of care, representation of care and fees, conflicts of interest, accountability of member, and protection of the public. Enforcing these principles would ensure the utmost quality of service.

The final ethical standard for this center would come from the National Adult Day Services Association (NADSA). NADSA gives what they refer to as the Six Domains of Health Care Quality. The work to ensure that all facilities with their certification provide care that is safe, effective, patient-centered, timely, efficient and equitable. A needs assessment is a systematic exploration and analysis of " the way things are" and " the way things ought to be. " A need is not a want or desire, but a gap between the current situation and the optimal situation.

Using both qualitative and quantitative research, a needs assessment identifies gaps in training, programs, services and outreach efforts. Needs assessments can be used to identify and solve performance problems in order to direct a natural resource or outdoor recreation organization's future planning efforts. Needs assessment surveys provide a way of community members what they see as the most important needs of that particular group. These surveys are important only to agencies who value community feedback.

They offer an excellent opportunity to gather and score the opinions of those the agency is trying to assist. Needs assessment surveys are necessary to learn more about the communal needs, gain a more honest and objective description of needs and become more aware of issues that may have fallen under the radar. As baby boomers and others seek quality care for their parents, the adult day care industry is growing at a rate of five to fifteen percent, dependent on location. According to The National Adult Day Services Association 3, 500 centers are caring for approximately 150, 000 adults daily. In 1990, ADS facilities reported costs between \$30 to \$35 dollars a day” (Burke, Hudson, & Eubanks, 1990). Today, cost estimates for not for- profit facilities range from \$40 to \$50 and for-profits range from \$60 to \$70 per day. The average age of the adult day center care recipient is 72, and two-thirds of all adult day center care recipients are women. Thirty-five percent of the adult day center care recipients live with an adult child, 20 percent with a spouse, 18 percent in an institutional setting, and 13 percent with parents or other relatives, while 11 percent live alone.

Fifty-two percent of the adult day center care recipients using adult day services centers nationwide have some cognitive impairment. (Bauer & Moore, 2009) Since the 1970s there has been a continued growth of adult day health service programs, with the most rapid growth occurring after additional Medicaid funds became available through approved waiver programs. There is no existing federal policy regarding adult and pediatric day health services, so there is great variability among states’ approaches to adult day health services (ADHS), and rightly, great variation in programs, services, and standards.

Because literature on reimbursement approaches specific to day health services was scant, long-term care literature to describe reimbursement structures and factors utilized for needs-based reimbursement systems was heavily relied on. In theory adult day services seem to offer an ideal alternative to caregivers by providing a daytime care environment outside of the home. One would think that a program where a loved one could be nurtured, stimulated and provided medical care would be a welcome relief for both the caregiver and the care-recipient. In practice it does not seem to work.

To only have added about 133 new care centers a year in the entire country does not seem like enough. Yet there are thousands of nursing homes, assisted living facilities and home health agencies available coast to coast. Although it is an extremely valuable service that should be utilized more often, no one seems to have an answer as to why adult day care has not been more popular with caregivers. As of yet, no data collection or research studies have been able to answer this question. However, several theories have been developed. First, and quite simply, care-recipients may not be comfortable with the concept.

Many of the people who qualify for these services are afraid to leave their homes unless someone familiar is with them. The thought of being by themselves in a new environment is enough to convince them not to give it a chance. Second, the cost of the services might be detrimental to some caregivers. This is especially true of those with loved ones who did not qualify for one of the numerous waiver programs that are offered by the

government. Third, perhaps there are not enough caregivers and families that are familiar with what services these center have to offer.

Fourth, adult day care can prove to be its own worst enemy. About half of all centers are nonprofit organizations sponsored by churches or community associations. Often these places find themselves in a catch twenty-two; on one hand they charge next to nothing which does not allow them to cover all of the associated expenses. On the other hand, if they were to raise their rates, they run the risk of turning away potential clients. From 1989 to 2004 the number of ADHS facilities doubled. A survey completed in 2001 put the number of adult day care centers at 3, 493 nationwide.

This trend is projected to continue. In the next five to ten years, it is expected that the need for adult day care centers is going to drastically increase due to the length of time the general population lives. The average lifep continues to increase due to advances in health care thus creating an influx of elderly citizens who will eventually need to depend on others for their care. As more and more people continue on in the workforce, they will begin to rely more heavily on adult day and adult health centers to care for their loved ones.

Ideally more funding and federal regulations will come about. In addition, one can hope that the general population will become more aware of the benefits of an adult day care center. Once those two things occur, then this service can experience exponential growth while simultaneously extending a helping hand to the elderly population. References Bauer, A. , & Moore, W. (2009, October 09). Adult day service centers are vital to our growing senior population. Retrieved from <http://www.journalscene.com>

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