

Overview of Neighborly Care Network

a. History

Neighborly was started in 1966 by a group of concerned citizens who saw that there was a need for services in Pinellas County for seniors. It took two years, but by 1968 Neighborly started the first Federally Funded Meals on Wheels program in the nation. We started out by delivering 100 meals out of the back of a van taking 5 hours to deliver. Today we deliver nearly 1,200 meals in two hours with the help of a core of nearly 1,000 volunteers.

b. Funding

Neighborly is funded by federal, state, and local municipalities. We also rely on grants, foundations, and private donations.

c. Services

Besides Meals on Wheels Neighborly also offers other services to our seniors. In 1968 Neighborly opened the first Adult Day Care Center in the nation in St. Petersburg. Today we have three centers in St Petersburg, Largo, and Palm Harbor. Adult Day Care is for those seniors who have dementia or Alzheimer's and cannot stay home alone. It is a place where caregivers can get the help and respite they need.

In 1973 Neighborly opened the first Congregate Dining Site in the State of Florida. Today we operate 8 sites throughout the county. The dining program offers seniors a place to enjoy hot, nutritious meals and, sometimes even more important, a place to socialize with others. The Senior Dining program is more than just a meal. It's a place where seniors can take part in fun activities and also enjoy the companionship of other seniors. The meal is free; however, donations are appreciated.

Neighborly also offers transportation to our dining sites, adult day care centers, and medical appointments. Transportation is also free; however, donations are also appreciated for this service.



2025 Holiday Schedule

Wednesday, Jan 1 – New Year’s Day Observed

Monday, Jan 20 – MLK Day

Monday, May 26 – Memorial Day

Thursday, June 19 – Juneteenth

Friday, July 4 – Independence Day

Monday, Sept 1 – Labor Day

Tuesday, November 11 – Veterans Day

Thursday, Nov 27 – Thanksgiving

Friday, Nov 28 – Day after Thanksgiving

Wednesday, Dec 24- Christmas Eve

Thursday, Dec 25 – Christmas Day

OVERVIEW OF THE AGING PROCESS

Following are general facts about older Americans:

- Approximately 9 million older people live alone or with non-relatives.
- There are 150 older women for every 100 older men.
- Most older men are married, while most older women are widowed. There are five times as many widows as widowers.
- Of all older adults, 85% suffer from one or more chronic health conditions with varying degrees of severity.
- The fastest growing age group of the U.S. population is 85+, and 49% of those people have difficulty with daily activities.

Following are facts about people age 65 and older:

- In 2006, there were more than 37.3 million people in this age group. By 2030, it is expected this will number will grow to 71.5 million. By 2034, this group is estimated to total 77 million people.
- One out of every eight people is 65 or older.
- 23% of people 65 and older have limited daily activities due to chronic health conditions.
- 41% of the women in this age group live alone, compared with 16% of the men.
- They visit doctors eight times a year on average, compared with five times for people under age 65.
- They are hospitalized twice as often as people under age 65, their hospital visits average 50% longer, and they use twice as many prescription drugs.
- In 2005, there were 70,104 persons aged 100 or more. This is an 88% increase from 1990, when the figure was 37,306.

Along with our own perceptions, society presents us with negative stereotypes of aging. Therefore, we make assumptions about people based upon their age, which is called ageism. For example, many people think older adults are all alike, when in fact, the opposite is true. Most of us, even those who work with older adults, are guilty of ageism to some degree.

STEREOTYPES ABOUT OLDER ADULTS

Most of us make judgments about people based on our beliefs. We may not even be aware of it. Care providers who see frail, depressed or belligerent older people nearly every day may come to believe that they are seeing a picture of normal aging. This negative image can inhibit a worker from approaching each new client with an open mind; and can prevent her/him from being able to focus on the strengths of each person. Talking about one's attitudes toward aging enables a person to go beyond preconceived notions of aging to see each individual as he or she is.

1). Baby boomers are the fastest-growing segment of the population.

FALSE There are more than 3 million Americans over the age of 85. That number is expected to quadruple by the year 2040 (to 12 million), making it the fastest-growing age group in the United States.

2). Families do not bother with their older relatives.

FALSE Most people live close to their parents and see them often. Many older adults live with their spouses. An estimated 80% of men and 60% of women live in family settings. Only 5% of the older population live in nursing homes.

3). All people become confused or forgetful if they live long enough.

FALSE Confusion and serious forgetfulness in old age may result from Alzheimer's disease or other conditions that cause irreversible brain damage. At least 100 other problems can bring on the same symptoms -- for example, minor head injuries, high fever, poor nutrition, adverse drug reactions, and depression. These conditions are treatable, however, and the confusion they cause can be eliminated.

4). A person can be too old to exercise.

FALSE Exercise at any age can help strengthen the heart and lungs and lower blood pressure. Exercises can also improve muscle strength and, if carefully chosen, decrease bone loss.

5). Heart disease is a much bigger problem for older men than for older women.

FALSE The risk of heart disease increases dramatically for women after menopause. By age 65, both men and women have a one-in-three chance of showing symptoms. Maintaining a healthy diet and exercising can significantly reduce the risk of heart disease.

6). The older you get, the less you sleep.

FALSE Later in life, quality of sleep declines, not total sleep time. Researchers have found sleep becomes more fragmented as people age. Many reports suggest older people are less likely than younger people to stay awake throughout the day; therefore, older people tend to take more naps than younger people.

7). People should watch their weight as they age.

TRUE Most people gain weight as they age. Because of bodily changes and decreasing physical activity, older people usually need fewer calories. Still, a balanced diet is important. Older people require essential nutrients just as younger adults do. An older adult should be concerned about his or her weight if there has been an involuntary gain or loss of 10 pounds or more in the past 6 months.

8). Most older people are depressed.

FALSE Most older people are not depressed. When depression does occur, it is treatable by using a variety of approaches, such as family support, psychotherapy, or antidepressant medications. A physician can decide whether prescribed medication, physical illness, stress, or other factors are causing the depression.

9). There is no point in screening older people for cancer because they cannot be treated.

FALSE Many older people can beat cancer, especially if it is found early. More

than half of all cancers occur in people 65 and older, which means that screening for cancer in this age group is especially important.

10). Older people take more medications than younger people do.

TRUE Older people often have a combination of conditions that require drugs. They consume 25% of all medications and can have many problems with adverse reactions.

11). People begin to lose interest in sex around age 55.

FALSE Most older people can, and want to, lead an active and satisfying sex life.

12). Diet and exercise reduce the risk of osteoporosis.

TRUE Women are particularly vulnerable to osteoporosis. They can help prevent bone loss by eating foods rich in calcium and exercising regularly throughout life. Foods such as milk and other dairy products, dark green leafy vegetables, salmon, sardines and tofu promote new bone growth. Activities such as walking, biking and simple exercises to strengthen the upper body can also be effective.

13). As your body changes with age, so does your personality.

FALSE Research has found that, except for changes that can result from Alzheimer's disease and other similar conditions, personality is one of the few constants of life.

14). Older people might as well accept urinary accidents as a fact of life.

FALSE Urinary incontinence is a symptom, not a disease. Usually it is caused by specific changes in bodily functions that can result from infection, diseases, pregnancy, or the use of certain medications. A variety of treatment options is available.

15). Suicide is mainly a problem for teenagers.

FALSE Suicide is most prevalent among people age 65 and older. An older person's concern with suicide should be taken very seriously, and professional help should be sought quickly.

16). Falls and injuries "just happen" to older people.

FALSE Falls are the most common cause of injuries for people over age 65. However, many of these injuries, which often include broken bones, are avoidable. Good safety habits and regular vision/hearing tests can help prevent accidents. Knowing whether medications affect balance and coordination is also a good idea.

17). Everybody gets cataracts.

FALSE Not everyone gets cataracts, although many older people do. Some 18% of people between the ages of 65 and 74 have cataracts, and more than 40% of those between 75 and 85 have this problem. Surgery is an effective treatment for cataracts; more than 90% of people who undergo the operation say they can see better after this corrective procedure.

18). Extremes of heat and cold can be especially dangerous for older people.

TRUE The body's thermostat functions less efficiently with age, making the older person less able to adapt to heat and cold.

19). Older adults are unable to learn new things.

FALSE People at any age can learn new information and skills. Research suggests that older people can build new skills and improve old ones, including how to use a computer.

OVERVIEW OF THE AGING NETWORK

The Department of Elder Affairs (Department) is charged with serving, protecting and planning for the state's elderly population. It is responsible to both state and federal governments for planning for services to the elderly. It does not provide services directly. Instead, it is the manager of state and federal funding, and its duty is to ensure that funds are spent to assist Florida's elderly according to state and federal requirements.

The state is divided into eleven (11) planning and service areas (**PSAs**). The boundaries for service areas are set by the Department, which designates an **Area Agency on Aging (AAA)** for each. The **Older Americans Act (OAA)** requires that a single agency in each PSA plan administer aging programs for that area. Area Agencies generally do not provide services directly. Instead, they act in the same capacity as the Department within their geographical area. Area Agencies are governed by a Board of Directors representative of the area and population served. The AAA Board of Directors is accountable for all contractual obligations of the Area Agency.

Area Agencies are responsible for developing a comprehensive, coordinated, community-based care system for their area and contract with **Lead Agencies** and other service providers for each community care service system within their area. The Lead Agencies and other service providers deliver services directly or through subcontracts. The subcontracts may be with the AAA. Services are funded through a number of state and federal programs. Primary funding sources are as follows:

- Alzheimer's Disease Initiative (ADI)
- Title III of the Older Americans Act (OAA)
- Aged and Disabled Adult Medicaid Waiver (ADAMW)
- Assisted Living Medicaid Waiver (ALMW)
- Community Care for the Elderly (CCE)
- Home Care for the Elderly (HCE)
- Emergency Home Energy Assistance Program (EHEAEP)

Area Agencies are also responsible for local contract oversight and program operations, including program service quality and financial integrity and accountability. They can also operate local Elder Helplines and serve as the regions' information and referral source for elders and their families.

The relationships between the Department, Area Agencies, Lead Agencies and other service providers are regulated by state and federal law and by the contracts to which the parties have mutually agreed. Ultimately, the Department is responsible for ensuring that activities of all these agencies comply with state and federal requirements. It must do so with the sanctions provided by law and by its monitoring of the Area Agencies.

The **Department of Elder Affairs Advisory Council**, under state law, is an independent, nonpartisan body. The council includes representatives from each planning and service area and additional members appointed by the Governor, President of the Senate, and Speaker of the House of Representatives. A majority of the council members must be over the age of 60. Among other things, the council advises the secretary concerning planning responsibilities of the Department. The council also makes recommendations to the Governor, Speaker of the House of Representatives, and President of the Senate regarding how the Department should be organized and whether its duties should be enlarged or reduced.

The Department of Elder Affairs is required to develop and update three plans:

1. A **Master Plan** for state policies and programs on aging, including assessment of present and future needs of Florida's elders, a strategy for how these needs can be met, and the ability of public and private programs to respond to those needs.
2. An **Agency Strategic Plan** to communicate priorities, goals and strategies to state policy makers. The plan contains a statement of the agency's mission and priorities organized by strategic issues, each including a number of goals and objectives.
3. The **State Plan on Aging**, required by the federal Administration on Aging, evaluates service needs of the elderly, identifies priority services and target groups, requires regular evaluation of activities and services provided, and directs administration of funds provided by the OAA. This plan is based on local Area Plans developed by Area Agencies.

COMMUNICATION TECHNIQUES

The following are steps to improve communication with the elderly:

- Express interest. Demonstrate this by facial expressions, comments and general manner.

- Listen to the person with undivided attention so you can respond to their statements, questions, requests and needs.
- Speak clearly. Use direct sentences and one-step phrases. Ask simple questions.
- Be willing to repeat and rephrase.
- Do not use slang.
- Keep your tone warm and gentle.
- Show respect and be sensitive to cultural and regional differences.
- Praise and encourage the person.
- Be patient. Don't rush.
- Use nonverbal skills -- SMILE!
- Don't patronize. Older people are sensitive to being patronized. They want the same courtesy and respect that you would give to others.

Many factors can affect how a client receives a message, such as:

- Hearing loss
 - Clients with hearing impairments need special attention.
- Medications
- Disabilities
- Depression

CONFIDENTIALITY

Confidentiality is extremely important to all those involved with the aging network. Information about Neighborly Care Network and its client population should not be divulged to anyone other than persons who have a right to know, or are authorized to receive such information. This confidentiality is extended to:

- Participants
- Suppliers
- Service Providers
- Employees
- Volunteers

When in doubt as to whether certain information is or is not confidential, prudence and caution dictate that no disclosure be provided without first clearly establishing that such has been authorized by the Executive Director. This policy of caution and

discretion in handling confidential information extends to both external and internal disclosure.

Abuses of confidentiality may be a violation of both state and federal law, in addition to Neighborly policy, and may subject the volunteer to immediate dismissal. In order to further protect the confidentiality of both client and volunteer records, as well as other sensitive data, all files are maintained with strict control regarding security.

In providing for the client's right to confidentiality, do not discuss your client's condition or circumstances with other clients, friends, neighbors, family members, or anyone but agency personnel directly involved with the care and authorized to have such information. Do not reveal to anyone the client's name, address, telephone numbers, or any other sensitive and private information.

HIPAA PRIVACY COMPLIANCE

The HIPAA Privacy Rule was finalized on August 14, 2002. It ensures protection of personal medical information you share with doctors, hospitals, and others who provide and pay for health care. It is part of the Health Insurance Portability and Accountability Act enacted by Congress.

Basically, the Privacy Rule does the following:

- Imposes new restrictions on the use and disclosure of personal health information.
- Gives patients greater access to their medical records.
- Gives patients greater protection of their medical records.

What is Protected Health Information (PHI)?

When a patient gives personal health information to a covered entity (which we are), that information becomes **Protected Health Information**. It includes any information - oral, recorded, on paper, or sent electronically - about a person's physical or mental health, services rendered, or payment for those services, and that includes personal information linking the patient to the record.

Examples of information that might connect personal health information to the individual patient include:

- The individual's name or address
- Social Security or other identifying number
- Billing information

Your responsibility as a volunteer of Neighborly is to understand how to use information our clients give us. Although we don't have *patients* [in the Nutrition program], as we usually think of patients, we do have Protected Health Information our clients give us that includes medical problems, etc. Therefore, we are **trusted** with much information.

Information can only be released under appropriate circumstances with an appropriate authorization. When you have questions about the release of information, ask your site coordinator or call our office at (727) 573-9444 and request to speak to the Privacy Officer. When you have questions and you are not sure, do not give out the information.

HIPAA protects the fundamental rights clients have for privacy and confidentiality. Therefore, you must:

- Make sure you understand our agency's privacy practices.
- Protect our client's information.
- Encourage others to do the same.

GRIEVANCE POLICY

Neighborly Care Network (Neighborly) holds customer satisfaction as a high priority. Customers are encouraged to discuss any problems promptly with the Meals on Wheels office or Dining Site Coordinator. If, after requesting this assistance, they are still not satisfied, the customers are encouraged to follow Neighborly's Grievance Procedures.

All customers assessed to receive, or receiving Neighborly services, have a right to file a grievance as a formal notice of dissatisfaction with staff; services received; the decision to be placed on a waiting list to receive services; or if the services are reduced, suspended, or terminated. If there is a reduction, suspension, or termination of services, notice will be sent to the recipient of the adverse action to be taken.

If a customer elects to file a grievance requesting a grievance review, this should be mailed to:

Nutrition Services Director
Neighborly Care Network
13945 Evergreen Avenue
Clearwater, FL 33762

Within seven (7) days of receipt of the request, a written notice will be sent to the requester to acknowledge receipt of the request. The customer has the right to participate in the Grievance Review process and/or may have a friend, family member, or legal counsel present.

All grievance reviews will be conducted at a reasonable time, date, and place. Within seven (7) calendar days after the grievance review, the review committee will provide written notification to the requester as to the decision, stating the reasons in detail.

If a customer is still dissatisfied with the decision, he/she will have the right to appeal the decision with the Area Agency on Aging of Pasco-Pinellas (AAA). Neighborly will be available to assist the customer with writing, submitting, and delivering the appeal.

Services will remain intact until all appeals are exhausted.

Signs of Abuse:

Physical signs may include cuts, puncture wounds, burns, bruises, welts, dehydration or malnutrition, poor coloration, sunken eyes or cheeks, soiled clothing or bed, or lack of necessities such as food, water or utilities.

Behavioral Signs of Abuse:

Behavioral signs may include fear, anxiety, agitation, anger, isolation, withdrawal, depression, non-responsiveness, resignation, ambivalence, contradictory statements, implausible stories, hesitation to talk openly, confusion or disorientation.

Florida has 5.3 million residents age 60 and older.
(Florida Legislature, Office of Economic and Demographic Research, 2016)

Maltreatment Distribution In Adult Investigations and Elderly Victims
Fiscal Year 2017-2018

Maltreatment	Count
Self Neglect	15,320
Inadequate Supervision	10,764
Exploitation	7,965
Physical Injury	5,383
Environmental Hazards	4,530
Mental Injury	3,695
Medical Neglect	2,950
Substance Misuse	657
Confinement/ Bizarre Punishment	542
Bone Fracture	417
Sexual Abuse	416
Malnutrition/Dehydration	393
Death	283
Asphyxiation	44
Burns	36
Internal Injuries	27
TOTAL	53,422

Department of Elder Affairs
4040 Esplanade Way
Tallahassee, FL, 32399-7000
850-414-2000

No one has the right to hit you, to treat you like a child or to humiliate you.
No one has the right to take your money or to hurt you.
If they respect or care about you, they'll remember that.



Report Elder Abuse
1-800-96-Abuse



ELDER ABUSE



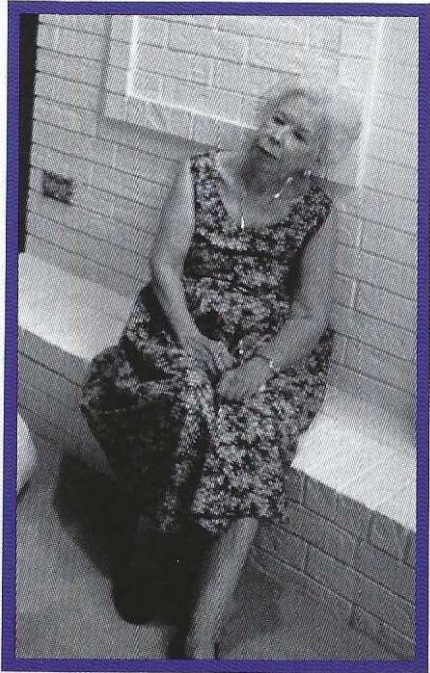
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The Power to Prevent Elder Abuse



Is in Your Hands

Elders have the right not to be yelled at and not to be threatened.



Elders have the right to control their finances and property.

Contacts

*Elder Abuse Hotline: (24-hour)
1-800-96-ABUSE (1-800-962-2873)*

*Domestic Violence Hotline: (24-hour)
1-800-500-1119*

*Elder Helpline:
1-800-96-ELDER (1-800-963-5337)*

*Fraud Hotline:
1-800-378-0445*

*Statewide Senior Legal Helpline:
1-888-895-7873*

*Long-Term Care Ombudsman:
(for those in nursing homes and
assisted living facilities)
1-888-831-0404*

*Consumer Services Division:
1-800-435-7352*

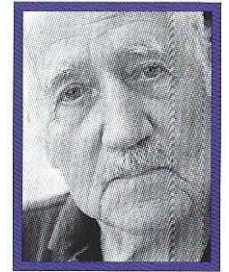
*Financial Services:
1-800-342-2762*

*National Fraud Information Center:
1-800-876-7060*

*TDD
(for hearing impaired)
Elder Abuse Hotline number 1-800-453-5145
Elder Helpline number 1-800-955-8771*

EMERGENCY SERVICES
9-1-1

What Is Abuse?



Physical Abuse:

Pushing, striking, slapping, kicking, pinching, restraining, shaking, beating, burning, hitting, shoving or other acts that can cause harm to an elder.

Emotional or Psychological Abuse:

Verbal berating, harassment, intimidation, threats of punishment or deprivation, criticism, demeaning comments, coercive behavior or isolation from family and friends.

Financial or Material Exploitation:

Improper use of elder's funds, property, or assets; cashing checks without permission; forging signature; forcing or deceiving an older person into signing a document; using an ATM/debit card without permission.

Sexual Abuse:

Nonconsensual sexual contact of any kind including assault or battery, rape, sodomy, coerced nudity or sexually explicit photographing.

Self-neglect:

When individuals fail to provide themselves with whatever is necessary to prevent physical or emotional harm or pain.

ELDER ABUSE, SIGNS OF PHYSICAL ABUSE, and REPORTING REQUIREMENTS

The care provider is uniquely able to watch for signs of physical abuse. When providing personal care, he/she is able to observe marks on a client's body. When taking care of the home, the provider is able to notice when items are missing or are needed and not provided. He/she may also observe abusive interactions among people in the home.

WATCH FOR:

- Bruises (sometimes object-shaped), welts, or bilateral discoloration on upper arms, clustered on the trunk or all over the body.
- Evidence of inadequate care (e.g., untreated bedsores), soiled clothing and bed linen, lack of bandages or stitches when indicated, or evidence of broken bones.
- Poor skin hygiene, absence of hair, or hemorrhaging (bruising) below the scalp.
- Burns caused from cigarettes, acids, caustics, or friction from rope or other bindings.
- Signs of confinement (client tied to furniture or bathroom fixtures or locked in a room).
- Lack of necessary appliances (e.g., walker, cane or bedside commode); lack of heat, food or water; unsafe conditions.

Reporting Elder Abuse:

Volunteers who suspect or witness abuse of any kind **must**:

1. Report **any** suspected abuse to their manager/site coordinator,
2. Complete the **Adult Protective Services Report** by calling 1-800-96-ABUSE **or** by completing the APS Report Abuse Online form: myflfamilies.com along with their supervisor, **and**
3. Complete, along with their manager/site coordinator, an internal **incident report**

1-800-96-ABUSE (1-800-962-2873)
Report Adult Abuse - It's A Crime!
Florida Protective Services System

SUMMARY OF INSURANCE FOR NEIGHBORLY VOLUNTEERS

A. Personal Liability Insurance

Volunteers are listed in the personal liability policy as part of the organization.

B. Excess Accident and Medical Liability Insurance

This insurance is intended to provide excess accident and medical insurance directly to an injured volunteer when the volunteer is injured while he/she is traveling directly to, from, and while participating in volunteer-related activities. Each volunteer is protected by accident medical insurance at a limit of \$25,000. This limit is intended for reimbursing the cost of medical treatment, hospitalization, and licensed nursing care required as the result of an accident. Again, this coverage is in excess of any other insurance the volunteer may have -- including, but not limited to, Medicare (there are some exclusions).

C. Excess Automobile Liability Insurance

This protects volunteers in the case of bodily injury or automobile property damage liability claim arising from their driving activities, including driving directly between the volunteer's residence and work station. This liability policy is written at a combined single limit of \$500,000 per accident with respect to bodily injury and property damage. However, volunteers must carry the minimum automobile liability limits required by the state where they are registered.

COMMON QUESTIONS ABOUT NEIGHBORLY INSURANCE FOR VOLUNTEERS

Q: Does the excess automobile liability insurance provide coverage for damage to the volunteer's auto?

A: No. A volunteer must rely on his/her own personal automobile policy to provide coverage for damage to his/her vehicle.

Q: If both personal and excess automobile liability policies respond to claims of physical injury or damage to another property, why are both coverages needed?

A: The personal liability policy specifically excludes claims involving the ownership, use or operation of a motor vehicle. Consequently, protection is necessary in case of injury to another or damage to another's property resulting from the use of a motor vehicle.

Q: Are you saying that if a volunteer is physically injured while going to or from the volunteer assignment, or while volunteering, your policy will provide \$25,000 of excess accident medical insurance?

A: Yes. Accident coverage is written on an "EXCESS" basis. This means if the volunteer has other insurance, such as Medicare, that insurance would be primary and the coverages provided by our policy would be in excess of Medicare/any other supplemental policies in force.

Q: When a volunteer is sued, how can they make a claim?

A: All claims should be directed to Neighborly.

INTRODUCTION TO BASIC FOOD SAFETY AND HANDLING

This material is meant to be a basic overview. The information applies to everyone who handles food: Neighborly staff, senior employment, and volunteers. For additional information, please reference the Neighborly Care Network Food Handlers' Basic Guide available through your site coordinator.

Special Needs of Seniors

It is important that special care be taken when serving food to seniors, especially the frail elderly. With age and debilitation, their immune systems become weakened, making them more susceptible to disease and infection. Many seniors do not receive proper daily nutrition. This may be because they:

- Cannot afford the foods they need
- Lack physical ability to cook
- Lack motivation to select and prepare a well-balanced meal due to loneliness or depression.

★ *Neighborly meals provide one-third of the nutrition requirements for an older adult.*

To help meet the varied nutritional needs of the seniors we serve, Neighborly's food caterers:

- Do not add excessive salt to the meals that they prepare
- Do not use excessive fat or oil in cooking
- Serve only low-fat milk with the meals
- Strive to provide meats and casseroles that are tender and easy to chew
- Include salads and fresh fruit to provide variety

Our objectives are to meet the needs of seniors by providing a nutritious, disease-free, attractive meal and the opportunity to socialize.

Hand Washing

Hand washing is the most important activity that you can do to ensure food safety. There are many ways your hands can become contaminated with harmful bacteria. **It is very important that you wash your hands often, and in the proper manner.** Your hand washing habits help to maintain a clean atmosphere and provide safe food for our participants.

*Waterless hand sanitizers can be used; follow instructions on the label. Sanitize your hands between MOW clients.

Health

Everyone who handles food should have a clean bill of health. Do not handle food if you:

- Have a fever, cold, sore throat, or cough
- Are vomiting

- Have oozing boils, sores, skin eruption on your hand or face
- Have diarrhea
- Have a severe cut or burn on your hand(s), forearm(s), or face
- Otherwise feel ill

Food Safety Meals on Wheels Containers

- MOW hot and cold containers are lined daily with new, clear liners.
- Cold MOW containers need to contain at least five (5) blue ices.
- After food is packed, close and tuck the liner inside the container, and close the lid tightly.
- Containers are to be closed with the liner inside after each meal delivery.

Temperatures

- Staff takes and records the temperature of all potentially hazardous foods when the food arrives, before sending out to MOW clients, and before serving to senior diners. Temperatures are recorded on the daily food control form.
- **Hot foods must be 140 degrees or above.**
- **Cold foods must be 41 degrees or below.**
- Notify the site coordinator immediately if you feel the temperature of the food is not within the temperatures noted above.
- Food safety and sanitation are of the utmost importance to Neighborly Care Network and the clients we serve. Thank you for helping us to maintain these high standards.

MEALS ON WHEELS VOLUNTEER TRAINING

As a Meals on Wheels volunteer, you are helping to provide nutritious meals to those who cannot prepare or otherwise obtain their food because of age, disability or illness.

Pickup Point: Meals cannot leave the Meals on Wheels pickup site before 10:30 a.m., according to the Department of Elder Affairs (DOEA) standards. When you arrive at your assigned Meals on Wheels pickup site, please sign into VicTouch on a tablet with your pin (provided at orientation and on your name tag) or on your smartphone (and sign out when you have finished). You will receive two insulated tote bags (one for hot food and one for cold food). When you pick up your meals at the site, you can check the day's menu. Menus are subject to change, so you may find substitutions for some items.

Route List: Each day, you will sign into the MobileMeals app to get your electronic route list. The route list contains a list of client names and addresses, along with special instructions, if applicable. Information changes daily, so PLEASE DO NOT ASSUME THAT YOUR ROUTE WILL ALWAYS BE THE SAME. Read it thoroughly each and every time you deliver. Occasionally, the route may have updates. Also, remember that information on your route is **confidential**.

Frozen Weekend Meals: Clients receive hot meals Monday through Friday. Because some people have no means of obtaining food over the weekend, those clients receive frozen entrees on Wednesday and Thursday of each week, in addition to their regular hot meals. Your route lists will have "WEEKEND" marked next to the clients who receive these meals. Please remind the clients to immediately put the entree in the freezer, and the milk, bread, butter, and dessert in the refrigerator.

Hurricane and Holiday Meals: Eligible clients may also receive hurricane meal boxes and holiday meals for closures. These meal types will be in the app.

Problems or Emergencies During Delivery: If you cannot get a response when you knock on a door, try the following:

1. Knock harder on the door or window and call the client's name at the same time. Some clients are hard of hearing. Calling on the telephone will sometimes help. The client's telephone number is on the route list.
2. If the door is unlocked, open it slightly and call the client's name. If you see or hear the client, leave the meal in the plastic grocery bag, provided at your site. Leave the meal on the doorknob/handle or table/chair just inside the door. If you suspect a problem, call 911 and then call your Site Coordinator to report it (the phone number is available by tapping the *Call Office* button at the bottom of each client's name on the app).
When the paramedics arrive, give them your name and then continue with your deliveries. Be sure to complete an incident report with your site coordinator the same day as the concern.
3. If the door is locked and there is no note to indicate that the client is not home, **do not leave a meal in a cooler or on the front porch**, even if the client says this was done in the past, Neighborly could be held responsible if the food is spoiled. **We can never leave a meal unattended.**
4. If the door is locked and you suspect a problem, call your Site Coordinator or the Meals on Wheels office immediately. The office staff will call the emergency contact listed in the client's file.

Client Concerns

1. Encourage the client to eat the meal when delivered, as food safety deteriorates at room temperature. If the client is not going to eat the meal when it is delivered, encourage the client to refrigerate it.
2. If a client tells you that he/she wants to cancel service, either on a temporary or permanent basis, tell the client to notify the Meals on Wheels office. A 24-hour advance notice is required to stop meal delivery. Please advise the client to call the Meals on Wheels office at 727-573-9444.

3. Occasionally, a client may complain about the food. Please listen patiently, but do not make any promises. Report the complaint to the site coordinator and note it on the “driver comments” section on your electronic route list for that client. If the complaint is valid, it will be addressed. It is not feasible to make substitutions for those who do not like or cannot eat a particular food. All menus are designed to give a well-balanced meal that meets at least one-third of the recommended daily dietary needs.

Neighborly has a zero tolerance policy for any type of harassment or discrimination.

DETAILED MEALS ON WHEELS DRIVER INFORMATION

CALL 911 FOR EMERGENCIES

SENIOR HELPLINE: (727) 217-8111

ADULT PROTECTIVE SERVICES: 1-800-962-2873

NEIGHBORLY: (727) 573-9444

Guidelines to follow for delivering Meals on Wheels:

1. Most clients receive 1-2 HOT meals daily. **Some of our clients will also receive a FROZEN meal every Wednesday and Thursday, in ADDITION to the daily HOT meal, due to nutritional needs.** Please ensure they receive **BOTH** meals, if applicable.
 2. Make visual contact with the client or someone in the house as **meals cannot ever be left.** Tap “**DELIVERED**” on the app when the meal is delivered.
 3. If a client is not home to receive a meal, tap the “**NOT DELIVERED**” box.
 4. Deliver the extra meal to the next eligible client, give like meal to like meal. To do this, on the client receiving the extra meal, **tap Extra Meal box, be sure to add notes in the Driver Comment's field in the app indicating whose meal you gave to that client, then tap the delivered button. Only tap extra meal for meals given to the client above what is assigned in the app.**
- ★ *The above procedures are required so that we may utilize government funding and/or verify receipts of meals Case Managed clients, or answer a client's question regarding delivery on a specific date.*
- REMEMBER to return the insulated tote bags, vehicle signage, and the tablet to the site.

DELIVERY CONCERNS

- **If a client is NOT HOME**, but leaves a note on the door to deliver to a neighbor, please do so.
- **If a client questions billing**, refer them to the Neighborly office.
- **Drivers are not to accept tips or gifts of any kind from our clients.**
- **We encourage clients to mail in their donations**, but should a client give you their donation, please submit it to your site coordinator.

IF YOU DO NOT GET A RESPONSE WHILE ATTEMPTING TO DELIVER

- **Be sure the address is correct** and that you have checked for any specific directions the client has asked us to include on the route list.
- **Knock harder on the door or a window** and call out the client's name. Many clients are hard of hearing with TVs turned up loudly.

- **Call the client.** Their phone number is on the electronic route list.
- **If the door is unlocked,** open it slightly and call their name.

MEDICAL CONCERNS

- **If you find a client in a medical situation, call 911 immediately and wait for EMS to arrive. DO NOT attempt to lift the client** up off the floor. This may cause more damage to the client or hurt you. **Contact your site coordinator,** who will contact Neighborly. They will call the emergency contact for the client.

OTHER CONCERNS

- **Encourage the client to eat their meal** when it is delivered.
- **Should a client wish to cancel** a specific day or their entire service, urge them to contact the Neighborly office at 727-573-9444. You may also write this information on your route list under **driver comments** in the app and notify your Site Coordinator.
- **Occasionally, you will hear a food complaint.** Record it on the route list / tablet under driver comments in the app and advise your site coordinator. Do not try to resolve the issue
- **All Meals are designed to give a well-balanced meal, meeting 1/3 of the daily required intake for 13 nutrient needs.**

How to Log Your Volunteer Hours In Real Time:

Watch the video until the 3:07 mark here:

<https://www.volgistics.com/videos/HT4310A.htm>

Follow these instructions when using your smartphone:

1. Save this link: <https://www.volgistics.com/victouch/471746/214756174> to your Notes on your iPhone or Android phone.
2. When you are ready to begin your service, click the link
3. Enter your PIN number (provided at orientation. It is also at the bottom of your name tag) on the pin entry screen and click the right facing arrow at the bottom right of the numbers
4. Confirm your name
5. Select **Sign-in**
6. Select the assignment you are there to perform
7. Confirm your name, date, time and assignment, select yes, ok.
8. When finished volunteering, return to the pin entry screen
9. Enter your PIN, continue and **Sign-out**

NUTRITION SITES

Pleasant Valley Baptist Church (PHD)

1 1700 Klosterman Rd., Palm Harbor, 34683
727-336-3027

Palm Lake Village (PLV)

2 1515 County Rd. I, Dunedin, 34698
727-336-3360

North Greenwood Recreation and Aquatic Complex (NGR)

3 900 N. MLK, Jr. Ave., Clearwater, 33755
727-442-9162

Lake Seminole Presbyterian Church (LSP)

4 8505 113th St, Seminole, FL 33772
727-336-3263

Crystal Lakes Manor (CLM)

5 4100 62nd Ave. N., Pinellas Park, 33781
727-408-0184

Gulfport Senior Center (GFP)

6 5501 27th Ave. S., Gulfport, 33707
727-336-3623

Sunshine Center (SUN)

7 330 5th St. N., St. Petersburg, 33701
727-336-3304

Enoch Davis Center (DAD)

8 1111 18th Ave. S., St. Petersburg, 33705
727-336-3297

MEALS ON WHEELS

Safety Harbor (SFH)

9 225 5th Ave. S.
Safety Harbor, 34695
727-313-2230

 - Adult Day Center and Meals on Wheels Site



13945 Evergreen Ave.,
4th Floor
Clearwater, FL 33762
727-573-9444
neighborly.org



ADULT DAY CENTERS

Largo Adult Day Center (LAD)

A 11095 131st St, Largo, 33774
727-593-1253

Sunny Harbor Day Center (SHDC)

B 1015 Omaha Cir., Palm Harbor, 34683
727-754-1100

Evergreen Adult Day Center (EDC)

C 2601 54th Ave. S., St. Petersburg, 33712
727-954-6484