ST. PAUL’S COMMUNITY CARE CENTER SENIOR DAY CARE PROGRAM
ENROLLMENT AGREEMENT

This Agreement is entered into on __________________________ (Date) between St. Paul’s Senior Day Program (SDP) and ________________________________, (participant) and ________________________________, the participant’s responsible party (if any).

ENROLLMENT REQUIREMENTS:
The participant and the participant’s responsible party understand that the Community Care Center will rely, in part, on their good faith information with regard to the participant meeting our admission criteria.

Admission Criteria:

1. Aged 60 or older. (Younger guests may be considered on a case by case basis.)
2. Continent, or incontinent with care managed by day program incontinence services.
3. Able to feed self.
4. Requires no special therapeutic diet (modified diets will be considered on a case by case basis).
5. Ambulatory and/or non-ambulatory with a cane or walker, or able to transfer in and out of a wheelchair.
7. Not combative, abusive, or harmful to self or others.
8. Does not exhibit inappropriate behavior towards others.
9. The Family/Caregiver Pre-Admission Screening Assessment form is completed prior to admission and documents that the participant does not wander or exhibit aggressive or inappropriate sexual behavior.
10. Physician’s Report for Community Care Facilities form is completed prior to admission and is signed by the physician or licensed professional designee. The assessment and signed form must be less than thirty days (30) old.
11. The Physician’s Report shall document whether the participant has a restricted health condition as defined in Title 22, Section 82092.

Senior Day Enrollment Agreement updated September 2016
12. The Physician’s Report shall document that the participant does not exhibit any conditions, behaviors or symptoms which preclude participation in the Senior Day Program such as “required continuous bed care/nonambulatory.”

13. If diagnosed with dementia or Alzheimer’s disease, the physician documents only mild or moderate/mid-stage progression (advanced Dementia/wandering cannot be accommodated).

FEES AND CONDITIONS:
Please see the attached Rate Sheet for our current discounted prepaid monthly rates. Invoices are sent on the 5th day of each month, and fees are considered late after the 10th day of each month.

There is a non-discounted daily rate for a half day or for a full day for those who do not have a pre-planned schedule. Invoices are sent on the 5th day of each month, and fees are considered late after the 10th day of each month. We request your daily reservation 48 hours in advance. Late requests may not be able to be honored. Please see the attached Rate Sheet for our current non-discounted daily rates.

The rates are subject to change at Community Care Center’s sole discretion. Community Care Center will provide written notice to the participant or the authorized representative at least thirty (30) calendar days prior to any rate change.

Proposed Schedule:
From: ________A.M./P.M. To: ________A.M./P.M. Days: (circle) M T W Th F

DESCRIPTION OF SERVICES:
Services offered at the Community Care Center include the following:

- Intergenerational Program. See attached description.
- Transportation (to be arranged on a case by case basis for a fee)
- Individualized assessment and Needs/Service Planning
- Toileting and Incontinence Care
- Mid-day meal and snacks with menu planned and approved by a Registered Dietitian.
- Assistance with self administration of medication
- Physical exercise and strength building (e.g., chair exercise)
- Orientation and Mental stimulation activities (e.g., morning current events or Sudoku math games)
- Community Outings
- Leisure activities for small groups (e.g., bingo, cards) and for individuals (e.g., puzzles)
- Movies
- Quiet time as requested by the participant in the quiet room in a recliner.
- Reminiscence groups
- Arts and crafts

Senior Day Enrollment Agreement updated September 2016
- Gardening
- Chaplaincy services
- Family involvement

**DAILY SIGN-IN:**
In order to meet the mandate of the California Title 22 regulations,

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I agree to sign in and out of the Community Care Center on a daily basis,

Or be signed in and out by the driver or a Senior Day staff person.

**HOLIDAYS:**
The Community Care Center is closed for the following holidays:

- New Year’s Day*
- President’s Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day*
- Christmas Day*

* If any of these holidays fall on Tuesday or Thursday, (Thanksgiving) the holiday will be observed for 2 days.

**WITHDRAWAL FROM PROGRAM:**
Two weeks written notice of withdrawal from the program is required. If two weeks written notification is not provided, all fees will be due for those days during the two weeks that the participant was scheduled to attend. The participant will then be automatically withdrawn from enrollment and can only be readmitted if space is available.

If the Community Care Center determines that it is unable to meet the participant’s needs without jeopardizing the quality of care provided to other participants, the participant may be asked to withdraw from the program. The participant’s responsible party must notify the Senior Day Supervisor of any changes in the participant’s eligibility for continued attendance under the enrollment criteria.

**MODEL RELEASE:**
Community Care Center, licensees and assignees may ☐ may not ☐ use photographs, reproductions, videotape and/or sound recordings of me. Such use, if authorized, is limited to advertising and publicity. I hereby waive any right or claim to any interest in, title to or use of any such photographic images or video or audio recording.

**STUDENT NURSING RELEASE:**
I ☐ give ☐ do not give ☐ permission for students of accredited nursing programs or certified nursing assistant programs to assist me with activities or personal care while under the care of the Community Care Center. All such care will be performed under the supervision of the program instructor.

**FUNDRAISING:**
As a not-for-profit organization, St. Paul’s Senior Services may contact you in an effort to raise funds for St. Paul’s and its operations. This outreach typically includes regular newsletters, direct mailers and Senior Day Enrollment Agreement updated September 2016
invitations to events. *(NOTE: St. Paul's does not sell or share our mail list or donor information.)* If you wish to opt out from these communications, please call the St. Paul’s Senior Services Foundation at (619)239-6900.

**INTERGENERATIONAL PROGRAM:**
This program has been designed for intergenerational participation, to involve both seniors and children. This positive and creative program will include activities in which seniors and children have an opportunity to interact with each other, developing meaningful relationships. If a participant does not wish to participate in the program, the participant or the participant’s representative will make those wishes known prior to enrollment.

**ILLNESS/GOOD HEALTH:**
If a participant becomes ill during the day, it will be necessary to make arrangements to pick him/her up as soon as possible. If the participant is exposed to or contracts a contagious disease, the Senior Day Supervisor must be notified as soon as possible. Participants will be notified of Center based communicable diseases in accordance with Health Department regulations.

**TOILETING/INCONTINENCE CARE:**
Incontinent Participants will be taken to the toilet every two hours by a certified nursing assistant. They will be kept clean, dry, and odor free. The participant or responsible party will supply all incontinence care products, including briefs, pads, and wipes, and a spare change of clothing labeled with the participant’s name.

Continent participants who need assistance to use the toilet due to an impairment will be taken to the toilet as needed by a certified nursing assistant, and will be kept clean, dry, and odor free.

**MEDICATIONS:**
A designated Community Care Center employee will assist participants in taking properly labeled prescription medications. Over-the-counter medicines will only be offered with written authorization from a participant’s physician. A physician’s report and emergency medical services form must be completed prior to enrollment in the program.

**SMOKING:**
It is St. Paul’s Senior Homes Policy that there is no smoking anywhere in St. Paul’s facilities. Participants who desire to smoke will be allowed to do so only in designated off site areas. Staff will assist the participant only as time permits.

**FOOD:**
Morning/afternoon snacks and lunch will be provided by the Community Care Center. Lunch will be served in the Community Café unless there is an outing or another event planned for that space. Families who wish to join the participant for lunch are welcome to do so. There is a charge for guest meals (please see the attached Rate Sheet). St. Paul’s does not provide therapeutic diet requests for the SDP. However, we are able to accommodate most modified diets.

Senior Day Enrollment Agreement updated September 2016
FIELD TRIPS:
Supervised field trips are scheduled on the monthly activity calendar. All participants who are scheduled to attend on field trip days must be able to ride the St. Paul’s Senior Services bus and follow all rules and regulations.

FAMILY INVOLVEMENT:
The SDP enthusiastically supports an “Open Door” policy for family visits and involvement in the program. Families are not required to call ahead or pre-schedule their visits. Staff will involve family in the assessment of the participant and in development of the Needs and Services Plan of Care. Any illness, injury or unusual occurrence or change in the participant’s functioning will be timely communicated to family.

ACTIVITIES:
Opportunities for activities will include group interaction, intergenerational activities, daily living skills, physical activities, rest/quiet time, outdoor time and leisure time. Schedules will be posted monthly.

PERSONAL EFFECTS:
Community Care Center requests that participants not bring money, credit cards, cell phones or other expensive personal items. We cannot be responsible or liable for lost or stolen personal effects.

INTERVIEWING PARTICIPANTS AND INSPECTING RECORDS:
The Department of Social Services and other licensing agencies have the authority to interview participants and to inspect and audit SDP’s records without prior consent. The Community Care Center will make provisions for private interviews with participants and for the examination of all records relating to participants. The Department or licensing agency has the authority to observe the physical condition of the participant, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional complete a physical examination.

COMPLAINTS:
We strive to provide excellent service at the SDP. Please let the Senior Day supervisor know if there is anything we can do to improve our service. If you have any complaints, please let us know right away so we may address your concern. The appropriate licensing agency to contact if you feel your personal rights have been violated is:

Community Care Licensing
7575 Metropolitan Drive
San Diego, California 92108
(619)767-2300
ATTN: Duty Officer

Senior Day Enrollment Agreement updated September 2016
ACKNOWLEDGEMENT:
I acknowledge that I/we have received the following documents from Community Care Center’s authorized representative:

1. A copy of Participant’s Rights (Attachment 1)
3. Community Care Center’s Rate Sheet (Attachment 3)
4. Intergenerational Program Description (Attachment 4)

I have read, understand, and will comply with the terms set forth in St. Paul’s Senior Day Care Program Enrollment Agreement.

_________________________________________  ____________________________
Participant                                             Date

_________________________________________  ____________________________
Participant’s Responsible Party                         Date

_________________________________________  ____________________________
St. Paul’s Senior Day Administrator or designated representative
  Date

Senior Day Enrollment Agreement updated September 2016