

Daughterhood The Podcast

Episode #23: ADULT DAY CARE With Patty Winstead

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SPEAKERS

Rosanne, Patty Winstead

00:02

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Rosanne 00:43

Hello, and welcome to Daughterhood The Podcast. I am your host Rosanne Corcoran, daughter, hood circle leader and primary caregiver. Daughterhood is the creation of Anne Tumlinson who has worked on the frontlines in the healthcare field for many years and has seen the multitude of challenges caregivers face. Our mission is to support and build confidence in women who are managing their

parents care. Daughterhood is what happens when we put our lives on hold to take care of our parents. We recognize this care is too much for one person to handle alone. We want to help you see your efforts are not only good enough, they are actually heroic. Our podcast goal is to bring you some insight into navigating the healthcare system provide resources for you as a caregiver as well as for you as a person and help you know that you don't have to endure this on your own. Join me in Daughterhood. Adult Day Denters are designed to provide care and companionship for older adults who need assistance or supervision during the day. programs offer relief to family members and caregivers allowing them to go to work, handle personal business or just relax while knowing their relative is well cared for and safe. I spoke with Patty Winstead Director of Community Relations from Sarahcare in Malvern, Pa. I hope you enjoy our conversation. So tell me, what is adult daycare and why is it helpful?

Patty Winstead 02:01

Adult Day Care is a very helpful service for many families, families that have loved ones that either are living alone and should need some supervision and care during the day or are even living still with their spouse or their elderly elder children. But those spouses and children need to either go to jobs or take care of their own health concerns. Or maybe they just need a caregiver respite, that's where adult day care comes in. And it was formed really to provide that respite for the caregiver, but to also engage that senior so that they're not just sitting at home watching TV, which is the number one thing I hear people say I don't want my loved one to just spend their golden years sitting in front of a TV, I want them to be engaged in activities. So what adult daycare can offer then is different than a senior center where you have a somewhat independent client that can go in and do this, the activities and the programs. A senior adult senior adult daycare center actually offers supervision so they can come in and they can do those programs and exercise and art and etc. But there's a staff there to oversee and supervise their day. So if they need some assistance with activities of daily living like walking, transferring from the wheelchair to the chair, or help personal toileting or personal care help, or maybe they even need help with food being cut up or served, we commit manage medications. That's what adult dayc are offers that's different. They have a dedicated staff that offers supervision, and they are also those activities. It's not that they're just available, they're actually available as the staff kind of lead them into them. They help them make those connections, help them get involved in those hobbies, again, so that they can have meaningful time while they're at the center. Friendships formed. They, you know, may not remember one another's names the next day, but they certainly do remember that they have felt some sort of camaraderie or companionship with another person at the center. So that I think is like the big key the socialization so that they're not isolated at home, but also that caregiver respite.

Rosanne 04:10

That's, I mean, it's great to know because, you know, you think about the adult daycare centers and you think, well, what happens you drop them off at the door, and they go in, but it's actual facilitating the staff facilitate their interaction,

Patty Winstead 04:23

Right, actually, our programs and I'm speaking on behalf of the programs that we do at our center, and that may not be true in any adult day center other than ours, but we rotate every 40 minutes between fine and gross motor skills, and cognitive skills. We don't ever sit longer than 40 minutes unless it's dinner time, you know, lunchtime because we want to be able to incorporate that physical movement and also that attention span. We want them to have as much engagement with different programs as they can and to caregivers tell us at the end of the day, our loved ones are tired

Rosanne 04:56

Well take me through a typical day at your center.

Patty Winstead 04:59

So A lot of our members before COVID, were arriving by community transportation. Now we've temporarily asked our families to hold that and just provide a valet style drop off and pick up. And it's really during this period of time that we're in now. But prior to COVID, I'll try to do both so that you know, what we do actually go back to the way it was, people know, transportation, drops them off, family drops them off, or we pick them up and drop, bring them back to the center, they enter the center, and we got to start our day easy, we come in, and it's kind of a meet and greet again, you know, I'm so and so introduce the people, they're sitting with coffee tea morning, kind of dial breakfast, and we start our day slow, where they're kind of not feeling rushed, and they're making they're, they're reconnecting with others again, and then we start our programs, when the majority of people are in the center. And with the community transportation, we usually always had some, we usually had our big group by 9:30, or 10, we start our programs right then in there, we separate into different levels. And those levels are based on their interest in their abilities, so that they're not feeling like this is too much for them. But on the reverse, they're not feeling like this is not enough for me. So those levels are very important. Until the programs will start it might be cooking club, where they're actually chopping, blending, mixing, reading the recipe, we put it in the oven and take it from there. But they're actually part of the process of making their lunch later. Or they go right into a movement type class, maybe we did a morning yoga, or they might go into a cognitive study where it's a word search or science class, and then we'll rotate in different programs or different every day, so no day ever looks the same. But in that morning block, you'll get a couple programs. And then right before lunch, we started doing this about two years ago, we do like a quick meditation. And it's like a breathing exercise x actually, because we found that that breathing exercise helps relax, people kind of puts a calm, so then they're having lunch, and we don't rush through lunch, because that's a great time for them to socialize without us, you know, hovering their time to kind of really reconnect. And then after lunch, we go right back into programming. And again, we might start after lunch, not with something physical, because I've just eaten but maybe some art or some music, armchair travel, go outside, we might take a day trip now we have temporarily suspended outings right now and having outside entertainers in. So that would also be a possibility. We did several outings a week, I think three was like our average small groups would be groups of about six, and they would go again on their like interest. So if we had a group that really loved history, maybe we would go to some historic sites, or we had, we did have a group that loves stained glass. So we would try to do one church each month and learn the history of that stained glass in the church or synagogue, Valley Forge was close by so we often went fishing, or we just went over for a walk. So we did a lot of things that they normally would have done in their past, we actually developed a lot of our program ideas from their interest sheets.

Rosanne 08:04

Oh, wow.

Patty Winstead 08:05

Yeah.

Rosanne 08:05

Wow, that's fascinating it

Patty Winstead 08:06

is. And then if during the day they need medication delivered to them, we have a medic med tech on staff that will make sure that their medication is delivered, or there's diabetes, that their blood sugar's check, because that's part of the program that we can offer, and then the rides, start picking them up. And that's kind of the end of the day. During that day, we also incorporate in personal care time. So a toileting type schedule, because we never want anyone to walk out to a program where they might need to use a bathroom, or leave to get out of public bus where they might need to use the bathroom. So we're very conscious of that. And we keep that on schedule to

Rosanne 08:42

Now what do you do for the people that aren't very mobile, or, or don't want to,

Patty Winstead 08:46

Or they don't want to do programs. We have programs that are designed for them. So you know, if someone let's say, would not be interested in all in walking Valley Forge, but they would be okay with being in a wheelchair and having one of our staff, you know, bring them in, then we'll do that. Or we have programs designed just for chair chair fitness, Chair yoga, certainly they can do the any of the cognitive programs, it's, you know, we encourage them to be part of the programs. We don't force them to be part of the programs. When we're getting to know them, we're doing a trial with them. It's like a couple hours where we get to know them, they get to know us, but families are giving us ideas of what they like to do in the past. And then we have to think sometimes outside of the box of how we can incorporate that back into their day based on where they're at right now today. So I think we do a pretty good job of thinking outside the box.

Rosanne 09:38

Yes, I think I think you're right. When you said they fill out a form the family fills out a form of their interests, or do you need clearance from a doctor to do this? Or can somebody just call and say I want to bring my my father and

Patty Winstead 09:51

So there's two parts. So there's a trial that the family is just filling out information that we share just with our staff, it will ask is your loved one on a mission And only because if they're with us during the trial, and there's an emergency, it has some emergency type questions because we want to get that information to the emergency personnel. But if the doctor doesn't need to sign that for a trial, now if after the trial, the family says, yep, I want my loved one to come here, they select a schedule, then we need a medical filled out by a physician, it has to be relevant to 90 days. So that physician had to have seen that patient within the past 90 days. And then the other state requirement is a TB test that's relevant to two years. So there's just two pieces of medical paperwork that's filled out for membership. And then once we have those in hand, the nurse reviews them, okay, is them and then there's the intake paperwork, which is just your simple admission paperwork, and then you select your start date. Now families are free to choose whatever schedule works for them, we have not just full days, but we also partial days, and they can choose whatever schedule fits their needs, and usually rotate their revolve a little bit around the transportation that they can, you know, get for the their loved one.

Rosanne 11:02

That's very helpful, because I often hear people talk about adult daycare, and then they say, you know, it starts at eight o'clock. And you know, my mother's not up at eight o'clock, or we can't get out of the house before noon.

Patty Winstead 11:13

Right.

Rosanne 11:13

Anything that so that doesn't matter

Patty Winstead 11:15

Nope that doesn't matter. We recognize that, that there are a lot of people that you know, they like to sleep in and they don't want to, you know, get up and about until 11 that's fine. You could you could tell us, you're gonna be here at 11:10. We're fine with that.

Rosanne 11:15

Now, is there a nurse on staff?

Patty Winstead 11:29

We do we have an RN on staff. Now that's not a requirement to have the nurse in the center every day, because we also have a med tech to do the medication. We are an adult day center is actually a non medical model. Okay, because we have a nurse it makes it look like it's a medical model, but it really isn't. It's nice having a nurse, it absolutely is. And they are required to do a certain amount of the paperwork for the state.

Rosanne 11:53

Okay. That's very interesting. Because, I mean, how are your staff members or all the staff members trained for CPR or for emergency evacuation or anything? What do they trained in?

Patty Winstead 12:05

So we have staff members that are certified nurses, aides, med techs, or their activity aids, but they do have CPR and first aid, we provide that for them. And we also have monthly training and assign different topics, there are certain topics that the state requires you to have training on. So we automatically have that. And that's like, recognizing stroke as an example. But then there's an additional training that Sara care because we're franchise requires us to train in. And that again, is different every month, like one month, it might be nutrition or something. We have a lot of training on dementia care, because the majority of our members have some sort of dementia. So we've had Alzheimers Association, and we've had a FTD has been in so we get a little bit additional because of the population that we see. That's a question if you were looking at other adult daycares, I'd want to know what kind of training have you had yeah.

Rosanne 12:58

Well exactly. And that's, and I wonder, because each center is different. They're all run by different people in different states obviously have different rules. So that is something that you should ask.

Patty Winstead 13:08

I would absolutely ask that.

13:10

Okay, what is your state, normally your staff to patient ratio

Patty Winstead 13:14

In the state of Pennsylvania, we're six to one. And currently in our environment. Now that and we usually operate like one to six, one to five, one to four depends, again, we go towards that we're looking more at that group, like, this particular group has these needs in and abilities. So maybe it's for people, you know, maybe we don't met, we max out at six. So what we're currently doing, because we're in that situation with COVID, we're doing those small groups, separate separate IDs, we actually were fortunate to have 7000 square feet. Yeah, that's a blessing. So we might have a group of four group of five or a group of six with one staff member dedicated to that group throughout the day. So that decreases the contact they have with others, and they're still distancing from each other, with masks and etc. So it looks a little different than it used to look. Now, our group's pre COVID might have been a larger group, but with several staff members in it right now. We have to maintain at least a one to six, and that's Pennsylvania.

Rosanne 14:20

Wow. And you know, it's hard going forward because we don't know how long this I mean, this could this could always be this way for this population, where it's just we don't know when it's there has to be distance and and everything that goes with that. The fact that you have 7000 square feet is I mean, that's a bonus. I don't I mean, how do you do that going forward? Is this will you be able to keep that model going? If you need to, if this if this is the new normal? Are you able to keep that going?

Patty Winstead 14:51

I don't know what tomorrow brings.

Rosanne 14:53

Yeah,

Patty Winstead 14:54

You know, I feel like we have made a really good policy. We've put a really good policy in place we have travel restrictions, we have quarantining of people, you know are going on a vacation. Isolating, I mean our staff members are specific teach group mask wearing social distancing contact tracing, every ad will say every day. But you know, if you look at the news, it feels like every day we're trying to do something different, you know, we're doing no visitors, no tours, it's our population of members and our staff, no non essential is even allowed in the building, that we're just met door just as things change. We're changing. So right now I'd like to say what tomorrow will be. But now, anybody who knows, but I do know that we are serving a population that is the most vulnerable, and I feel like we are making a very diligent strong effort to protect,

Rosanne 15:49

Right. That's all you can do.

Patty Winstead 15:51

Yeah.

Rosanne 15:51

What services could the person receive while they are in adult day care what

Patty Winstead 15:56

Now this can vary, too. So that's another question. If someone's looking at adult day care, what other services can you get in your community in your center, in our center, Fox rehabilitation has an office so then they're able to have PT and OT, which is billable through med B, while they're at the center, which saves the caregiver a trip in the car? Sure does. Or maybe the care, maybe they don't want people in their home, it just makes it easier because the therapy therapist actually comes over and takes that individual when they're free from a program and does their therapy with them brings them right back to the program. They're never like by themselves at any any time they get to know them. It's a face that's recognizable to them. We also have a hairdresser that was coming in once a week now that's currently on hold. But you were able to have a haircut perm color, men were able to get a beard trim or shave, we also offer showering, no with showering, and all personal care, dignity and respect are a huge part of what we do at Thera care. Men are with men and women are with women. And that is just a policy that we have in place. Now. We currently are not doing showering yet. Again, we're just trying to stay, you know, that social distance from one another. And then we also had transportation as a service. So if a loved one need to be picked up or dropped off, and we could do it our our staff has vehicles that we're allowed to use to do that. So there's a couple different services. We also have, and again, it's not right now, but pre COVID, we had a podiatrist that would come in, and that was also billed through their Medicare. So a couple different services, although I've heard other some other communities and other states have audiology. mazouz Catholics have my other services. I've seen different things.

Rosanne 17:41

Wow, really? Yeah. So it's like one stop shopping?

Patty Winstead 17:44

Well, yeah. But it's making it easier for that caregiver so that, you know, they can get some services done while they're with us, but then mean less running around when they're at home.

Rosanne 17:55

No, it's interesting, because you get that pushback from a caregiver like, well, I can't do this, I don't want to drop them off there. And they don't realize that, hey, this is one stop shopping, you could get a few things out of the way. And you could have a little respite time, just because

Patty Winstead 18:12

Sometimes it is hard for them to let go. Because they've been the caregiver for so long. And they do it the best, that it's hard to give that control to someone you have to trust us. And we have to earn that trust.

Rosanne 18:28

Yeah. I mean, it's it's hard. It's hard. You know, I there's a lot of things that go in with that not only taking your loved one to a place, like like Sarahcare or having a caregiver come in, I feel like it's that same barrier for we as caregivers. And I think it's also hard to sell it. When my mother, my mother, when she first moved in, I thought I she can't sit in front of the TV all day. I mean, what are we going to do here? And I broached the subject of adult daycare, and she was having none. No, I don't I just want to stay here. And so what do you advise caregivers to try to make this appealing? Because it's hard?

Patty Winstead 19:05

It's a good question. We actually hear that a lot. And we have a couple different tools that we suggest to caregivers and one like I think the one that works the absolute best is this. Mom, I just want you to try it. There is no commitment. Can you do that one favor for me. Now how many times have you said can you just try this once? All right, I'll try this once for you. Because that relationships there they they want to please you and another another husband that husbands actually are kind of good with this. When they're approaching their wife. They'll say, you know that I'm not used to doing all this and I need some time to get this together. Could you just try this one day so I can get caught up and that is often successful with a wife. Now other things that people have tried in their past a lot of our seniors have been volunteer They've been very active volunteers. And so their family will say, Would you like to volunteer at this center? And believe me, we can put them to work. And and that's another very, you know, helpful. But we will talk with the family and kind of get to know what their hurdle is what the roadblock is. And we'll try to help think outside the box.

Rosanne 20:20

Because you have to, it's, it's hard because it's different. And it's hard. Because, again, as a caregiver, you're releasing that control to someone else who, you know, there's a lot of moving parts there Patty. There's a lot of things that go on with what it sounds like, there's a lot of things that go on in the adult daycare center in one day, right. So you're you're saying, Well, here you go.

Patty Winstead 20:43

And you know, there's a little bit of a stigma to, to adult day center, whereas the word Senior Center, they've heard that before, but Adult Day center sometimes holds a little bit of a stigma.

Rosanne 20:54

It holds a stigma, why?

Patty Winstead 20:56

I mean, I hear the word daycare, and they are thinking more of a juvenile term. Or maybe they have had an experience where they didn't want to just drop their loved one off somewhere. Right. So that just finding that out again, it goes back to that being in a communication with your your family, finding out what is it what is that Roadblock, it helps us. Sometimes we don't use the word daycare, sometimes we center, you know, I tell the family, you don't have to use the word dementia, if that's a scary word, fine. If that's a trigger, then then don't use it.

Rosanne 21:35

Right. It's almost like whatever, whatever works for you. People do get hung up on certain words, they just do and it shouldn't. It. It's a shame that it's a roadblock for this because it sounds like a lovely day. I mean, it just sounds it sounds like a win win for everybody.

Patty Winstead 21:52

You know, I've been in different positions throughout Senior Health Care. So I've been in skilled nursing. I've been assisted living, I've been an independent care. I've worked at a senior center. So I feel like I've seen kind of almost the full gamut. Not the full gamut, but a good bit. And I didn't know much about adult daycare. And I've been in the industry for well over 25 years. And I thought was kind of interesting that I'd never really heard about that. Although adult daycare is not in every area of the

country. There's really only about 4500 I think adult daycares in the United States as of 2016. Now, the numbers have changed a little bit since then. But when I found out about it, it's like, Whoa, this is the best kept secret. But I think the reason a lot of people didn't recognize it, besides the fact that it's not in every area is it's not reimbursable by Medicare by traditional Medicare. And that's a point I did want to make How do you pay for adult daycare. So the average cost across the United States is give or take \$70. Now here in the northeast, we're a little bit higher. So it's about \$100 a day give or take in that 75 to \$100 day range. But that does include your lunch and all those services that is that are being provided. Now with adult daycare. In Pennsylvania, there's a program called Medicaid waiver and Medicaid options are income based and you access that information through your area, IT Department of Aging, that's where you start, and they can determine if you'd be eligible for that. Now, another option for our veterans, the Veterans Administration, under their health care has benefits for adult daycare. That's for the veteran. Now, there's also the possibility for a surviving spouse to get adult daycare or home care under eight the tension of aid and attendance, which is the pension. So there's a couple different things that I always ask families when they talk to me, do you have long term care insurance, because I'm seeing more and more policies that are caring adult day service or covering it? And then I heard but haven't seen yet that some of the Medicare Supplement policies are covering adult day, but I have not seen one yet. That it was going to happen. But traditional Medicare? No. No. Wouldn't that be great?

Rosanne 24:07

Wouldn't that be lovely?

Patty Winstead 24:09

I mean, the goal is to find care at an affordable rate, and keep people out of the more costly facility type care, you would think it stands to reason

Rosanne 24:19

You would think it Patty Yeah. And then even if it if it was it would, you'd have to figure out which plan of Medicare it was right. Is it F is it G?

Patty Winstead 24:30

Right?

Rosanne 24:30

Like, it's awful. It's awful. And you would think because it's a benefit, it would benefit everybody. Now, I know you had mentioned a spark program.

Patty Winstead 24:40

Yes. So what is this part in our center? And this is probably not in all centers. But when we have a trial and we're determining what level are they at the we are able to care for them too. They just need some supervision and cueing or do they need that plus management medication and help toileting or do they need all of that Plus more assistance transfer etc. Or are they at a point in their dementia where maybe they need a lot of assistance, but it doesn't need to come from skilled care. So maybe that's feeding, maybe they're not verbally communicating, maybe it's a two person transfer, it's more care required, but they don't need, or the family doesn't want them in a nursing home, they're still able to live at home. It's just the caregiver needs more support. So we've developed this program, I'm gonna say about four years ago, maybe five, where the individuals were in a program, more staff available, so like a one to

four ratio, sometimes 1 to 3, to provide engagement and kind of stimulate, and we call it spark because we're trying to spark something, right? We don't care if it's a word, we don't care if it's a smile, something. So that spark program is a center within our center. And it's designed for people who need a little more assistance with activities of daily living.

Rosanne 25:56

Oh, wow.

Patty Winstead 25:56

Yeah. It's a great program.

Rosanne 25:58

That's wonderful. That's only limited to you, though.

Patty Winstead 26:01

That's just Sarahcare in Malvern. Yeah.

Rosanne 26:03

Wow.

Patty Winstead 26:05

And there may they may be, there may be some programs out there in other areas that have called that something else or, but that's something you know, when you're talking about adult daycare with with a center, you have to say what happens if my mom or dad declines to this, this and this? Where are we at now? Yeah.

Rosanne 26:20

I was gonna say to you, if you're looking for an adult daycare center, how do you go about it? And what should you be looking for?

Patty Winstead 26:27

If it was me? Yeah. And my advice that I give people is call your office of aging. First, your Department of Aging, they have a list, they've compiled that information already start with that list. I know ours in Chester County also has a list of questions to ask whether you're looking for adult daycare or facility care, some questions, you can ask that it would be helpful in your determination of where you're ultimately going to, you know end.

Rosanne 26:53

Wow, I didn't realize that they would have that information.

Patty Winstead 26:56

Yeah, I mean, that's the that would be the first source I'd go to. And then beyond that word of mouth is a huge draw for us a lot of visit. And we get a lot of people that are referred to us by physicians, but word of mouth in general, that might be people you know, from church or synagogue, or maybe neighbors, groups of organizations that you belong to where you come together, you know, and just communicate, this is what's going on in my life currently, any tips on how you can help me I know a lot of families will just care about us from a neighbor or even the doctor's office, like you said, that's another so you've

talked to your physician. And if you're talking about dementia, and particularly, you're already going to be talking to a physician, you're a neurologist, or, you know, depending on where you're at, or what type of dementia it is. Ask them the recommendation, you know, what would you suggest for some caregiver respite or respite that I would feel comfortable knowing they're being cared for?

Rosanne 27:46

Yeah, because I think that's a that's a huge barrier. Is that is my loved one going to be taken care of?

Patty Winstead 27:54

Again, it goes back to that trust? Yes. So when a member first starts with us, because we know that transition periods difficult, I always tell families, there will be a transition, they will not want to come. They you know it, it could not be pretty. And I say to them, you know, we that's we have staff in place just for that transition period, so that that staff member is actually assigned to that individual. They're helping get them to the next group, meet new people, talk, communicate, do the projects that they love, and the programs that they love. And then they're sending that information every visit back to the family. This is what we did so or even printing a photo so that they can create a photo album and say, Hey, mom, who you are with Sarah, remember when you went we were painting with Sarah. So it's again, kind of instilling what they did we recognize that and I always say it could be like four to six weeks before we are successfully transitioned in and where we had that span of being closed. That was, you know, difficult getting back into a routine because that schedule and routine is important.

Rosanne 28:56

Sure. Well, and and just because it worked Monday doesn't mean it's going to work Tuesday. Yeah. Or conversely, just because it was bad Monday doesn't mean it's going to be bad Tuesday.

Patty Winstead 29:06

We have a great staff, though, I have to say that our staff is what makes our center. They have such compassion and commitment. We have very little turnover, the staff that has been there. I'm going on my third year and I'm the newest staffs been there like five to seven years. They're like a team.

Rosanne 29:25

Wow. Well, I mean, and it sounds Listen, I came to visit back way back when there and before the world shut down. And it was I didn't see a person that wasn't smiling. I didn't see a person that didn't look happy. It was it it warmed my heart because I thought well, good for you there. You're out and you're involved and you're engaged and it's a good day, because that's what they look like everybody there looked like they were happy to be there. Whether they were watching the music videos on on the television, or the ladies that I met in the hallway or any, every place, we stopped that day, everybody looked happy to be there.

Patty Winstead 30:11

That's good.

Rosanne 30:12

And that's, that's a gift. That's a gift that you're providing to the community and you're providing to these people and you're providing to their caregivers. And that is that's a wonderful thing Patty I mean, it just is

Patty Winstead 30:23

It is. Our director says that a client is just not it's not just the member sitting here in our center, our client is that caregiver, because without that caregivers strength, it's a domino, everybody falls.

Rosanne 30:36

Yeah, and I think people don't realize that

Patty Winstead 30:39

I don't think Yeah.

Rosanne 30:41

And I don't think the general people don't realize that. And I sometimes the caregivers, because we're in it, and we can't see the forest for the trees, we just can't and we're trying to do and it almost feels like it's one more thing of should I do this? Shouldn't I do this? Is it going to benefit them? Or is it going to cause them harm? So at least when they're home with me, I know what I'm doing. But I'm again, turning this over to you.

Patty Winstead 31:07

And too it's also is this going to be more work for me?

Rosanne 31:10

Right? Exactly.

Patty Winstead 31:12

Because you certainly have to consider that.

Rosanne 31:14

So where would somebody start off the bat? If today somebody called you and said, Patty, I don't know what to do, I'm looking for an adult daycare, but I'm not quite sure. How long does it take from that call to their loved one coming?

Patty Winstead 31:29

Well, they can schedule their trial for the very next day, we're open Monday through Friday. So if it's, you know, wait till Monday, but we can schedule that trial the very next day. So they're getting their loved one in there for two hour visit for us to kind of see them and them to see us and then we can kind of make a determination on one, what days would be good for them because we can kind of tell what connections and what group they would be good for. And then we'll make that suggestion to the family. If that works out in their schedule, great. If not, then they can choose, you know, lesser days or you know, whatever works for them. And then just as soon as they can get that medical and TV to us. Now, if someone has had a TV in two years, we just need a copy of it. If they need to get it to TV, that's a two part test. So it's administered one day 48 to 72 hours later read. So that's usually the only delay is getting that TB test the physical, if the physician has seen them or done telehealth, then it can come right over to us. And then I just send them the paperwork. So I'd say within a week, we could have someone in our center unless they already have been in the center, then they just roll that paperwork to us.

Rosanne 32:31

Okay, that's not bad. And is there any financial aid options, or

Patty Winstead 32:35

if they are coming to us from the VA, we usually know right off the bat that there's an authorization coming for their services. Same thing with waiver an option, okay, we'll get that fax authorization that it's going to be handled. If they're applying for the benefit, what we'll do is we give a discount to the veterans so that they're paying privately until their benefit rolls in. And then Long Term Care Insurance, we work with the agent to see how that billing has to occur, like does it have to go to family first or kind of go direct? So there's a few things but we help, you know, muddle through all that paperwork. But we try to make it as easy as possible, we really do.

Rosanne 33:12

Because it's it's soup.

Patty Winstead 33:13

Yeah. But then you know, we select that start date. And all of the team knows that individual starting that day, we might send more information out about that that person, anything else I've learned so that they have some more topics to talk about. And then we follow them while they transition. Then within the first 30 days, the nurse and I will have a phone conference with the family. And it's called a care plan conference, we're actually creating a care plan, and we share it with the family so that they're successful in their home too. And we might want to ask them more questions. And they might want to ask us more questions. And it's a kind of a caregiver support group sometimes, because you're saying, you know, what can I do about this? And what about this, so that care plan is done within the first 30 days. And usually by that 30 days, we've got a good feel for that individual's care needs. But any time during the time that they're with us family can pick up the phone call phone and say hey, I've just checking on mom doesn't matter call if you want to. And then we're sending some notes home while they're while they're transitioning with us.

Rosanne 34:11

That's fantastic.

Patty Winstead 34:13

Yeah

Rosanne 34:13

That's fantastic.

Patty Winstead 34:14

You have you have to be there with them for this journey.

Rosanne 34:18

Definitely. sounds lovely. Sounds like I mean, I you know, what are you gonna do? I wish that that was something that I could that I could tap into

Patty Winstead 34:27

And you know what, me too. My mother lives in another state. They don't have adult daycare. It's not nearby. It wasn't a choice for me. So

Rosanne 34:34

Awful.

Patty Winstead 34:34

Yeah.

Rosanne 34:35

That's a shame. Because it sounds like a win win all the way around for everybody. Right?

Patty Winstead 34:40

And you still get your loved one at home.

Rosanne 34:42

Yes

Patty Winstead 34:42

And they still get to be at home.

Rosanne 34:44

Yes.

Patty Winstead 34:45

Right?

Rosanne 34:45

Yes.

Patty Winstead 34:45

Because nine out of 10 seniors want to age in place in their home.

Rosanne 34:49

Yes, they do. Really this could prolong someone from placement.

Patty Winstead 34:53

Absolutely. Absolutely. It does. In fact, we have such a good relationship with some of the assisted living communities that when they recognize that a family is just not ready to make that commitment, rather than let them walk out the door, they'll say, Have you ever thought about adult daycare? It could ease your load, and they'll give them our name.

Rosanne 35:12

Wow.

Patty Winstead 35:13

So I feel like that says a lot.

Rosanne 35:15

It does. It absolutely does. And like I said, being there, I didn't get that. Oh, my God, I've got to get out of here. I didn't get that feeling. Like, okay, this is great. Gotta go. I didn't get that feeling at all.

Patty Winstead 35:26

We have had tours come in where they've said, Are their beds here? And I'm like, nope, we don't sleep here.

Rosanne 35:31

No, I think it's, I think it's great. I really do. And I think that it's you're doing you're doing God's work here, Patti. You're doing work for everybody involved. And

Patty Winstead 35:42

I'm gonna pass that along. Because like I said, our team makes this. You know, the only other thing I want to add. We always we have a caregiver support group at our center once a month. A lot of adult daycares do ours is facilitated through the Alzheimer's Association. It's currently not in person because of the situation. But again, you go back to that caregiver as a caregiver. It's a good it's a good way to talk with others.

Rosanne 36:06

A big thank you to Patti Winstead from Sarahcare in Malvern PA. For more information on their programs, check out their website, Sarahcare.com And to find more information about Adult Day centers in your area, check out your state's Department of Aging website. I hope you enjoyed our podcast today. Head over to Daughterhood.org and click on the podcast section for show notes including the full transcript and links to any resources and information from today's episode. You can also find us on The Whole Care Network as well as anywhere you listen to your podcasts. We are also on Facebook, Twitter, and Instagram at Daughterhood the podcast. Feel free to leave me a message and let me know what issues you may be facing and would like to hear more about or even if you just want to say hi, I'd love to hear from you. Also a very special thank you to Susan Rowe for our theme music, the instrumental version of her beautiful song Momma's Eyes, from her album Lessons In Love that you can find on the iTunes Store. I hope you found what you were looking for today, information, inspiration, or even just a little company. This is Rosanne Corcoran. I hope you join me next time in Daughterhood.