



# Intake Packet

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## About Us

### What is Generations Adult Day Health Center?

Generations is a day facility that provides services to meet the needs of adults with disabilities, mental health diagnoses, and the elderly. We provide a safe and nurturing environment where participants can thrive.

### Who works at Generations?

Our full-time staff include the Program Director, Registered Nurses, Certified Nursing Assistants, Case Managers, and ample classroom instructors/direct-care support staff.

### Hours of operation:

Monday through Friday, 7:00am-4:00pm

### Holidays Observed:

Generations will be closed in observance of the following holidays:

- New Year's Day
- Memorial Day
- Fourth of July
- Labor Day
- Columbus Day
- Thanksgiving
- Christmas Day
- Day after Christmas

### Emergency/ Weather Related Closings:

- All TV news channels and FM/AM radio stations
- Generations' Facebook page
- ribroadcasters.com

### Program Contacts

- Program Directors – Ariana Michaud [ariana@gadhc.com](mailto:ariana@gadhc.com) and Erin Finneran [erin@gadhc.com](mailto:erin@gadhc.com)
- Intake Coordinator – Alyssa Raheb, RN [alyssa@gadhc.com](mailto:alyssa@gadhc.com) or (401)725-6400 x106
- Nursing – Ellen Hewins, RN, Amanda Alvarez, RN, Kerry LeBlanc, RN [nursing@gadhc.com](mailto:nursing@gadhc.com)
- Case Management – Nicole Marshall, Devante Lopez, Jason Hoyle [case@gadhc.com](mailto:case@gadhc.com)

### General Program Schedule

- 7am-9am Early arrival and class sign up
- 9am-Smoke break
- 9am-12pm Morning classes
- 11am- Smoke break
- 12pm-1pm Lunch
- 1pm- Smoke break
- 1pm-3pm Afternoon classes

## **Services Provided at Generations Adult Day Health Center**

Generations Adult Day Health Center provides both structured classroom environments, as well as more flexible activities for those who do not thrive in structured settings. Below are examples of activities offered:

### **Program Activities:**

- Movie room
- Gym
- Arts & Crafts
- Painting & Drawing
- Reading & Writing
- Community Trips
- Holiday & Birthday Celebrations
- Woodworking workshop
- Video Production

### **Personal Care:**

- In house hair salon services – Generations has two hair stylists who wash, cut, and style hair for participants on an as needed basis
- Nail care – fingernail trimming and filing (podiatry services are not offered)
- Toileting assistance by certified nursing assistant staff

### **Nutrition:**

- A hot lunch is served daily. Lunch calendars are posted on our website and a copy is provided to participants to bring home at the start of each month. **Dessert is served daily.** While all participants are strongly encouraged to eat breakfast at home prior to coming in, a light breakfast (consisting of either a house-made muffin or oatmeal) will be available for participants who do not have meal provisions at home. Coffee and tea are available to all participants.
- Gluten free option available
- Meals can be prepared to meet specific texture modification requirements based upon MD/ speech therapist orders or care giver recommendations. Please note that participants with strict dietary requirements should plan to bring in their own meals.
- All participants are monitored during meal and snack times. Additional verbal cueing, supervision and feeding assistance provided by CNA staff as needed
- A snack cabinet will be opened periodically for participants to purchase items of their choice

### **Health Care:**

- **Skilled Nursing Services provided by program Registered Nurses**
  - All participants receive general monitoring for health and wellbeing while at Generations.
  - Medication management/ administration (by mouth, subcutaneous injections, INH)
  - Vital signs monitoring- done monthly/ weekly if included in participant's nursing care plan, and as needed for any concerns
  - Nursing assessments for each participant, completed upon admission, annually and as needed basis for any major health changes.
  - Care planning assistance/ caregiver support
  - Management of modified diets, as well as Nutritional supervision for those with MD ordered restrictions (ie: diabetic)
  - Referrals to physical therapy, occupational therapy, and speech therapy (outsourced through Nursing Placement (ProCare))
- **Social Services/ Case Management**
  - Monthly and Quarterly participant assessments by our case management team
  - Management of transportation services (outsourced through MTM)
  - Support during behavioral interventions

## **Insurance**

- Generations accepts only Medicaid Fees for Service and Medicaid Neighborhood Health Plan of RI.

The daily fee of \$46.71 (Basic) or \$93.41 (Enhanced) includes the services available to the participant offered at Generations Adult Day Health Center.

I authorize the program to bill for services and receive payment from one of the following:

\_\_\_\_\_ Medicaid NHP Integrity for Duals

\_\_\_\_\_ Medicaid NHP Rhody Health Plan

\_\_\_\_\_ Medicaid Fees for Service

\_\_\_\_\_ Private Pay

\_\_\_\_\_ I understand that attendance of less than 4 hours will be considered a half day resulting in half of the above daily fee billed to insurance.

- Please notify the intake coordinator immediately with any changes to insurance coverage or plan.
- Please contact the intake coordinator for any questions regarding eligibility and coverage.

## **Transportation**

- Generations does NOT have their own transportation.
- Transportation to and from Generations is coordinated at the time of the intake appointment through the State of Rhode Island Medicaid transportation provider – MTM
- MTM is NOT able to meet time specific pick up and drop off times. If the participant does not have flexibility and requires specific pick up and drop off times, please plan to transport participant to and from program independently.
- MTM coordinates transportation through their network of vendors. A Generations case manager will communicate and provide the contact information of the transportation provider once it has been assigned from MTM.
- In the event the participant will be absent from the program, the participant or caregiver is responsible for calling their transportation company directly to inform them.
- The RIDE program through RIPTA is another option for transportation. An application must be filled out online and transportation set up is the responsibility of the participant/caretaker.
- Transportation companies DO NOT provide unscheduled rides. Therefore, all participants MUST have a responsible care giver that is able to pick them up (within one hour of notification) from the program in case of emergency or illness.

## **Attendance Policy**

Generations Adult Day Health Center requests a courtesy call from the participant or caregiver if participant will not be attending the program on his or her scheduled day. If an absentee notification is not received, the Generations' receptionist will reach out daily to all absent participants or their caregiver. A member of the nursing team must speak with any participants/caregivers who are absent due to illness.

If a participant would like to adjust their schedule, the case management team should be contacted.

Leave of absence may be granted by multidisciplinary team on an individual basis after consideration of the extenuating circumstances. These include but are not limited to extended illness, surgery, in/outpatient rehabilitation, behavioral issues, noncompliance with medication, significant medication changes, change in living arrangements and travel.

Although we understand that participants may experience illness, have appointments or circumstances that warrant occasional absences, participants with a poor attendance record may be discharged from the program.

Please maintain good communication with Generations case management and nursing staff regarding any attendance issues/concerns.

\_\_\_\_\_ I understand there must be 3 days per week scheduled to attend.

## **Assessment Period**

On an ongoing basis, a multidisciplinary team of staff members will meet to discuss a participant's adjustment to the program and evaluate the program's capacity to meet their needs. We recognize that a successful transition to the program may take anywhere from one to four weeks. During that time, Generations reserves the right to suspend day program attendance if:

- The participant's medical or psychological needs exceed the ability of Generations to provide care.
- The participant's behavior is harmful to themselves and/or other participants or staff members.
- The participant's behavior is disruptive to the operation of the program.
- The participant becomes verbally abusive or physically combative.
- The participant cannot physically tolerate a structured day.
- The participant is not in compliance with their prescribed medication.
- The participant does not have a reasonably consistent attendance record.

After this trial period, the team will recommend any appropriate supports, interventions and modifications in the care plan. If Generations recommends that participation in the program be discontinued, case management will notify the participant and caregiver.

## **Community Trips and Outdoor Activities**

At Generations Adult Day Health Center, we are committed to providing meaningful opportunities for social engagement and community involvement. To ensure these outings are safe and enjoyable for all participants, please review and follow the guidelines below:

- New participants must complete their initial assessment and orientation period of one month before being approved to attend community outings.
- Participants must maintain consistent attendance at Generations to be eligible for trips.
- An activity calendar outlining upcoming trips will be posted on our website and a copy will be sent home with participants at the start of each month.
- To sign up for trips, please contact Steve, our Floor Manager, at: [steve@gadhc.com](mailto:steve@gadhc.com)  
Note: Prompt communication helps secure their spot and prevents missing important confirmation deadlines.
- There are generally dining trips and shopping trips scheduled monthly. Participants may pick one from each type.
- Please inform Nursing of any food allergies or dietary changes ahead of time.
- Trips may be canceled or rescheduled due to weather or other unforeseen circumstances.
- Participants or their caregivers should bring in spending money at least one week prior to the trip. Please provide the funds directly to Steve or Zita.
- Participants must wear closed-toe shoes on all outings for safety.
- A CNA will accompany trips on an as needed basis depending on participants' needs; however, please note that Nursing is not available to attend these outings.
- Staff reserves the right to exclude any participant from a trip if there are health, behavioral or other concerns that may compromise the safety or well-being of our participants.
- Participants are encouraged to only bring essential personal items. Generations is not responsible for lost or misplaced belongings during community trips.
- If a participant requires bringing a rescue medication such as an Epi-pen to an outing, this must be coordinated with Nursing in advance. (Please see the medication guidelines section for more information)
- In the event of a medical emergency during an outing, staff will call 911 and notify caregivers as soon as possible.

## **RIGHTS & RESPONSIBILITIES**

- To be treated as an adult with consideration, respect and dignity, including privacy in treatment and personal care.
- To participate in services and activities designed to encourage independence, learning, community integration, growth and awareness of constructive ways to develop my interest and abilities.
- Direct the Care Plan process using person-centered planning principles to my capabilities
- Decide whether to participate in any given activity
- Be involved to the extent possible in program planning and operation
- Refuse treatment and be informed and acceptance of the consequences of such refusal.
- End participation in the program's services at any time
- To a thorough initial assessment, development of an individualized plan of care, that provides me with services I need and want.
- To be cared for in an atmosphere of sincere interest and concern in which needed support services are provided.
- To a safe, secure, and clean environment.
- To receive nourishment and assistance with meals as necessary to maximize my functional abilities and quality of life.
- To privacy and confidentiality, and to the guarantee that no personal or medical information will be released without my consent: I understand that the information to be disclosed will be used by the Generations Adult Day Health Center including its employees and any agents providing care within the facility, for the express purpose of providing for my care at Generations Adult Day Health Center and is necessary and relevant to that use.
- To voice complaints and grievances about care or treatment without discrimination or reprisal.
- To be fully informed, as documented by my written acknowledgement, of all participants' rights and of all rules and regulations regarding participant conduct and responsibilities.
- To be free from harm, isolation, excessive medication, abuse, and neglect.
- To be fully informed at the time of acceptance into the program of services and activities available and related charges.
- To communicate with others and be understood by them to the extent of my ability.
- To receive timely notice of discharge or transfer to another organization of a different level of care, and to be advised of the consequences of and alternatives to such transfers.
- To choose to have family or guardians exercise these rights if I am unable to do so.
- To provide accurate and complete information.
- To work collaboratively with all staff regardless of age, sex, sexual orientation, race, color or national, religious and ethnic origins.
- To select a primary physician and to notify Generations of any changes in doctors, medication, treatments, or symptoms.
- To provide information on my needs and preferences for service
- To determine who I want to include in my Care Plan meeting.
- To discuss my goals and preferences related to relationships, community participation, employment, financial education, healthcare, and education.

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Signature

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Date

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Relationship if guardian

## **PROGRAM RULES**

**DO:** Make friends and socialize. Respect personal boundaries.

**DON'T:** Start romantic relationships, give gifts, hug or kiss.

**DO:** Attend on your scheduled day or call if you are not coming in.

**DON'T:** Change your days all by yourself.

**DO:** Try out all activities and classes.

**DON'T:** Decide you do not like something if you have not tried it.

**DO:** Attend activities and classes according to your care plan.

**DON'T:** Decide to do whatever you feel like doing on a given day.

**DO:** Respect other participants, staff, interns and volunteers.

**DON'T:** Speak or gesture rudely, quarrel or physically invade the space of others.

**DO:** Consult the nurse or Case Manager for help with medical or social issues.

**DON'T:** Suffer in silence.

**DO:** Ask staff when you need to see the Nurse, or Program Director who will bring you to the person.

**DON'T:** Barge into the office or interrupt a staff member's conversation.

**DO:** Bring your medication in pharmacy bottles or pharmacy sealed packs.

**DON'T:** Bring unlabeled bottles, mixed pills in bottles or pills in envelopes. Give medication to the receptionist upon arrival. **NO MEDICATIONS CAN BE ON YOUR PERSON.**

**DO:** Be sure your medication list, other medical information and insurance providers are kept Up to date.

**DON'T:** Assume your caregivers or residential staff will keep your medical paperwork up to date.

**DO:** Be ready to leave home on time and stay at Generations during your scheduled hours.

**DON'T:** Leave the building without permission.

**DO:** Take a scheduled smoking break outside with staff if you smoke.

**DON'T:** **SMOKE OR VAPE** in the building or smoke more than one (1) cigarette per break.

**DO:** Ask to use the facility phone if you have an emergency call to make.

**DON'T:** Utilize cell phones while attending the program.

**GENERATIONS RESERVES THE RIGHT TO NOT ALLOW CELL PHONE POSSESSION WHILE AT THE PROGRAM IN THE EVENT OF INAPPROPRIATE DEVICE ACTIVITY/USE.**

**DO:** Take your labeled, packed lunch to the kitchen upon arrival.

**DON'T:** Bring any food to Generations except lunch and **DO NOT SHARE FOOD** with others due to allergies and/or special diet requirements. Please do not bring any nut containing foods.

**DO:** Talk with a staff member and file a request for a leave of absence if you are going to be on vacation, hospitalization or personal leave.

**DON'T:** Decide not to attend on a given day. Poor, inconsistent attendance may result in a discharge of services from Generations.

**(Rules continue next page)**

**DO:** Bring only the items you need to participate in the program.

**DON'T:** Bring personal items of value: jewelry, money, technology or items that are of personal value.

**DO:** Use supplies provided by staff with staff supervision.

**DON'T:** Bring any sharp objects to the program such as scissors or knives

**DO:** Take pride in your appearance. Take regular showers or baths, brush your teeth, comb your hair, and wear clean clothing.

**DON'T:** Neglect your personal hygiene or ignore weather elements.

**DO:** Dress appropriately for daily activities at Generations.

**DON'T:** Wear inappropriate clothing. No short shorts, tank tops, short dresses or tops that are not modest, flip flops or high heels.

**DO:** Wear seasonal, appropriate attire. Dress in layers.

**DON'T:** Wear your jacket or coat during class.

**DO:** After two (2) verbal warnings for breaking these Rules, you will be suspended from Generations. The length of suspension is determined by the seriousness of the offense. A scheduled meeting with case management, nursing and the program director is required to return after a suspension.

**DON'T:** Expect that staff will continue to warn you or decide not to suspend you after two (2) warnings.

**DO:** Understand that Generations reserves the right to suspend or discharge a participant if he/she poses a threat to themselves and/or others or impinges on the rights of others.

**DON'T:** Assume that inappropriate behaviors, especially behaviors that pose a Danger or Threat to others will not be grounds for suspension or dismissal from the program.

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Signature

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Date

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Relationship if guardian

## Consents

Please initial to indicate agreement of the following:

\_\_\_\_\_ I consent to assessment and treatment by Generations consistent with my care plan and acknowledge that I have directed the preparation of this plan.

\_\_\_\_\_ I consent to Generations nursing staff reaching out to my primary care physician and any specialist providers to relay wellness concerns, seek care recommendations/orders and request medical records.

\_\_\_\_\_ While attending the program, I consent to the release of Generations of any liability while participating in out-of-facility activities and trips.

I authorize to have my photograph and/or video image taken by Generations and further agree that my picture may be used in any marketing and/or advertising, including posting on [www.generationsri.com](http://www.generationsri.com) & Generations social media \_\_\_\_\_ YES \_\_\_\_\_ NO

## Legal Documents

\_\_\_\_\_ I DO \_\_\_\_\_ I DO NOT have a Legal Guardian and/or Power of Attorney (POA)

\_\_\_\_\_ I DO \_\_\_\_\_ I DO NOT have an Advance Directive regarding my health care wishes.

\_\_\_\_\_ I understand that I **MUST** provide Generations Adult Day Health Center a copy of any legal documents **PRIOR** to starting at the program.

\_\_\_\_\_ I understand that I am responsible for providing a copy of any new and updated legal documents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship if guardian

# Nursing Policies and Protocols

The Generations nursing team strives to keep all members of the Generations community as safe as possible. In order to do so, we ask for the cooperation of caregivers and participants in adhering to the following illness policies.

## **Hospitalization and Extended Illness Policy**

If a participant should be hospitalized for any reason (even for emergency department visits), Generations requires that a discharge summary be provided to the nursing department for review prior to the participant returning to the program. Generations reserves the right to cancel a participant's transportation if the required documentation is not received. If deemed necessary by the nursing staff, a note from MD which clears the participant to return to Generations will be required.

## **Illness Policy**

- Symptoms of stuffy and/or runny nose, cough, sore throat, fever (temperature >100.4 °F), vomiting and/or diarrhea warrant a participant to stay home from Generations Adult Day Health Center until they are **symptom free for at least 24 hours** or if otherwise cleared by MD.
- If a participant tests positive for **covid, flu, or RSV**, they must stay home from Generations Adult Day Health Center for **7 days AND must be symptom free for 24hrs** without the use of over-the-counter medications.
- All illnesses deemed contagious by MD or nursing staff require that the participant remain home until cleared by MD. Examples include but are not limited to head lice and conjunctivitis (pink eye). A copy of the clearance note must be received prior to the participant's return.
- In the case of bed bugs, the participant **MUST** remain home until the home is treated and cleared by a licensed pest control company. Proof of successful treatment is required prior to the participant returning to the program.
- If a sick visit to a doctor requires medication to be administered while at Generations Adult Day Health Center, a copy of the medication order must be provided to Generations' nursing staff. (See medication management page for details)
- Nursing staff at Generations reserves the right to send a participant home for any of the above mentioned illnesses. **Participants must be picked up in a timely manner** (within one hour of nursing phone call) by a responsible caregiver.

Please email nursing at [nursing@gadhc.com](mailto:nursing@gadhc.com) or call nursing team at (401)725-6400 with any questions regarding our illness policy and required clearance documents.

## **Emergencies**

In the event of a sudden illness or behavioral emergency, nursing staff at Generations will assess the participant and determine if either the participant requires evaluation by an MD or must be sent home. If an emergency room is not deemed necessary, the participant's caretaker can take the participant to be evaluated by an MD and provide paperwork from the visit. If the participant is required to be picked up, a responsible caretaker **MUST** be available and able to drive to and from Generations. If it is determined the participant must be picked up and taken home, the participant **MUST** always have an available adult that can transport to Generations and transport home.

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Signature

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Date

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Relationship if guardian

## Medication Management

- Participants are not allowed to carry medications or medicate themselves while at the program. This includes both prescribed and over-the-counter medications.
- All prescribed medications administered during the program will be administered by a staff nurse or licensed med tech.
- All medications are stored properly in a locked cabinet or in a refrigerator as instructed by the physician.
- For medications to be administered at the program (either scheduled or on an as needed basis), the medications must be received in the original unopened container, label with participant's name, medication name, dosage and medication instructions, along with the prescribing physician's name (labeled pill packs/cards are also acceptable). Any medications that are opened or altered will not be accepted.
- The medication will need to be delivered to the program by the legal guardian or primary caregiver. **\*Note:** Transportation drivers are NOT permitted to transport the medication to the facility.
- A supply of medications must be replenished as needed by the caregiver. The Nursing Department will make a courtesy call to the caregiver once medications are running low or are expiring. The supply must be replenished promptly to avoid missed doses.
- Any changes to the prescribed medications, such as changes in dosage, frequency and/or scheduling must be notified to the Nursing Department. A copy of the new prescription changes signed by physician will need to be provided to Nursing in order to make the changes at the program.
- As needed over the counter medications (Tylenol, Motrin, Benadryl, Pepto-Bismol, antacid, Lactaid etc.) all require an MD order to administer. The Nursing Department can send medication order form to PCP for completion upon the request of participant or caregiver. Generation keeps a supply of some basic OTC medications on hand. Participants may bring in their own supply to keep stored at Generations.

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Signature

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Date

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Relationship if guardian

## Personal Care and Belongings

The comfort, safety and dignity of participants is a priority at Generations. Participants should dress in clothes that are clean, well fitting, modest and appropriate for the weather.

Spills and accidents are inevitable. To preserve the dignity of participants we request that a complete change of season appropriate clothing be kept on hand at Generations. It is recommended that all clothing and personal belongings be labeled with the participant's name. Certified Nursing Assistants will provide personal care services in the event of spills and accidents.

Participants who require incontinence briefs, feminine hygiene products or other personal care items should bring in a supply to keep at the program. Participants or their caregiver are responsible for replenishing these items as necessary. Generations staff will provide a courtesy call when supplies are running low.

During summer months, it is highly recommended that participants apply sunblock prior to coming in or keep a personal supply of sunblock at Generations. Participants who do not have or refuse to use sunblock may not be permitted to participate in outdoor activities.

Please note that despite the best efforts of our conscientious staff, individuals may share or give away personal belongings. For this reason, **we recommend labeling personal items and leaving valuable possessions at home.**

It is the responsibility of the caregiver to pick up clothing and medication within 1 month of discharge from the program. Clothing that is not picked up will be donated at Generations discretion. Unclaimed medications will be discarded.

## Seizure Protocol

The following is required for participants who attend Generations Adult Day Health Center with a diagnosis from their physician of seizure activity:

- A completed seizure protocol signed by neurologist or treating physician
- A current medication list that includes all daily and as needed seizure medications.
- Participant must be compliant with all daily medication.
- For any scheduled medications or as needed seizure rescue medications to be given while at Generations the following is required:
  - A signed MD order
  - Must have original **pharmacy label** that matches signed order and is not expired
  - Must be in an **unopened** box/container (unless otherwise approved by nursing staff)

**911 will be called** for breakthrough seizure activity, cluster seizures, respiratory distress, injury or if nursing team deems it necessary. It will be the responsibility of the caregiver to provide hospital discharge summary, updated medication and seizure protocol orders (if applicable), follow up visit summary and a “clear to return” note from participant’s neurologist or providing physician. The Generations Nursing Team must review documents to determine if the participant is clear to return to the program. Once cleared, the caregivers will be provided with a return date and transportation will be reinstated.

Any new medications or a replacement supply of rescue medication, if used, must be provided before or at the time of the participant’s return. If not received upon arrival, participant will need to be picked up by caregiver.

All seizure medication (scheduled and rescue) will be stored and administered to participants as required and in accordance with all applicable state and federal laws and regulations.

**Generations Adult Day Health Center shall have the right to refuse attendance and/or discharge a participant who does not comply with the above seizure protocol.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship if guardian

## **Requirements to Remain Active in the Program**

- Compliance with all program rules and policies.
- Attend on scheduled days unless the participant is ill, has an appointment, is on vacation, or has cleared temporary absence with program CM. Irregular attendance may result in discharge from the program.
- Compliance with medication. All participants MUST take prescribed medication according to physician's directions. Any gaps in compliance for ANY reason must be reported to nursing immediately. Participant's refusal to comply with medication administration may result in a required leave of absence or dismissal from the program.
- Annual physical- all participants must complete annual physicals within a month of due date (a year and a day from previous physical). Please notify nursing of scheduled physical date. Nursing will reach out to PCP office to request a copy of comprehensive visit notes once physical has been completed.
- Primary care givers must respond to communication (voice mail or email) from Generations' staff as soon as possible and immediately in case of an emergency.
- Notification of any changes in:
  - Health status
  - Medications
  - Dietary needs
  - Primary Care Physician
  - Insurance coverage
  - Emergency contacts
  - Address and phone number
  - Power of Attorney, Legal Guardianship or Advance Directive

## Discharge Policy

Generations Adult Day Health Center is committed to supporting the meaningful program participation of individual participants. It is our sincere desire for all participants to be successful; therefore, behavioral and medical interventions will be attempted prior to any consideration for discharge.

While the Generations team makes every effort to support continued participation, changes in physical or mental health status or failure to follow program rules and policies may necessitate discharge from the program.

A participant may be discharged if:

- Participant's medical or psychological needs exceed the capabilities of the program
- Participant's behavior is harmful to themselves, other participant or staff members
- Participant's behavior is disruptive to the operations of the program
- Participant becomes verbally abusive or physically combative
- Participant cannot physically tolerate a structured day
- Participant is not compliant with their prescribed medication
- Participant does not have a reasonably consistent attendance record

When a participant begins to display one or more of the above conditions or behaviors, a multidisciplinary team conference will be scheduled to assess the participant. The caregiver and other support staff (if applicable) will be notified and required to attend. This conference will allow the Generations care team, participant and caregivers to:

- Assess the participant's strengths, vulnerabilities and needs
- Review the participant's engagement in program activities
- Assess the changes in physical and mental condition since enrollment in the program
- Evaluate the ability of Generations to meet the current service needs of the participant
- Develop strategies for support and optimal care plan and quality of life
- Discuss the benefits of a leave of absence and reassessment for return after designated period
- Make referrals which may assist the participant and caregiver in obtaining appropriate services

Although it is Generations' policy to provide caregivers with adequate notice, optimal support and helpful information prior to discharge, circumstances occasionally necessitate immediate discharge. Generations reserves the right to initiate immediate discharge if the circumstances may make continued attendance potentially dangerous for participant, peers or staff.

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Signature

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Date

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Relationship if guardian



I hereby acknowledge that I have read and received a copy of the above policies and procedures.

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Signature

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Print Name

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Relationship to participant if legal guardian

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Date