



Los Alamos Senior Citizens Program
Day Out Adult Day Services

1101 Bathtub Row
Los Alamos, NM 87544
(505) 661-0081
Fax: (505) 661-7677

Laurie Hochhalter – Director

To each new participant, caregiver, and family member,

Welcome to the Day Out Adult Day Services Program. We hope to answer some of the more common questions in this letter, even so, please feel free to call with any additional questions not covered in this letter, or for clarification of items covered in this letter.

The Day Out has been in existence since May 1977, when it was opened in the Church of Christ on Diamond St. Our program has experienced many changes since it first opened. Today, we are housed in our own facility within the Betty Ehart Senior Center.

The Day Out runs on a donation basis. The Financial Manager sends a monthly letter stating the number of days attended, van rides, and meals consumed. A sample of this letter is included in the packet of information.

Our suggested donation rates are as follows:

\$7.00/ per hour for the program

\$5.00/ per day for the meals (if you wish to have a senior meal, some people bring their own lunches)

\$4.00/ per van ride (if used)

This amount is far less than the actual costs of running our program. We strive to provide services to a wide range of individuals in various income brackets, and to provide services regardless of ability to pay.

We ask that you send a complete change of clothing, which we will keep here. Sometimes accidents occur and clothing may need to be changed. We have individual shelves where our participants can keep their personal belongings.

We sometimes encounter inclement weather. Please monitor your local stations for any closures we might have. We follow the Los Alamos School systems and the labs. If they are delayed, we're delayed, if they close, we are closed. We do maintain a Calling Tree, in which all attempts will be made to reach you or your family member, to notify you that we are either delayed or closed.

Our Transportation department provides door to door service within Los Alamos County. If needed, with your permission, our drivers will go into your home to assist the participant out to the van. Transportation is available during their hours of 8 – 3. There is an evening driver

Run by Los Alamos Retired and Senior Organization for
Los Alamos County

usually available Wednesday, Thursday and Friday until 5:30. Advance notice is required to the transportation director so she can work up the drivers schedules.

We cannot administer medications, however, we can assist the participant in self-administering their medications, if needed.

The Day Out is opened Monday through Friday, from 7:30 am – 5:00 pm. We usually have staff available from 7:15 am, and will try to accommodate your needs along with our staffing requirements. It is not necessary for participants to attend every day. We ask that you please see the Program Director for clarification of days available for attendance. If we don't have you on a set schedule, and you want to attend, please call the day prior to attending, so that the Transportation Manager can place you on the driver's list if needed. Please also contact the Day Out Director, so that she can staff accordingly.

We do have a website at www.losalamosseniorcenter.com . The current monthly Senior newsletter and the Day Out activity calendar are always available on this site.

Important Names and Numbers

The Day Out: (505) 661-0081
Laurie Hochhalter – Program Director

Transportation Department: (505) 662-8922
Karen McCool – Transportation Manager

Betty Ehart Senior Center: (505) 662-8920
Pauline Powell Schneider – Executive Director of Senior Services

Again Welcome to the Day Out. We look forward to serving you and your loved ones, and wish to make your participation our priority. Please keep this page handy (side of refrigerator maybe?).

Thank you,

Laurie Hochhalter, BS
Program Director

Admission Requirements:

Individuals eligible for participation in The Day Out Program shall be adults who:

- 1. Live in northern New Mexico**
- 2. Are able to feed and toilet themselves with minimal assistance**
- 3. Do not exhibit disruptive behavior**
- 4. Do not live in a nursing facility**
- 5. Are not eligible for programs for the developmentally disabled**

Priority shall be given to persons who are 60 years of age or older and who meet the at-risk categories of Adult Protective Services. Consideration may be given to special circumstances on a case-by-case basis.

Our staffing ratio may not always allow us to continue to serve participants who may be in need of more extensive care than we can safely provide. It may, therefore, become necessary for the Executive Director and the Day Out Director, to discharge/ transition the participant and caretaker into a more appropriate care setting. We will try to accommodate everyone and we will evaluate each individual on a case-by-case basis. We practice continuum of care. We use a range of social and health services, facilities, and resources, which address an individual's care needs at the most appropriate level, and in the most appropriate setting. Some examples of this are the working relationships that we have with Visiting Nurse Services, Home Instead, several Respite workers, Children Youth and Family, Area Agency on Aging, individual physicians, and the Los Alamos Medical Center. The Director is also associated with the Adult Day Services Association and the LARSO Advisory Council. We also welcome various therapists if the family requires these services during Day Out. The well-being of the Day Out program and that of our participants is our greatest priority, but we cannot provide the specialized care of a skilled-care facility.



Los Alamos Senior Citizens Program

1101 Bathtub Row
Los Alamos, NM 87544
505-662-8920
505-661-7677 (fax)

April 11, 2017

Day Out attendee
whatever your address is
Los Alamos, NM 87544

SAMPLE
LETTER

Dear Participant,

Thank you for your continued participation in The Day Out Program of LARSO. Our records indicate that you attended The Day Out hours and received meals and 0 van rides during the month of March 2017. While this service is provided at no cost, your consideration of a voluntary donation of \$7.00 per hour, \$5.00 per meal, and \$4.00 per van ride would be greatly appreciated. Your contribution, together with other funding, helps us to maintain the program's high quality and ensure its availability to every eligible individual in Los Alamos County.

The Day Out Adult Day Services Program receives funding from participants and caregivers, as well as state and federal grants. The suggested donation amounts are based upon what is required to operate the program at the current level of service. Please donate as much as you can to support this important program. **Donations in excess of the "suggested donation" amounts will be cheerfully accepted!** A stamped self-addressed envelope is enclosed for your convenience, and checks may be made payable to the Betty Ehart Senior Center.

If you have any questions about this letter, please call me at 662-8920.

Sincerely,

Rebecca S. Thuillez
Business Manager

**LARSO
The Day Out
Adult Day Services
1101 Bathtub Row
Los Alamos, NM 87544
505-661-0081**

EMERGENCY RELEASE

Participant's Name _____

Date _____

I/We, the undersigned, hereby authorize The Day Out to call Emergency Services (911) and have the above named participant transported to the closest available hospital or Urgent Care Center.

I/We hereby release The Day Out and the State of New Mexico from any and all liability which may arise in connection with this agreement.

I/We further authorize The Day Out to release information contained in the participant's file to physicians, hospitals/clinics, etc., if necessary, in the best interest of the participant.

I/We also authorize the Day Out to receive from physicians, hospitals/clinics, long term care facilities, rehabilitation facilities, etc., any medical information pertinent to my care.

Signature of Participant

Date

Signature of Caregiver

Date

Signature of The Day Out Staff

Date

**The Day Out
Adult Day Services
1101 Bathtub Row
Los Alamos, NM 87544
505-661-0081**

Intake/Assessment

Name _____ **Date** _____

Gender _____ **Marital Status** _____

Address _____ **City** _____
State _____

Zip Code _____ **Phone** _____ **DOB** _____

Social Security Number _____ **Age** _____

Primary Language _____ **Ethnicity** _____

In Case of Emergency/ Contact:

Name and Address (List primary contact as #1) Phone	Relationship	Home Phone/ Work
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1. _____

2. _____

3. _____

Living Arrangements:

Lives Alone: _____ **Yes** _____ **No** _____

Home Bound:
(Requires Assistance to
leave home) _____ **Yes** _____ **No** _____

Lives with others: _____ **Name:** _____ **Relationship:** _____

Medical

Doctor (Name, Address, Specialty)	Phone
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1. _____

2. _____

3. _____

Hospital Preference (Name)	Phone
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Living will:	Yes	No	Power of Attorney:	Yes	No	DNR:
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Private Insurance	Medicaid #	Medicare #
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Legal Guardian	Power of Attorney
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Allergies: _____

Activities of Daily Living

Activity	Cannot Perform 4	Does with Assistance 3	Does with Devices 2	Alone with Difficulty 1	Independent 0
Bathing					
Dressing					
Transfer					
Eat					
Toileting					
Total					

Instrumental Activities

Activity	Cannot Perform 4	Does with Assistance 3	Does with Devices 2	Alone with Difficulty 1	Independent 0
Téléphone					
Shopping					
Food Mgt					
House Mgt					
Laundry					
Transport					
Medicine					
Finances					
Reading					
Writing					
Safety					
Total					

Mobility

Activity	Cannot Perform 4	Does with Assistance 3	Does with Devices 2	Alone with Difficulty 1	Independent 0
Home					
Outside					
Wheelchair					
Doors					
Stairs					
Total					

Sensory Ability

Activity	Cannot Perform 4	Does w/ Assistance 3	Does w/Devices 2	Alone w/ Difficulty 1	Independent 0
Sight					
Hearing					
Speech					
Dental					
Limb					
Total					

Elimination

	Catheter/ Colostomy 3	Incontinent 2	Continent 1	Self Care 0
Bowel				
Bladder				
Total				

Health and Safety Risk

Identify factors which may affect person's level of health and/or safety. Responses should be based upon direct observation or report from the participant, caregiver, and or other responsible person.

- | | | |
|---|---|---|
| <input type="checkbox"/> Skin Rashes | <input type="checkbox"/> Bed Sores | <input type="checkbox"/> Ulcerated Sores |
| <input type="checkbox"/> Fecal/ Urine Smell | <input type="checkbox"/> Faulty Reasoning | <input type="checkbox"/> Incoherent Speech |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Medication | <input type="checkbox"/> Locked In |
| <input type="checkbox"/> Suicidal Actions | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Self Endangerment |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Malnourishment | <input type="checkbox"/> Reclusive Behavior |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Wandering |
| <input type="checkbox"/> Untreated Medical Treatment | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Acute Illness |
| <input type="checkbox"/> Sleeping: <input type="checkbox"/> Excessive <input type="checkbox"/> Insomnia | <input type="checkbox"/> Eating: <input type="checkbox"/> Overweight? | <input type="checkbox"/> Underweight? |
| <input type="checkbox"/> Other (Please Specify): | | |

Activities

Activity interest Assessment

<input type="checkbox"/> Music Appreciation _____	<input type="checkbox"/> Collecting _____
<input type="checkbox"/> Music Participation _____	<input type="checkbox"/> Hobbies _____
<input type="checkbox"/> Sports/Active Games _____	<input type="checkbox"/> Reading _____
<input type="checkbox"/> Physical Exercise _____	<input type="checkbox"/> Crafts _____
<input type="checkbox"/> Affiliations _____	<input type="checkbox"/> Cards _____
<input type="checkbox"/> Volunteer _____	<input type="checkbox"/> Cooking _____
<input type="checkbox"/> Gardening _____	<input type="checkbox"/> Animals _____
<input type="checkbox"/> Swimming _____	<input type="checkbox"/> Walking _____
<input type="checkbox"/> Ceramics _____	<input type="checkbox"/> Outings _____
<input type="checkbox"/> Art Appreciation _____	<input type="checkbox"/> Sewing _____
<input type="checkbox"/> Art Participation _____	<input type="checkbox"/> Travel _____
<input type="checkbox"/> Creative Writing _____	<input type="checkbox"/> TV _____
<input type="checkbox"/> Woodworking _____	<input type="checkbox"/> Sports _____
<input type="checkbox"/> Decorating _____	<input type="checkbox"/> Bingo _____
<input type="checkbox"/> Needlework _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Movies/ Theatre _____	
<input type="checkbox"/> Conversation _____	

Spiritual: Formal Church Scripture Study Individual Counseling

Types of Activities Needed

<input type="checkbox"/> Physical	<input type="checkbox"/> Competitive	<input type="checkbox"/> Large Group
<input type="checkbox"/> Social	<input type="checkbox"/> Leadership	<input type="checkbox"/> Reality Orientation
<input type="checkbox"/> Educational	<input type="checkbox"/> Creative/Expressive	<input type="checkbox"/> Sensory Stimulation
<input type="checkbox"/> Religious	<input type="checkbox"/> Individual	<input type="checkbox"/> Service to Others
<input type="checkbox"/> Community	<input type="checkbox"/> Psycho/social	<input type="checkbox"/> Personal Appearance
<input type="checkbox"/> Dining	<input type="checkbox"/> 1 to 1	<input type="checkbox"/> ADL/Self-care
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Small Group	

Support System

Check those services being provided at time of assessment

Service	Provider	Relationship	Frequency/ Hrs/ Days/Weeks
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Housekeeping

Personal Care

Meal Prep/Delivery

Transportation

Supervision

Home Health

Friend Visiting

Case Management

Mental Health Service

Legal

Other (Specify)

Assistance

Assistance not Available
3

Assistance Inadequate
2

Assistance Adequate
1

Assistance Not Needed
0

Signature of Participant

Date

Signature of Caregiver

Date

Signature of Day Out Staff

Date

**Los Alamos Senior Programs
Nutritional Health Assessment**

Please indicate if you:

...have an illness or condition that has caused you to change the kind or amount of food you eat.	Y / N
...eat 2 or more meals a day.	Y / N
...eat fruit and vegetables every day.	Y / N
...eat dairy products every day.	Y / N
...have 3 or more drinks of beer, liquor, or wine almost everyday.	Y / N
...have tooth or mouth problems that makes it hard to eat.	Y / N
...can always afford to pay bills and buy the food you need to eat.	Y / N
...eats alone most of the time.	Y / N
...take 3 or more prescribed or over-the-counter drugs each day.	Y / N
...without warning have lost or gained 10 or more pounds in the last 6 months	Y / N
...are always able to shop, cook, and/or feed yourself or can get help if needed	Y / N

Staff Use:

Client Name

SSN (Last 4)

DOB

ADL/IADL ASSESSMENT

Activities of Daily living

(ADL)

Can you:

Yes / No

Needs Help

Get around inside your home?

Bathe yourself?

Dress yourself?

Get in and out of a bed/chair?

Use the toilet independently?

Eat independently?

Groom yourself?

Instrumental Activities of Daily Living

(IADL)

Can You:

Yes / No

Needs Help

Manage your money?

Do your laundry?

Do your shopping?

Self-medicate?

Prepare your own meals?

Perform heavy home chores?

Do ordinary housework?

Take out the garbage?

Use transportation?

Use the telephone?

SCORE (number of NO responses)

Staff only: Transfer ADL and IADL scores to the Client Intake record.

North Central New Mexico Economic Development District
Area Agency on Aging

Notice of Privacy Practices
(HIPAA)

Policy: This notice describes how medical information about you may be used and disclosed and how you can get access to this information. We may change the terms of this notice in the future. We reserve the right to make changes and to make the new notice effective for all medical information. To contact us, please call 505-827-7313.

Purpose: To insure Privacy Practices.

Scope: Applies to all disclosure of Medical information by Non-Metro AAA and Contractors with Non-Metro AAA.

Procedures:

1. Long-Term Care Services Operations

*We may use and disclose medical information about you in performing a variety of business activities that we call "Long-term Care Services".

*We use and disclose medical information about clients in the day-to-day Long-term services operations.

*We may use and disclose medical information about you to provide long-term care treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your long-term care services and related services. This may include communicating with other health care and long-term care providers regarding your treatment and coordinating and managing your care.

*We may use or disclose medical information about you in order to inform you of or recommend new treatment or different methods for long-term care services that may be of interest to you.

2. Persons Involved in Your Care

* We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care.

*We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect, exploitation or domestic violence.

Los Alamos Retired and Senior Organization

HIPPA AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize Los Alamos

Retired and Senior Organization and its employees and agents (collectively, LARSO), to release to _____ my personal health

information maintained by LARSO (e.g., information relating to the senior services provided to me, including my name, address, and identification number, **except** for the following information which is not to be disclosed:

for the purpose of helping me to obtain senior services. I understand that any personal health information or other information released to LARSO may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws.

This authorization is valid from the date of my/my representative's signature below, and shall expire one year from the date below.

I understand that I have a right to revoke this authorization by providing written notice to LARSO. However, this authorization may not be revoked if LARSO, its employees or agents have taken action on this authorization prior to receiving my written notice of revocation. I also understand that I have a right to have a copy of this authorization.

I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for senior services programs.

Printed Name of Client: _____

Signature of Client: _____

Date: _____

If applicable, Legal Representatives sign below:

By signing this form, I represent that I am the legal representative of the Client identified above, and can provide written proof (e.g., Power of Attorney, guardianship papers, etc.) that I am legally authorized to act on the Client's behalf with respect to this authorization.

Printed Name of Legal Representative: _____

Signature of Legal Representative: _____

Date: _____

Printed Name of Witness: _____

Signature of Witness: _____

Los Alamos Retired & Senior Organization

THE DAY OUT

Adult Day Program

1101 Bathtub Row

Los Alamos, NM 87544

This is to inform you that the Day Out Adult Day Program is licensed through the Department of Health and is required to inform all participants and caregivers that by law we must report any suspected cases of abuse, neglect, exploitation or any injuries of unknown origin as well as immediately reporting any suspected cases of physical or sexual abuse, emotional or psychological abuse, neglect, or exploitation.

As required, the Day Out Staff receive yearly training in abuse, neglect, exploitation and incident management and each new hire will receive training within 30 days of being employed.

All information is kept confidential. Complaints are reported to:

- The Department of Health Reporting Hotlines: Licensed Facilities: 1-800-752-8649
- The Department of Health Reporting Fax: 1-800-584-6057
- The Division of Health Improvement's Website
<http://dhi.health.state.nm.us>
- New Mexico Long-Term Care Ombudsman: 1-800-432-2080

Agency or Facility Reports MUST be sent to:

Complaints by individuals may be called to:

- Department of Health Reporting Hotlines: Licensed Facilities: 1-800-752-8649
- Community Based Programs: 1-800-445-6242
- Incident Management Reporting Fax: 1-800-584-6057
- Adult Protective Services: 1-866-654-3219
- Reports may also be completed online at:
http://dhi.health.state.nm.us/imb/imb_inform.php

Caregiver	Date	Participant	Date
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Day Out Staff Member	Date
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**The Day Out
Adult Day Services
1101 Bathtub Row
Los Alamos, NM 87544
505-661-0081**

FAMILY AND PARTICIPANT RIGHTS AND RESPONSIBILITIES

Participant and Caregivers have the right to:

- 1. Be treated as an adult with respect and dignity and receive services in a professional manner.**
- 2. Participate in a program of services and activities that promote positive attitudes on one's usefulness and capabilities, promote personal growth, improve self-image and support personal independence.**
- 3. Receive care without discrimination due to ethnicity, national origin, religion, sex, age, physical or mental disability.**
- 4. Examine and receive an explanation of charges, regardless of the source of payment.**
- 5. Discuss problems concerning services and follow the Grievance Procedure of the Los Alamos Retired and Senior Organization.**
- 6. Privacy and Confidentiality in services and records.**
- 7. Receive a monthly calendar of events and activities**
- 8. Participate in the development of an individual service plan.**
- 9. Review the service plan on a regular basis.**
- 10. Decide whether or not to participate in any given activity.**

Participants and Caregivers have the responsibility to:

- 1. Participate in the development of the individual service plan.**
- 2. Follow the schedule of attendance determined at the intake conference.**
- 3. Provide necessary toileting supplies and change of clothes, if necessary**
- 4. Provide information regarding any change in living situation or in financial situation.**
- 5. Ask if you do not understand the nature of the service.**
- 6. Treat the staff with respect, dignity, and consideration.**
- 7. Ambulate on their own or in a wheelchair with minimal assistance.**

Participant's Signature

Date

Caregiver's Signature

Date

**The Day Out
Adult Day Services
1101 Bathtub Row
Los Alamos, NM 87544
505-661-0081**

Client Code of Conduct

All Participants are expected to follow this code of conduct.

- 1. Participants may not exhibit behavior that is violent or clearly a danger to themselves or others.**
- 2. Participants may not exhibit behavior that is a detriment to the well being of the program.**
- 3. Participants and caregivers may not exhibit a lack of cooperation that seriously inhibits the services delivered.**
- 4. Services may be terminated when the Day Out Director determines an alternative placement would be more beneficial to the participant.**
- 5. Although the participant has the right to refuse to participate in any activity, if the staff determines that the program is of no benefit to the participant because of the continual refusal, corrective action will be taken.**
- 6. Corrective measures will be taken when the participant exhibits behaviors listed above. The participant and the caregiver will first be informed and a written notice will be sent to the family. If the behavior continues, the following measures will be taken.**
 - 1. One day suspension from the program.**
 - 2. One week suspension from the program.**
 - 3. Permanent discharge from the program.**

Signature of Participant

Signature of Caregiver

Date

Date

**The Day Out
Adult Day Services
1101 Bathtub Row
Los Alamos, NM 87544
505-661-0081
GRIEVANCE PROCEDURES**

A “grievance” is deemed as the claim of a participant that his or her rights have not been respected.

A caregiver or participant of the Day Out, who has a grievance against the program, must first discuss the problem with the program staff.

If the alleged grievance cannot be satisfactorily resolved at this level, the aggrieved person must discuss the problem with the next highest level of management, i.e. The Day Out Director.

If the aggrieved person is not satisfied with the decision or action taken by the management, the person may present the grievance in writing to the Executive Director. If the issue remains unresolved, written request for a hearing by the Board of Directors may be presented to the Board President and must include a statement of the facts upon which the grievance is based and the remedy or action desired; it must be signed and dated.

Within two weeks after receiving such a request, the Board President shall set a date for a hearing by the Board of Directors. The aggrieved person shall be notified at least two weeks in advance, in writing, of the date, time, and location of the hearing and may be present at the hearing with an advocate of his or her choice.

The meeting of the Board of Directors, or a hearing panel appointed by the President of the Board of Directors, with the aggrieved person shall be conducted using the following procedures:

1. Call to order by the President of the Board, or such other person appointed by the President.
2. Recording of the time, date, place, parties present, and brief statement of the nature of the grievance.
3. Presentation of the grievance by the aggrieved person and statement by the advocate, if desired.
4. Statements by the Day Out Staff involved in the grievance.
5. Questions by members of the Board of Directors or hearing panel addressed to any person.
6. First statements by interested persons.

After the hearing, the LARSO Board of Directors shall meet in closed session. The first decision and recommendations shall be determined by a majority vote of the Board of Directors present throughout the meeting. The aggrieved person shall be notified in writing of the final decision of the Board of Directors within two weeks of the date of the hearing. The notification shall be signed and dated.

Signature of Participant

Signature of Caregiver

Date

Date

**LARSO
The Day Out
Adult Day Services
1101 Bathtub Row
Los Alamos, NM 87544
505-661-0081**

RELEASE FOR PUBLICITY

I/We grant permission for The Day Out to use the below named participant's name, photograph and/or audio or visual reproduction for publicity (newspaper, television, film, brochure, radio, etc.) for the purpose of educating the public on the function and services offered by The Day Out.

This release will be effective for one year from the date of signing.

Participant's Name

Signature of Participant

Date

Signature of Caregiver

Date

Signature of The Day Out Staff

Date