



**Meadow
Brook**

.....
ANTRIM COUNTY
MEDICAL CARE FACILITY

Volunteer Services Application Packet

Because Getting It Right Matters.

Meadow Brook Medical Care Facility

4543 South M-88 Highway
Bellaire, MI 49615
(231) 533-8661

Volunteer Services Program

Thank you for your interest in volunteering at Meadow Brook Medical Care Facility! We are seeking volunteers who will carry out our facility's vision and mission. Please note we are required by law to complete a screening process and run a background check on all volunteers.

WHAT IS A VOLUNTEER?

A Meadow Brook Medical Care Facility volunteer is a member of a team of individuals who serve without salary under staff supervision and direction. Volunteers are placed in nonprofessional areas and are essential in helping us deliver compassionate care to our residents.

VOLUNTEER EXPECTATIONS

All volunteers attend a special orientation session and receive personal training within the department to which they are assigned. In addition, each volunteer receives an identification badge to wear while volunteering.

GOALS FOR EACH VOLUNTEER

- Assist Activity staff members with resident-centered aspects of their work.
- Enhance the resident care experience by providing a personal touch in a highly technical environment.

VOLUNTEER TERMINATION

All volunteers deemed unsuitable for continued volunteer service will be terminated and prohibited from further volunteer activity at the facility. Volunteers may be terminated for but not limited to the following:


- Breach of Confidentiality
- Disregard for facility and Volunteer Program policies.
- Inability to work well with others.
- Any concern the facility may have for the safety and comfort of our residents and their families.

In addition to the application and forms provided, Meadow Brook Medical Care Facility requires an initial TB skin test, with an annual health check thereafter. Please call Brooke Bates, Director of Therapeutic Recreation / Volunteer Coordinator at 231-533-8661 ext. 103 if you have any questions.

We will contact you for an interview and run a background check. When volunteer criteria have been met, we will schedule you for Volunteer Orientation and Health screening. Please bring your photo ID to your volunteer orientation and when your volunteer's name badge is issued. If you have any questions, please call 231-533-8661 ext. 103.

VOLUNTEER SERVICES PROGRAM PACKET

The following Steps must be completed for every new volunteer:

Required:	
STEP ONE: Complete Volunteer Application Form	<input type="checkbox"/>
<ul style="list-style-type: none"> • Signed Confidentiality Statement 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Volunteer Availability Statement 	<input type="checkbox"/>
STEP TWO: Volunteer interview Process	<input type="checkbox"/>
STEP THREE: Background Check Process	<input type="checkbox"/>
<ul style="list-style-type: none"> • Criminal Conviction History Check 	<input type="checkbox"/>
STEP FOUR: Volunteer Orientation	<input type="checkbox"/>
<ul style="list-style-type: none"> • Attend Volunteer orientation session 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Volunteer Orientation Checklist 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Copy of Vaccination Records 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Consent for MICR Review 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Copy of Driver's License and Auto Insurance (only if Administrator authorized driver) 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Identification Badge/ Parking 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Facility Tour and Department Orientation 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Other 	<input type="checkbox"/>

VOLUNTEER SERVICES PROGRAM APPLICATION

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Street Address: _____

(City) (State) (Zip Code)

Home Phone: () _____ OK to contact?

Cell Phone: () _____ OK to contact?

Date of Birth: _____ Email Address: _____

Do you have a family member employed at Meadow Brook MCF? Yes No

If you answered yes, please list name of family member: _____

Have you ever volunteered or been employed with Meadow Brook MCF, or any other contracted agency affiliated with Meadow Brook MCF? Yes No

Present Occupation/Employer: _____

Position/Years of Service: _____

Special Training/ Certification: _____

Previous volunteer experience with any other organizations? Yes No

If yes, where? _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency whom should we notify?

Name: _____

Relationship: _____ Phone: _____

INVESTIGATION FOR CRIMINAL CONVICTION HISTORY

When considering individuals for volunteer services, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of the employees, students, residents, the public and Meadow Brook Medical Care Facility property. This conviction information must be disclosed before an applicant can be considered for volunteering which may involve unsupervised access to developmentally disabled persons or vulnerable adults as defined by law. **A conviction/criminal history record does not necessarily disqualify an individual for volunteer services.** Each case will be given individual consideration.

Name (Last)	(First)	Middle)
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Other Names/Alias (Married, Maiden)

Social Security No.:	Date of Birth (Mo/Day/Yr):	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
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Have you ever been convicted, either as a juvenile or an adult, of any of the following crimes or crimes related to drugs? Yes No

Have you ever been convicted of any of the following crimes listed below? Yes No

<input type="checkbox"/> Arson (1 st degree) <input type="checkbox"/> Assault, Custodial <input type="checkbox"/> Assault, Simple <input type="checkbox"/> Assault (1 st /2 nd /3 rd degree) <input type="checkbox"/> Burglary (1 st degree) <input type="checkbox"/> Child Abuse of Neglect <input type="checkbox"/> Child Molestation <input type="checkbox"/> Criminal Abandonment <input type="checkbox"/> Criminal Mistreatment <input type="checkbox"/> Custodial Interference <input type="checkbox"/> Extortion <input type="checkbox"/> Forgery	<input type="checkbox"/> Incest <input type="checkbox"/> Indecent Exposure-Felony <input type="checkbox"/> Indecent Liberties <input type="checkbox"/> Kidnapping <input type="checkbox"/> Malicious Harassment <input type="checkbox"/> Manslaughter <input type="checkbox"/> Murder, Aggravated <input type="checkbox"/> Murder (1 st /2 nd degree) <input type="checkbox"/> Promoting Prostitution <input type="checkbox"/> Prostitution <input type="checkbox"/> Robbery <input type="checkbox"/> Rape	<input type="checkbox"/> Selling/Distributing Erotic Material to a Minor <input type="checkbox"/> Sexual Exploitation of a Minor <input type="checkbox"/> Sexual Misconduct with a Minor <input type="checkbox"/> Theft <input type="checkbox"/> Unlawful Imprisonment <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/> Violation of Child Abuse Restraining Order
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Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance? Yes No

Have you even been found in a dependency action, domestic relations proceeding, disciplinary board hearing or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?
 Yes No

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service? Yes No

Aside from those crimes listed above, within the past 10 years have you ever been charged, convicted of, or released from prison for any crimes, excluding parking tickets/traffic citations? Yes No
 If yes, indicate all conviction dates, prison release date(s) and the nature of the offense(s).

You will not be considered for employment is you do not complete and sign this form.

I certify that the information contained in the above-stated information is true, correct, and completed to the best of my knowledge. I understand that consideration for volunteer services and the continuation of subsequent volunteering depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I understand that false or misleading information in my application or interview will be the cause for rejection of this application or dismissal if discovered after the start of my volunteer service. I authorize Meadow Brook Medical Care Facility to make inquiries regarding my education, work experience, references, and any criminal conviction history. I understand that acceptance for volunteer services may be conditioned on the receipt of a satisfactory criminal conviction report from law-enforcement related agencies.

Signature _____ Date _____

Facility Instructions: Use the above information to complete the Criminal History Check Form. Place the copy in the Volunteer's personnel file.

FOR FACILITY USE ONLY

<input type="checkbox"/> Criminal Convictions History Completed	Date:	By:
<input type="checkbox"/> Eligible for hire	<input type="checkbox"/> Ineligible for hire	
Findings:		
<input type="checkbox"/> Nurse Aide Registry Checked	Date:	By:
Findings:		

VOLUNTEER STATEMENT OF CONFIDENTIALITY

Confidentiality is defined as safeguarding the content of information including written, video, audio, or other computer stored information from unauthorized disclosure without consent of the resident and/or the resident's representative.

During the course of my work as a volunteer, I may develop, use, maintain, or have incidental contact with or access to information related to residents, caregivers, employees, providers, financial data, and/or any other information pertaining to *Meadow Brook Medical Care Facility business or operations, which is confidential.*

I understand and agree that in performance of my duties as a volunteer of this facility:

- ❖ Confidential information in any form (including paper records, oral communication, email, audio recordings, and electronic displays) is the property of *Meadow Brook Medical Care Facility and is to be considered strictly confidential unless specified otherwise.*
- ❖ I will hold medical information regarding any past, present, or future resident, and company information in the strictest confidence.
- ❖ I further understand all information concerning written procedures, plans, computer hardware, programs and software, and manuals including this and all other policy manuals, are the confidential property of this facility and must not be disclosed to individuals or entities outside the company either during or after my volunteer service has ended.
- ❖ The confidentiality obligation set forth in this agreement as well as applicable policies continue beyond the end of my relationship with *Meadow Brook Medical Care Facility.*
- ❖ This agreement is valid for all individuals with access to confidential information, regardless of employment status.
- ❖ I understand the resident has a right to personal privacy and confidentiality of his or her personal and medical records to include accommodations, medical treatment, written and telephone communications, personal care and meetings with family.
- ❖ I further understand that voluntary or involuntary, willful or unwilful violation of this confidentiality will result in my volunteer services being terminated, and may result in legal action to include possible defamation lawsuit, privacy or human rights complaints, copyright, patent or trademark infringement claims, criminal charges with respect to obscene or hate materials, damage to the company's reputation and business interests. The legal responsibility for damages from an inappropriate disclosure could potentially rest with the individual volunteer.

I understand that violations of *Meadow Brook Medical Care Facility policies and procedures include, but not limited to:*

- ❖ Accessing, using or disclosing confidential information that is not within the scope of my authority, job, or responsibilities to *Meadow Brook Medical Care Facility*, or otherwise not permitted by written policy.
- ❖ Leaving confidential information in any form in an unsecured location or environment.
- ❖ Discussing confidential information in a public place or with persons not authorized to receive such information.

I hereby agree to abide by the volunteer policies and facility rules and regulations and uphold resident confidentiality as I fulfill my role as volunteer. I understand and agree that I am solely responsible for knowing, understanding, adhering to and complying with the terms of the above agreement as well as *Meadow Brook Medical Care Facility policies, policy compliance rules, and procedures regarding the confidentiality, privacy, and security of confidential information, and the Notice of Privacy Practices adopted by Meadow Brook Medical Care Facility.*

Signature below indicates an acknowledgement of notification of the above notices.

Volunteer's Name: First MI Last (please print)

Volunteer's Signature

Date

VOLUNTEER SHIFT AVAILABILITY & ASSIGNMENT PREFERENCE

Please tell us which days and times you are available to provide assistance.

First Choice

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening Anytime

Second Choice

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening Anytime

Third Choice

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening Anytime

Please list any current scheduling obligations: _____

How many Hours would you like to serve? _____ per _____

HEALTH CONSIDERATIONS

Are there any known health concerns, allergies, physical limitations that need to be accommodated to help you volunteer?

HOBBIES, TALENTS, OR SKILLS

Tell us a little about yourself. What hobbies, talents, or skills do you have that will assist you in a volunteering position?

Art Music Reading Nutrition/Cooking Ceramics Gardening

Nature Knitting/Crochet Quilting Aerobics Religious Services Support

Foreign Languages spoken: _____

Other _____

AREAS OF INTEREST FOR VOLUNTEERING

Please tell us which areas you are interested in volunteering:

- Helping transport residents to and from activities.
- Engaging our residents in conversation by leading discussion groups.
- Providing entertainment to our residents by assisting our Activities Department.
- Arts and Crafts Therapy
- Fishing Fridays
- Spending the day with a resident and simply keeping them company.
- Religious services support and pastoral visits.
- Clerical support such as answering telephones, data entry, filing and taking messages.
- Gardening
- Bingo Helper / Caller or facilitating other games.
- Other _____

VOLUNTEER HEALTH REQUIREMENTS

Meadow Brook Medical Care Facility requires all volunteers to have proof of immunity to the following:

- ❖ Tuberculosis Testing: Initial TB skin test and yearly health check up with Meadow Brook MCF.
- ❖ Annual flu vaccination: Volunteers may refuse the flu vaccination yearly, however, those who refuse to be vaccinated for the flu are required to wear a mask in the facility at all times during flu season.
- ❖ If you have your COVID-19 Vaccination, please provide a copy of your vaccination record to the facility to keep on file.
- ❖ Consent for MICR Review to verify vaccination status.

Status **Pending** PolicyStat ID **15882503**



Meadow Brook
ANTRIM COUNTY
MEDICAL CARE FACILITY

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Rhonda Tomczak: Administrative Assistant
Area	Activities

VOLUNTEER GUIDELINES

In order to meet basic requirements of the State and Federal guidelines for volunteering in a nursing home, you need to observe the following when applying to become a volunteer.

1. An Application must be filled out for each person who desires to be a volunteer in any capacity at Meadow Brook. Applications are available in the facility lobby or the Therapeutic Recreation Department Director.
2. An interview to be arranged with the Therapeutic Recreation Director / Volunteer Coordinator after your application has been received.
3. A background check is required and you must sign a release for Meadow Brook. This information will be kept confidential.
4. A TB evaluation will be administered by the facility nursing staff but only after authorization by the Therapeutic Recreation Director.
5. An orientation to the Facility, Fire, Safety, and other procedures should be conducted by the T.R. Department staff before the volunteer can perform their responsibilities.
6. The volunteer should have knowledge of our Resident Rights, Infection Control practices, etc.
7. After orientation, a name tag identifying that you are a volunteer will be issued by the Director of Therapeutic Recreation. You should wear your name tag at all times when performing your responsibilities in the facility. Also, you should sign in each time you perform your volunteer duties in the "Volunteer Sign-In Book" located in the Lobby.

These guidelines were developed to insure that all prospective volunteers understand the process involved in being a volunteer. Thank you for considering becoming a Meadow Brook Volunteer.



Volunteer Vaccine Information

As a healthcare volunteer working with a compromised population, it is our responsibility to inquire and encourage vaccination of our volunteers for the safety of our residents.

By signing this form, you acknowledge that in fulfilling your volunteer responsibilities:

- You may be exposed to Hepatitis B. Information about Hepatitis B and symptoms of the disease has been provided to you.
- The Influenza vaccine is not required. However, during the flu season, if you choose to decline this vaccine, you will be required to wear a surgical mask in the facility, at all times, as a source control measure and added protection to our residents.
- The COVID vaccine is also highly recommended and encouraged.
- Give the facility consent to review the MICR (Michigan Care Improvement Registry) to verify vaccination status.

Volunteer Name: _____ **Date:** _____

Volunteer Signature: _____

**MEADOW BROOK
ANTRIM COUNTY
MEDICAL CARE FACILITY**



**Meadow
Brook**
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ANTRIM COUNTY
MEDICAL CARE FACILITY

**VOLUNTEER HANDBOOK
2024**

**Meadow Brook
Antrim County Medical Care Facility
Bellaire, Michigan
231-533-8661**

Dear Volunteer,

We are extremely pleased to welcome you as a volunteer with Antrim County Meadow Brook Medical Care Facility. Your commitment as a volunteer will enrich the daily lives of our residents. We are also confident that you will be personally enriched through your service to others.

Volunteers have always been a very important and special part of Meadow Brook; sharing countless hours, bringing smiles, kind words, comfort and a listening ear for our residents. Your contributions will be greatly appreciated by our residents, staff and family members.

This booklet has been prepared to assist you in your orientation to Meadow Brook Volunteer Services, explain many opportunities available for volunteers, and provide a guide for participation in our volunteer program. If you have any questions about volunteering or anything in this orientation booklet, please feel free to contact me.

Brooke Bates
Director of Therapeutic Recreation &
Volunteer Coordinator

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Separate from Booklet but may be given with it:

- **Volunteer Application**
- **Permission Approval for Minors**
- **HIPAA Non-Disclosure Agreement**
- **Signed Consent Form**
- **Map of Meadow Brook**

MISSION STATEMENT

Our mission is to enhance the quality of life in the community by providing the highest level of health care to our residents by:

- Emphasizing disease prevention, health promotion and wellness.

- Participating in community activities and encouraging the community to support the activities of Meadow Brook.

- Managing our resources to meet the needs of our residents and the community.

History of Meadow Brook Medical Care Facility

Meadow Brook Medical Care Facility's history started in 1868 when the Antrim County Board of Supervisors appointed a committee to look for land to use as a Poor Farm. This led to a purchase of 90 acres in Torch Lake Township in 1869. From 1871 through 1876 the County Poor Farm was located in Torch Lake Township. In 1889 the County Poor farm was moved to our present location in Kearney Township, south of Bellaire off M-88.

The County built a two story wooden structure and allocated a small amount of money to cover clothing and linen expenses. Some of the reasons for the admissions were old age, poverty, sickness and blindness. Orphans were housed at the County Poor Farm and there is an entry of a woman and her children who stayed at the poor farm while her husband was in jail. At that time the residents of the Poor Farm had to be self-sufficient. They raised their own vegetables and meat on the premises. All who were able worked for the good of the community.

In 1902 a barn was placed on the property for livestock. The building housing residents burned completely to the ground in June 1926, and the residents were temporarily moved to the Forest Home Township Hall. Late in 1926 the Board of Supervisors contracted to build a new home to house up to 35 residents at a cost of \$39,496.00. This building was completed in 1927.

In 1939 the State of Michigan passed Public Act 280 that changed the direction from a Poor Farm to an infirmary to provide medical and nursing care to the needy. It operated until 1948. Then the County moved into acute care, and the Poor Farm was renamed Meadow Brook Hospital. The hospital had one floor for emergency services; obstetrics and general care for an adult population with chronic illnesses. The second floor of the hospital housed the caregivers. At that time the medical community was made up of Dr. Rodgers and Dr. Glenn from Bellaire, Dr. Sealey from Central Lake, Dr. Gingrich and Dr. Krippen from Mancelona. The nursing staff consisted of one nurse and one nursing assistant on each shift for a 24-hour period.

The hospital continued to raise poultry and livestock on the property until 1957. In 1958, the second floor was expanded for more patient services at a cost of \$412,000. The third floor was added in 1962 to increase the resident population total to 69, at a cost of \$116,000.00. In 1964 the Obstetric

Department of Meadow Brook Hospital was closed. During the time the hospital was open, a total of 1,627 babies were born in the facility.

Dr. Rodgers, Medical Director and Mrs. LaVerne Sheneman, Administrator approached the County Commissioners regarding the provision of care for the elderly residents of Antrim County. The County Commissioners made a decision to close the hospital and build a long-term care nursing facility owned and operated by Antrim County. In 1968, a 50-bed unit along with a freestanding waste management system was built for a cost of \$700,000.00. In 1969, the Mancelona Rotary donated funds for a trout pond adjacent to the Meadow Brook Hospital Structure. In 1978, Dr. Rodgers retired at the age of 73 and Dr. Bills became the Medical Director.

In 1982, two new nursing units were added bringing the total bed capacity to 113. All residents who were housed in Meadow Brook Hospital were moved into the new building. The cost for these additions was \$2,481,000.00. In 1983, the hospital was remodeled to become Meadow View Apartments with 21 apartments for seniors for a total cost of \$754,000.00.

At the present time Meadow Brook Medical Care Facility provides approximately 40,000 days per year of resident services with a capacity of 133 residents. We are certified by the Federal Government to provide services under the Medicare program and licensed by the State of Michigan to provide services through the Medicaid program. Medicare and Medicaid funds provide 85% of our revenue. Our admissions average between 100 and 250+ a year. Between 1968 and 2001, Meadow Brook Medical Care Facility was self-supporting for all operational costs.

In 2001, Antrim County taxpayers approved an Operational Millage .75 of a mill (\$892,000.00) to offset operational losses caused by increasing expenses and only limited revenue increases by Medicare and Medicaid. Meadow Brook accepts Medicare, Medicaid and Private Pay programs with Medicaid providing 80% of the coverage to residents. LaVerne Sheneman, RN was the facility Administrator from 1949 until she retired in 1990. Judy Martin, RN was the Administrator from 1990 to 2005. Marna Robertson, NHA is the current Administrator. Meadow Brook employs about 200 staff with a majority in the nursing department.

In keeping up with current health care needs, changing regulatory requirements and consumer demands the facility undertook a massive renovation and new building project. The main focus was converting the majority of the semi-private rooms into private rooms and moving to a Household model of care. In the spring of 2012, new construction of the 3-

story building began and opened for occupancy in July 2013. The renovation of the existing building began in July 2013 and concluded in December 2014. At the end of this project, Meadow Brook increased from 113 beds to 133.

Meadow Brook Medical Care Facility is owned and operated by the residents of Antrim County under the direction of the Antrim County Human Services Board. The Governing Board of Meadow Brook Medical Care Facility is comprised of a three-member Board, 1 County Commissioner Liaison and the MDHHS Director serves as the Board Secretary.

The long-standing history of care through the Antrim County Poor Farm, Meadow Brook Hospital and now Meadow Brook Medical Care Facility shows dedication to individuals in need of care. We are pleased to continue along the same direction as our predecessors in providing a high level of care and services to our residents and look forward to many years of future service.

Volunteer Opportunities

Volunteer Coordinator – The Therapeutic Recreation Director assumes this role as part of her duties.

Activity Assistant – assists staff in conducting any specific activity. Examples: Men’s group, crafts, trivia, socials, etc.

Art Instructor – instructs a small group of residents (4-6) in any art medium they choose. Materials provided. 2 hours weekly.

Craft Instructor – instructs a small group of residents (3-6) in any particular craft. Materials provided for projects. 2 hours weekly for the length of the project.

BINGO Caller – calls BINGO. 2 hours weekly.

BINGO Assistant – assists residents to and from BINGO. Helps them play their cards and assists them to choose prizes.

Horticulture Specialist – develops projects for residents. Materials provided. 2 hours weekly during summer months. May also work in planting beds of flower in courtyard or around Meadow Brook.

Bowling Assistant – Makes popcorn. Helps residents to bowl.

Chapel Assistant – Helps to set up the Meguzee Hall for Chapel service. Assists residents to and from Chapel on Thursday afternoons. Assists residents to participate in service. 2 hours weekly.

Friendly Visitor – visits with residents who enjoy talking and do not have family able to visit often. One-hour weekly minimum and time set up with a specific resident.

Senior Companion – trained through Senior Companion program and matched with residents. Visit 1 -2 hours weekly on mutually acceptable day. Contact Catholic Human Services Senior Companion Program at 231-929-7070.

Transitional Companion – sit with very ill or dying residents and provide comfort measures. Time commitment varies on the situation. Special training and materials available.

Letter Writer – assists residents to write letters/ send emails / cards / social media as needed. One hour weekly or as requested by residents.

Reader – reads to residents who can no longer read. 1 -2 hours weekly.

Table Games and / or Card Partner – Plays a particular game with residents. May be 1 -2 hours weekly depending upon game. Need especially cribbage, rummy, euchre, pinochle and poker.

Pet Visitation – brings pet to visit with residents any time with the exception of dining times. Accompanied by staff. Pets must have up-to-date shot records.

Librarian – takes library books around to residents and talks with them about the books they have read. 1 – 2 hours every other week.

Party Host / Hostess – acts as host / hostess during a special event. Passes out punch, cookies, etc.

Entertainer – provides entertainment for special event or social. 1 – 2 hours as scheduled i.e. piano playing, singing, dancing, clowning around etc.

Barber – must have license. Cuts male residents hair 1 time per month. 2 – 3 hours. May use the Beauty Shop.

Beautician – must have license. Provides hair cuts and sets for residents. Times will be determined by Beauty Shop hours. 2- 4 hours per time. May use the Beauty Shop.

Massage Therapist – provides gentle massage for specific residents. 1 – 2 hours weekly or more often if available. Must be certified or working towards certification.

Bible Study Leader – Leads a small group (6 - 12) of residents in studying the Bible one day per week. 2 – 3 hours.

Adopt – A – Grandparent – for youth 12 – 18 years of age who would like to visit with a resident on a regular basis. 1 – 2 hours monthly.

Shopping Cart – takes the shopping car around to each unit for residents to make their selections. Need to have stamina to push / pull cart. Records what each resident selects and returns list to the Activity Director. 2 – 3 hours 1 time monthly.

Ice Cream Cart – dips ice cream cones for resident and staff on Thursday afternoons. Takes cart of ice cream around to each unit. 2 – 3 hours 1 time monthly.

Outings Assistant – May to October. Assist residents to enjoy lunch outings, play games at Casino, picnics, Grass River Natural Area treks, etc.

Discussion Group Leader – picks a topic of interest to lead a discussion among residents. 1 – 2 hours 1 time monthly.

Computer Assistant – assists residents to work on computers. 2 hours per week or every other week.

Mass Assistant - assist in setting up Meguzee Hall for Mass on Friday mornings. Transports Catholic residents to Mass and assists them to participate during service.

Clothing Mender – mends resident clothing at Meadow Brook monthly. 2 – 3 hours 1 time per month.

Requirements

1. Read this handbook completely.
2. Complete a Volunteer Application and be interviewed by Therapeutic Recreation Director / Volunteer Coordinator.
3. Have a completed TB surveillance screen on file as defined by the State Health Department and facility policy.
4. Be able to commit to a specific job and time frame for volunteer work.
5. Comply with a background check as required by State of Michigan and sign a consent form. All information obtained will be kept confidential.
6. Complete training requirements conducted by the Therapeutic Recreation Director / Volunteer Coordinator.
7. Be able to share time and abilities without reimbursement.
8. Record your hours spent at Meadow Brook in the Volunteer Book kept in the Front Lobby.
9. Wear your name tag so residents, staff and family members can identify you.
10. Be able to give love and understanding to our resident and respect their privacy. Adhere to Resident Rights and Abuse Reporting policies.
11. Treat all resident information as confidential material and never share it outside the facility. Sign a Non-Disclosure Agreement.
12. Observe that smoking is prohibited in the building and on the grounds.
13. Call if you are unable to come in when expected. Phone: 231-533-8661 ext 103.
14. Enjoy our residents and have fun.

Youth Requirements

1. Youth volunteers are between the ages of 12 and 17 years of age.
2. Read this handbook completely.
3. Complete an application form, be interviewed and accepted into the program by the Therapeutic Recreation Director with the permission of their parent(s).
4. Have a completed TB surveillance screen on file as defined by the State Health Department and facility policy.
5. Complete training requirements conducted by the Therapeutic Recreation Director o/ Volunteer Coordinator, unless they are part of a group that only visits occasionally.
6. Be able to commit to a specific time frame and accept the schedule established by the Therapeutic Recreation Department.
7. Record your hours spent at Meadow Brook in the Volunteer Sign in Book kept in the Front Lobby each time you come to volunteer.
8. Wear your name badge so residents, staff and family members can identify you.
9. Treat all resident information as confidential material and never share it outside the facility. Sign a Non-Disclosure Agreement.
10. When not involved in a program or activity assigned by a Therapeutic Recreation staff member, be able to stay in the Meguzee Hall or Front Lobby and not wander the facility.
11. If volunteering over 3 hours a meal may be provided. To request a meal tray from the Dietary Department, they should notify Therapeutic Recreation staff person at least 1 hour in advance so Dietary will have food available.
12. The Therapeutic Recreation Director must interview youth applying to do Community Service, with one or both of their parents. If accepted as a community service volunteer, they must follow the direction of the Therapeutic Recreation staff member on duty. Community Service Volunteers may not be in resident rooms. They may help transport, help with programs or do special projects as assigned. When completed report to the Therapeutic Recreation Director's office.

Benefits

1. After 3 hours of service on any given day, lunch or dinner will be provided. Please notify the Household Coordinator or Household staff if you are planning to join us for a meal. They will notify the Dietary Department of the need for a tray.
2. Coffee, tea, juice and ice water are always available, free of charge.
3. Mileage may be reimbursed at the facility rate if it is documented on a Meadow Brook mileage form and approved by the Therapeutic Recreation Director or Volunteer Coordinator. Mileage to and from Meadow Brook is not reimbursed unless prior approval by Therapeutic Recreation Director.
4. When ice cream, popcorn or other refreshments are being served, volunteers will be served free of charge.
5. Check with the Therapeutic Recreation Director regarding where to store coats, purses, boots, etc. (Please leave valuables at home; do not carry them in your purse).
6. Annually, volunteers are invited to a recognition luncheon at Meadow Brook.
7. Protected under the Volunteer Protection Act of 1997 from certain forms of liability.
8. The satisfaction of knowing you contributed a valuable service to our residents and your community.

Resident Rights

Purpose:

The primary purpose of our resident rights policies and procedures is to provide written guidelines that will aid our facility in protecting and promoting each resident's right to a dignified existence, self determination and communication with and access to persons and services inside and outside of the facility that enhances the resident's quality of life.

Applicability:

Our facility's resident rights apply to all residents equally and without regard to race, color, creed, national origin, age, sex, religion, handicap, marital, veteran or financial status.

1. To provide each resident with a clear statement of how he or she will be treated by the facility, it's personnel, volunteers, and other involved in providing care or services.
2. To protect and promote the rights of each resident as guaranteed to them under federal and state law to include:
 - a. Activities;
 - b. Financial affairs;
 - c. Freedom from abuse and restraint;
 - d. Freedom of association and communication in privacy;
 - e. Grievances and complaints;
 - f. Medical care and treatment;
 - g. Pain and symptom management;
 - h. Personal possessions;
 - i. Privacy and respect;
 - j. Transfer and discharge; and
 - k. Work
 - l. Nutritious meals
3. To establish policies and procedures that permits the resident to exercise his or her rights and to have autonomy and choice about his or her care and daily living.

For more specific information concerning our resident's rights, please talk with the Therapeutic Recreation Director or Social Services staff.

Abuse Reporting and Investigation

Policy:

It is the policy of this facility that reports of abuse be reported and thoroughly investigated.

Policy Interpretation and Implementation:

- Our facility will not permit residents to be subjected to abuse by anyone, including staff members, other residents, consultants, volunteers, staff or other agencies serving the resident, family members, legal guardians, sponsors, friends, or other individuals.
- To assist our facility in defining incidents of abuse, the following information is provided:
 - a) **Abuse** – willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish (42 CFR 488.301) (includes the deprivation by an individual, including a caretaker, of goods or services necessary to attain or maintain physical, mental or psychosocial well being).
 - b) **Verbal abuse** is defined as any use of oral, written or gestured language that includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability.
 - c) **Sexual abuse** is abuse defined as, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
 - d) **Physical abuse** is defined as hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.
 - e) **Involuntary seclusion** is defined as separation of a resident from other residents or from his or her room against the resident's will, or the will of the resident's legal guardian or representative (sponsor). (**Note:** Temporary **monitored** separation from other residents will not be considered involuntary seclusion and may be permitted when used as a therapeutic intervention to reduce agitation as determined by the medical director, and/or the director of nursing services, and such action is consistent with the resident's plan of care.)
 - f) **Mental / Emotional abuse** is defined as, but is not limited to, humiliation, harassment, threats of punishment, or withholding of treatment or services.
 - g) **Neglect** – means failure to provide good and services necessary to avoid physical harm, mental anguish or mental illness.

- h) **Misappropriation of resident property** – means the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent.
 - i) **Mistreatment** – Implies the negligence or lack of knowledge on the offender's part, but more often refers to harm inflicted deliberately.
 - j) **Injuries of unknowns source** – Injuries not observed, injuries that cannot be explained by the resident, and are suspicious due to the extent, location or number of injuries.
 - k) **Exploitation** – see Resident Photographs.
- All reports of abuse must be reported to the administrator immediately. An immediate investigation must be made in accordance with state and federal law and the findings of such investigation must be reported within five (5) working days of the occurrence of such incident.
 - Should the investigation reveal that suspected or actual abuse occurred, the administrator must report such findings to the resident's representative (sponsor), local police department, ombudsman, the state licensing agency, and others that may be required by current state and federal laws. The report must include, but is not limited to:
 - a) The name of the resident involved;
 - b) The date and time the incident occurred;
 - c) The circumstances surrounding the incident;
 - d) Where the incident took place;
 - e) The names of any witnesses;
 - f) The name of the person(s) charged with committing the act;
 - g) Recommendations for the corrective action; and
 - h) Other information that may be requested or appropriate.

All reports of abuse will be investigated by law enforcement agencies designated by the state licensing agency to handle such complaints.

Inquiries concerning abuse reporting and investigations should be referred to the Administrator and/or Director of Nursing services.

For Volunteers you must report abuse to the Supervisor or Therapeutic Recreation Director.

Infection Control

Please do not come to volunteer if you have any Cold or Flu symptoms.

Hand Washing and Hand Sanitizers

The most important thing that volunteers can do in nursing homes to prevent or control the spread of infection is thorough frequent hand washing. Hands must be washed.

1. Upon reporting for volunteer duty.
2. Between interactions with each resident.
3. After personal use of the toilet.
4. Before eating.
5. After sneezing or coughing.
6. On completion of duty.

The following is a simple procedure for washing hands:

1. Always use a hand-washing sink, which is supplied with soap and paper towels.
2. Stand away from the sink and adjust water flow and temperature to warm.
3. Wet hands, apply soap, and work up a good **LATHER**.
4. Use friction to clean between fingers, nails and wrists.

THIS SHOULD BE DONE FOR 30 SECONDS (sing the Happy Birthday song twice to yourself, please)

5. Rinse soap **COMPLETELY** off hands.
6. Dry with a **CLEAN** towel.
7. Turn off water faucet using another paper towel.

Hand Sanitizers are available throughout the facility and in the households. They may be used in conjunction with Hand Washing.

1. Use Hand Sanitizers before and after entering / exiting the households.
2. Use Hand Sanitizers before and after entering / exiting a resident's room.

Vaccination Status

The facility will obtain consent to review the MICR regarding your vaccination status. This is to ensure facility Infection Prevention Protocols are followed.

Tuberculosis

“TB” is short for a disease called tuberculosis. Tiny germs that can float in the air if a person with the TB Disease of the lungs or throat coughs, shouts or sneezes. The people nearby can breathe TB germs into their lungs. This disease is particularly bad for the elderly. In order to ensure that TB is not brought into Meadow Brook, a skin test is the only way to tell if you have the TB infection. This is a required test to be taken by all residents, staff and volunteers at Meadow Brook.

- I. **Tuberculosis Screening for Volunteers and Contract Staff:**
 1. All volunteers will receive the TB Symptom/ Screen review form for completion, this form will be reviewed by the TB Coordinator and will remain on file.
 2. Contract staff will provide a negative TST or a symptom/screen review form.

Standard Precautions

Since all patients with blood borne infection cannot be reliably identified, anyone involved in activities necessitating contact with blood, body fluids or other potentially infectious materials of patients must use universal precautions in the handling of all substances. Since the duties that volunteers perform do not ordinarily include tasks that necessitate contact with blood, body fluids or other potentially infectious materials it is expected that **VOLUNTEERS WILL NOT USUALLY HAVE DIRECT CONTACT WITH THESE SUBSTANCES**. Should a situation arise in which contact is necessary, gloves are available in all resident care areas. When gloves are worn for contact with body fluids, they should be removed after contact and discarded and hands must be washed.

Please do not come to volunteer if you have any cold or flu symptoms.

A sign, “**Check with nurse before entering room**” may be posted on the door of a resident’s room. Volunteers are not to enter the room until the resident’s nurse is consulted.

Occasionally, the facility may declare a quarantine to limit contact between residents due to a flu outbreak. Every effort will be made to contact the volunteers and request that you do not visit until the outbreak is over.

FIRE SAFETY

If you smell smoke or discover a fire:

What do I do if I find a fire (drill or actual)?

- R. Remove
- A. Alarm
- C. Confine
- E. Extinguish and/or Evacuate

How would I use **R.A.C.E.** at Meadow Brook?

When you find a fire, drill or actual the 1st thing you need to do is?

REMOVE the resident from immediate danger, only if it is safe to do (get them out of that room). Then Yell Dr. Red until you get help to pull the **ALARM**. (If no one responds you must pull the alarm.) While yelling Dr. Red you should close the door to the room with the fire to **CONFINE** the fire to that room. This will buy you time (if it is safe to do so) to attempt to **EXTINGUISH** and / or **EVACUATE** the smoke compartment starting with the 2 rooms across and the 2 beside the room on fire.

If you are in a household during the Fire (Drill or Actual) stay in the household and wait for direction from the Charge Nurse or Supervisor staff.

If you are in the corridors or common areas of the facility during a Fire (Drill or Actual Fire) please go to the nearest smoke compartment (**space between two double fire doors**) stay there until the “**All Clear**” is announced on the overhead paging system.

If you are in the front lobby stay in the front lobby until the “**All Clear**” is announced on the overhead paging system.

Safety and Accident Prevention

Our common goal is to prevent accidents and incidents from occurring and to promote a safe environment for residents, staff, volunteers and visitors.

If a resident falls or becomes ill:

DO NOT MOVE the resident.

Remain calm and reassure the resident.

Turn on the call light to alert staff.

If possible, send someone nearby for a nurse.

Locate a nurse immediately if no one is nearby and you can safely leave the resident.

Report the following if observed:

Faulty or defective electrical equipment – to any Meadow Brook staff

Leaky faucets in residents' rooms – CNA or Nurse on duty

Spills on the floor – CNA or Nurse on duty

Slip or trip hazards – CNA or Nurse or Housekeeper on duty

Volunteering is a healthy habit because it

- .. brings satisfaction helping others**
- .. promotes camaraderie**
- .. imparts knowledge**
- .. is self-rewarding**
- .. encourages teamwork**
- .. stimulates the mind**
- .. helps the community**
- .. allows one to serve others**
- .. develops new friendships**
- .. provides opportunities for learning**
- .. broadens experiences**
- .. utilizes skills and talents**
- .. creates a sense of well being**
- .. is stress relieving**
- .. keeps one active and involved**
- .. brings joy to others**
- .. gives one a purpose**
- .. keeps you young**
- .. expands programs and services**
- .. gets YOU out of the house!**

