



SPIN - Serving People In Need

Starting a Christian Care Facility Ministry Guide

1 John 3:18 "Little children, let us not love in word or talk but in deed and in truth."

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This guide was prepared for North Carolina Care Facility Ministry please adjust as needed.

Special Thanks to:

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Tom McCormick (Author of Nursing Home Ministry)

and my Loving and Supporting Wife Cecelia Locklear

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Faithful Friends Nursing Home Ministry by Reverend Larry Wasserman and

Nursing Home Ministry: by Tom McCormick 1982 Edition.

We Highly recommend taking [Living Waters in a Dry Land - Online Training](#) by Bill Goodrich

This guide is designed to help the local church body or Christian individual to prepare for Care Facility Ministry.

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Quick Start Key Guide Successful Care Facility Ministry

1. Pray for the Lord's guidance and direction and make sure He is calling you and that you are not being influenced by guilt or pressure from someone else.
2. Discuss this matter with your Pastor and ask for his prayer and advice.
3. Find a partner to pray with and to assist in the ministry. Visiting by yourself can be overwhelming.
4. Pray about which home to start visiting. It would probably not be a good idea to visit a home where a relative resided. It is a good idea to start with just one home and to visit it weekly. In this way, you get comfortable with the surroundings and the residents remember you between visits and look forward to seeing you.
5. Contact a staff member at the nursing home. Start with the activities director. She will welcome you with open arms since the need is overwhelming. It is a good idea to touch base with the director of the nursing home before starting. Explain that your desire to visit is the result of the outflow of love that Christ put in you to serve others in need.
6. Review the dates and times available and decide on the type of program you want to start with. An informal visit with sing-a-longs, prayer, crafts, Bible study or devotion readings visiting are some ideas.
7. Have a plan but always be prepared for the unexpected. (Sometimes the unexpected is the Lord's more perfect plan.)
8. Keep it Simple and about Jesus!
9. Pray for the residents.
10. Love the people that you minister to in such a way that they know it.
11. Keep Good records.
12. Be Consistent.
13. Trust in God.

ALWAYS, ALWAYS:

Show Up! Show Up! Show Up!
Pray before starting!
Be familiar with the Nursing Home Bill of Rights.
What is said and learned there, stays there! Photos only with full permission.
Ask permission of resident before entering their room, which is their Home.
Be gentle and caring-show them Christ's Love.

NEVER, NEVER:

Give food or drink to a resident without checking with nurse. This includes water.
Remove any body restraints or attempt to lift resident up or in or out of a wheelchair. Ask a nurse.
Give resident items that they could harm themselves with, like pins or small objects.
Open an outside door for a resident. Always close the door when leaving.
Visit when you have a cold.

ORGANIZING THE CHURCH FOR CARE FACILITY MINISTRY

(Count the Cost - Luke 14:28)

The purpose of this section is threefold:

1. To provide general guidelines for the development and implication of a program to serve those at care facilities.
2. To offer some suggestions about how to plan, organize and maintain an effective volunteer program.
3. To suggest ideas for the kinds of programs that churches can undertake to help meet the spiritual needs to those who are aged and or impaired.

This section has been designed to provide an overview of the major elements of program development. Detailed instructions have necessarily been omitted due to the fact that program development and implementation will vary according to the particular situation of a given church.

Part 1 - HOW TO PLAN YOUR PROGRAM

Determine what skills and abilities are needed in each area of the programs implementation that will render an effective and successful Care Facility Ministry.

Develop a Planning Committee:

Organize a committee responsible for looking into program ideas and developing a plan to extend the church's ministry to/with the aging/impaired. Ideally, this committee should consist of the pastor, one or more members of the church's governing body and several members of the congregation. The responsibility of the committee will be to survey the need, resources, define the problems, develop plans for problem resolution, work to initiate programs, review the problems in light of program impact and make appropriate program adjustments.

Survey the Needs:

Before a program can be developed, the church must have a clear idea of the unmet needs of those in care facilities in their surrounding community. It may be useful to develop a survey which can be used in talking with care facility administrator's or recreations directors. Statistics from the local municipality may be helpful. Interviews with local elected officials, staff from neighborhood health and welfare organizations and other health care delivery systems, and the area agency on care facilities in Robeson or Scotland County should be able to help the planning committee discover problem areas of residents at care facilities in the community that the proposed care facility ministry can address.

Gather Suggestions for Programs:

The sky is the limit when it comes to ideas for possible programs. Plan a way to involve as many of the congregation as possible in brainstorming ideas and discussing alternative approaches to the problems that have been uncovered. From this you should also be able to determine where people's interests lie, as well as generate enthusiasm.

Choose a Strategy:

One strategy may be to conduct Christian training sessions on Sundays or Wednesday evenings. Another strategy may be to offer transportation from the care facility to a local church. Your coordinator could work with the care facilities activities' director to refer those who need a ride to church.

Another strategy is to establish a Youth Visitation Program, using the church youth as a base. When deciding which **approach** to take, the planning committee will need to consider the following factors:

1. What is the mission of the church? How would this program fit in with the mission?
2. What are the unmet needs of the care facilities in your community?
3. What are the church's resources?
 - a. Would a program conflict with other activities currently taking place? Is the church handicap accessible?
 - b. What equipment and supplies are available (bus, van, handicap accessible van)?
 - c. What is the financial situation of the church? How would it be possible to raise funds needed for the program?
 - d. What skills and interests does the congregation have? What groups within the church might be interested in working on this program? When are they available? Are there other groups that use church facilities which might want to become involved? (For example: Scout troops, community groups)

Develop a Strategic Plan:

After considering these factors and deciding on an approach, the committee should develop a plan for each specific program. The plan should include the following components:

1. Develop vision, mission, target group and goal(s) of the program, and the specific objectives to be achieved during a target period. Objectives are specific ends to be reached and should be stated in a concrete way. (For example, an objective might read: To develop a Sunday class session to serve residents at a care facility each week or to transport residents to a local church each week ...)
2. A discussion of how the program will be organized and implemented. Consider how many volunteers and/or staff members will be needed. For what tasks? Who will coordinate their efforts? How will it be done? Who will receive this service? By what means will they be recruited/invited/referred? What will the costs be, if any? What records will need to be kept? To whom will the program be accountable?
3. A plan for evaluating the progress of the program. What will be the timetable for developing this program? How will you know if your goals and objectives have been met? Plan to review the program annually and to plan ahead for the future on a regular basis.

Plan a program to begin on a small scale but leave room for growth. Increase the size gradually as strengths and weaknesses become evident and as more people become interested. Once the plan has been written, solicit comments and suggestions from the entire congregation and modify the plan as needed to obtain majority support.

Implementation of the Program

In order to implement the program, it is helpful to develop a detailed list of the steps involved and a timetable specifying when they will be accomplished. Identify members of the congregation to be responsible for such steps as purchasing supplies, raising funds and recruiting volunteers. Make sure that somebody is responsible for coordinating this process.

It is important at this point to set up periodic checkpoints for evaluating how the program is functioning. These periodic reviews will enable you to make modifications to the program based on experience, to make sure that all aspects of the program are being implemented in proper sequence and to make sure that the program is accomplishing what it has set out to do.

Part 2 - PROGRAM SUSTAINABILITY

Coordination and Supervision:

For any program, someone must take responsibility for delegating tasks, coordinating activities, keeping records and accounts, etc. Depending on the program, these functions may be handled by a small committee or a single individual. Supervision is also a crucial function in volunteer programs. Each group of six to twelve volunteers should be supervised by a person who can provide ongoing support, recognize the need for further training and help when conflicts arise.

Recruiting Volunteers:

Volunteers can be recruited through announcements in church bulletins and through personal contacts. When a person is asked to volunteer, they should be told what tasks are involved and approximately how much time will be required. An effort should be made to allow each volunteer some choice of services and to tailor tasks to meet the individual's skills and interests.

Some thought should be given to the circumstances of potential volunteers. If the volunteers are elderly, they may need transportation to enable them to become involved. If youth groups are involved, activities will need to be scheduled in the late afternoon and early evening hours.

Volunteer Training:

Once a volunteer pool has been established, training should be provided. Be sure to include a discussion of issues relating to care facilities, an orientation to the overall program being offered, information about specific tasks which volunteers will be doing and notice of problems which may arise and how to handle them. It is useful to do some role playing so that volunteers can participate in simulated situations similar to those they may actually encounter. Each volunteer should receive a written description of what he/she is expected to do as a reference for their accountability. It should be expected that a certain percentage of volunteers will drop out of the program shortly after it starts. There are many reasons for this: a change in one's personal situation which makes volunteering inconvenient, a misunderstanding of what is required, or anxiety about one's performance. Plan to follow up with all new volunteers, particularly those whose enthusiasm seems to be lagging. Sometimes a bit of personal support is all that is needed. In other cases the volunteer may be more comfortable if they are assigned to a different task.

Ongoing Support for Volunteers:

After a person has begun work as a volunteer, they cannot be forgotten or taken for granted. Continuing supervision and support are needed to deal with problems and questions as they arise, to help maintain the individual's enthusiasm, and to give the volunteer recognition for the valuable work he/she is doing. Support activities might include a monthly meeting for all involved in the care facility program to share their feelings and experiences or a friendly phone call from the supervisor to each volunteer to help keep things running smoothly and answer questions. Be sure to plan these support and in-service training sessions for times which are convenient. Remember to evaluate volunteers regularly to make sure that they are living up to the standards of their assigned responsibilities.

New volunteers will probably need to be recruited and trained periodically. Take steps to help them become integrated with the "old" volunteers. Use of a mentoring partner could be utilized here.

Volunteer Recognition:

Although most volunteers will derive a sense of personal satisfaction from their work, a volunteer recognition program is important in keeping them going. Besides personal feedback, volunteers can be recognized through newsletter and newspaper articles, bulletin board displays, special luncheons and dinners, and community or church programs. Use photographs and awards to recognize one or two individuals each month and have recognition events. Praise people for work well done, but above all be sincere.

Part 3 - IDEAS FOR PROGRAMS

Spotlight on the Church Itself

Before a church contemplates starting new service projects to help meet needs at care facilities, it might be advisable to look at how well existing church programs are serving in this area. In this section, we suggest a number of questions to help a church conduct a self-evaluation and some ideas for improvement:

1. Do people from care facilities attend services at the local church regularly? If not, why not? Do they lack transportation that could be provided by other church members?

2. How are members of the church made to feel wanted? Are they encouraged to serve in outreach programs?
3. Do church activities appear to be age-segregated? Is this desirable? How can you help church members of all ages interact with one another in a meaningful way?
4. Is the church accessible to those with disabilities? Can the building be entered without climbing steps? Perhaps a ramp could be built. Are bathroom facilities accessible? Perhaps support bars could be installed.
5. Could someone with a hearing defect hear the pastor deliver the sermon? Maybe it would be helpful to install a public address system, or headphones in one or more pews. Could a person with failing eyesight read the prayer book or hymnal? If large-print editions are not available, this might become a project for the congregation.
6. What emergence plans does the church currently have in place if a person becomes ill while in route or at the local church?
7. Would it be more beneficial to bring the church to the care facility? Some people cannot leave the care facility due to their partial or full impairment.

One-on-One Christian Visiting Program:

A Christian Visitation Program is a way of arranging regular visits between a volunteer and a resident at a care facility. The objectives of the program are to respectfully share the Love of God through His Word, relieve loneliness; to bring friendship through listen and sharing also to encourage. A Visitor makes a commitment to be a friend on a long-term basis, and usually visits once a week or every other week.

To arrange a Visiting Program, you will need: a supervisor or coordinator, people who desire to have Christian Visitors and a group of volunteer visitors. **Remember you can start out small, ONE person can be the supervisor/coordinator and visitor. Have a desire to serve and depend on God to bring the increase.**

The supervisor is responsible for training, matching clients with Visitors, preparing the Visitor by sharing important information about the client, accompanying the Visitor on the initial visit, and providing follow-up support to the Visitor. Although much of the coordination can be done by telephone, the supervisor will probably need to have personal transportation readily available. The supervisor is also responsible for arranging support activities such as a monthly meeting for all Christian Visitors, further training and volunteer recognition.



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A group of clients can be developed in coordination with local care facilities. It is a good idea to talk with the activities director or care giver in charge. Note: some care givers have weekly rotating work shifts.

The Christian Visitors volunteer an hour a week. When visiting their new friends, they may spend time talking, singing, bible reading, devotions and prayer, etc. The Visitor is also expected to maintain a visitation report for the Pastor, supervisor and/or coordinator. Visitors will need to have transportation to care facility.

A Christian Visitation Program involves only a moderate amount of time, coordination and money, yet it can be a great blessing to both parties. For this reason, it is an ideal way for a church to extend its work ministry to those at care facilities.

Bring the church to the Care Facility. Because the residents of these facilities are unable to get out to participate in common activities, many suffer from enforced social and cultural isolation.

This type of commitment should be a long-term commitment, not just a seasonal one, although special seasonal activities are always appropriate.

The nature, style and frequency of involvement of a church or Individual with a nursing home or extended care facility would vary according to the particular needs of the facility and the resources of the providers. Programs could vary from weekly informal worship services to Sunday class meetings, to weekly bible study. These services could be conducted by a retired pastor, trained layperson or you.

Consistency of commitment is a key ingredient to program success.

Guidelines For Making In-Room Visits With Residents - Relationship Building

How To Say Hello:

Introduce yourself, shake hands or touch in some way if comfortable for you. Ask the resident's name, and try to remember it for future visits. Always treating them with the dignity and respect their long years deserve.

What To Talk About:

Admire the resident's hairdo, or what they are wearing. Comment on possessions displayed in their room - keep in mind that most residents have given up a house for half a room, and the things you see may be treasured mementos from the past. Talk about current events - what's happening in the world, your state, town, office, home, etc. Such discussion with an interested listener gives residents valuable mental stimulation that can help them remain alert and involved. Try to find a subject of mutual interest - perhaps it is music, books, travel, sports, or children. Avoid controversial or depressing topics. Ask questions that require more than a yes or no answer - "Tell me about your childhood. " Be patient if the reply takes a while - residents have memories to sift through before finding the one that answers your question. Share a hobby, bring pictures (large size) of animals, flowers, or travel scenes. Ask your children to join you in a visit or bring a pet if allowed. By talking you are building a relationship with the individual. The Gospel of Jesus is the most important topic you can share. Introducing the person to Jesus Christ is the most important thing you can do for this person. The individual will listen to what you share when they know you care. Be genuine, respectful and allow the Holy Spirit to guide you.

How To Talk:

Try to converse at eye level - residents can become uncomfortable looking up from a wheelchair or bed for any length of time. Sit on a chair, or ask if you may sit on their bed. When addressing someone who is hard of hearing, be sure to let him or her see your face, or lean close and speak directly into one ear. Talk slowly and distinctly - you don't have to shout. To avoid startling a blind person, speak as soon as you enter the room - don't wait until you are right next to him or her, say where you are going to stand or sit. **Don't ever come up behind anyone sitting in a wheelchair and start moving the chair without warning - such unexpected motion can cause a real scare.** A smile and touch can communicate your caring to residents who may not be able to speak to you or respond visibly in any way. Try to see through their disabilities and find the special person within.

How To Listen:

Be attentive, be patient with repetition - encourage residents to share memories and experiences with you. Try to give your undivided attention to the storytellers. Respect confidences.

How To Say Good-Bye:

Watch for signs of fatigue such as labored breathing, lack of concentration, restlessness, drowsiness, inattentiveness, and be ready to leave when such occur. A 10 to 15 minute visit may be just right one day, while an hour might do another day. Use good judgment. A cheery good-bye, and a promise to come again is an easy way to end your visit - but DON'T make that promise IF you can't keep it. **Arrive when expected, and, to avoid disappointment, be sure that a resident receives your message if they are awaiting your visit and you can't make it.**

Conducting a Group Bible Study at a Care Facility

1. Contact the Activities Director at a local facility explaining your interest to do a 30 min to one hour weekly Christian Bible Study. Discuss that residents from all religious backgrounds are welcome.
2. Review the activities schedule for the current month and identify a time slot available for your weekly meeting.
3. Select a room for your study that is not too large and would permit sitting around a table or in a circle. This permits good eye contact with the group.
4. Try to recruit some help from your Church or friends. We recommend going with at least two people.
5. Gather those who would like to attend. Seek assistance from care giver or Activity director.
6. Typical Format of a Bible Study:
 - o Open with a prayer.
 - o Sing 2-3 familiar hymns of residents, with CD's/Mobile Speaker if no other music is available
 - o Select a Bible lesson, devotional or use your Sunday school curriculum.
 - o Many elderly relate more with the wording of King James Version.
 - o Lead a discussion about the devotional and the scriptures read.
 - o **Keep it Simple and about Jesus Christ. Lift up Jesus! Share how much He loves us. How we can walk with Him, talk with Him, trust in Him, Know Him, and love Him.**
 - o Sing closing hymn(s).
 - o Have prayer requests
 - o You can even close with the Lord's Prayer and allow everyone to say together.
 - o Allow enough time for personal sharing by the residents if they choose to do so.
 - o Evaluate the group to see who might want to assist in reading, singing, and possible musical accompaniment, many are very capable.
7. Some additional study suggestions would include The 23rd Psalm, The Sermon on the Mount, I Corinthians 13, Romans 12, and The Lord's Prayer.
8. Always remember three important things:
 - o Show Up, Show Up, Show Up!
 - o Prepare, Prepare, Prepare!

- The quality of your program should be similar to a Bible Study at your church but the pace will be different.

NOTES: Remember you are at the Care Facility to serve others. It's all about Jesus.

Expect the unexpected, find the teaching moments and realize the person you are talking too may be dead the next time you return, so make sure they are given the opportunity to know Jesus as Lord and Savior.

Talk to people with cognitive disorders as anyone else.

Do not under estimate the Power of God.

Transportation Assistance Program

A (TAP) Transportation Assistance Program is another means of linking volunteers with those at care facilities to provide transportation to and from church. To establish a Transportation Assistance Program you will need a coordinator, a client group and volunteer drivers with vehicle.

The program can operate several ways, depending on the coordinator's style, the needs of the client group and the number of volunteers. Coordinator can arrange pickup times for persons desiring transportation to church and have necessary forms signed to release residents. No-fault insurance, as required by law, covers both passengers and drivers in case of accidents. Of course, the coordinator would have to set up procedures to follow when one of the two parties cannot make it. Emergency plans would need to be in place in case client becomes ill or needs medical treatment while in your care. Transportation records would need to be developed and maintained.

A Transportation Assistance Program can be a tremendous help to those in care facilities who are capable to leave the facility; it can provide a means to keep the people connected with the local church.

Adapted from: Nursing Home Ministry: by Tom McCormick 1982 Edition, used by authors permission.

Difference in Adult Care Homes from Nursing Homes

The primary difference between adult care homes and nursing homes is as follows:

"Adult Care Homes" provide care and assistance to people with problems carrying out activities of daily living and supervision to people with cognitive impairments whose decisions, if made independently, may jeopardize the safety or well-being of themselves or others and therefore require supervision. Medication in an adult care home may be administered by designated, trained staff. Smaller adult care homes that provide care to two to six unrelated residents are commonly called family care homes.

"Nursing Homes" are for people who need chronic or rehabilitative care, who, on admission are not acutely ill and who do not usually require special facilities such as an operating room, X-ray facilities, laboratory facilities, and obstetrical facilities. A "nursing home" provides care for people who have remedial ailments or other ailments, for which medical and nursing care are indicated; who, however, are not sick enough to require general hospital care. Nursing care is their primary need, but they will require continuing medical supervision.

Vision Statement: To provide dependable and effective Christian service and fellowship to people in care facilities that are unable to participate in corporate worship and teaching opportunities of the local church.

Mission Statement: Through friendships share the Gospel and Disciple those at care facilities. Also, train Christian volunteers to conduct effective one-on-one and group visitations.

Target Group: Partially and confined persons in nursing homes, adult and family care facilities.

Goals: Provide consistent, effective Christian service and fellowship at care facilities.

We have three branches to accomplish our goals:

Christian Service	Fellowship	Training Christian Care Facilities Volunteers
<p>Bible teaching</p> <ul style="list-style-type: none"> • Sharing Gospel of Jesus • Enhancing Christian walk • Skits • Puppets 	<p>Listening - relationship building</p>	<p>Training</p> <ul style="list-style-type: none"> • One-on-one • Group
<p>Bible reading</p>	<p>Care Packages</p> <ul style="list-style-type: none"> • General • Christian education, Christian DVD's and music • Holiday • Birthday 	
<p>Prayer</p>	<p>Activities/Games</p>	
<p>Gospel Music or Live Singing</p>	<p>Caregiver relationship building</p>	

PART 4 RECORD KEEPING

Its best to keep records of the rooms, units and times you visit. One is for accountability of your time; Two is for your protection; Three is that these records will help you plan for future goals.

Visitation Policy Procedures & Guidelines

General Guidelines

- Knock before entering a resident's room. Remember you are entering someone's home. This is also a state regulation.
- Orient a resident to the date, time, and your name.
- Introduce yourself each time you visit; names are easy to forget.
- Accept rejection; you may want to re-approach a resident after a few minutes.
- Talk louder only when necessary for communication.
- Be patient. Give residents the time they need to express themselves.

Policies & Procedures:

- Use anti-bacterial lotion from visit to visit. Do not put hands in mouth or eyes.
- Never come when you are not feeling well. If a resident is expecting you, you can call the nurses' station for them to relay a message.
- Do not offer food or drink to a resident unless you know their current dietary needs. If a resident requests food or drink, please seek out a staff member for assistance.
- Never take a resident to the bathroom or transfer a resident from bed to chair. Press the call bell if help is needed. NC State safety regulations require that this type of assistance be performed only by staff.
- When a sign says **See Nurse Before Entering**, see the nurse it may be because of a communicable diseases. You are able to visit, but avoid exposure to bodily fluids and wash your hands after your visit.
- If you have any exposure to blood, go to a nursing station. They have special products to disinfect.
- If a resident is bumped or injured during your visit, report it to the nurse. Accidents do happen. All accidents need documented so that the injury is accounted for and will not have to be reported to the state.
- Report any problems or unusual behaviors to the charge nurse.

Please read Liability Waiver statement below and sign.

I hereby release, indemnify and hold harmless SPIN Ministry from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my care facility visitation or volunteer service. Participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon me taking proper care of myself. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participation in this visit. Therefore, I assume all risks related to the activities. I have read and agree to comply with the Visitation Policy on this form. My signature below indicates that I have read, understood and freely signed this agreement, which shall take effect as a sealed instrument.

X _____ Date: Month _____ Day _____, 20 _____



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Care Facility Reporting

Name of Facility _____ Phone #:(910) _____

Address: _____ City: _____ State: _____

Zip Code: _____ Owner/Admin: _____ Phone #: _____

Caregiver Information

Name	Saved	Birthday	Phone#	House/Hall/Unit#

Our New Friends Information

First Name Only	Unit/Rm#	Saved	Birthday	Dislikes/Likes/Hobbies	Notes



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Volunteer Visitation Reporting

Service Key: P=Prayer, D=Devotion/Bible Study/Reading, S=Singing, M=Music, O=Other (explain)

Date of Visit	List Volunteer(s)	Location with Unit or room #	Overall Time		Service	# Served	Profession of faith /name
			IN	OUT			

Notes: _____



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Effectiveness Survey

Scale from 1-10 (1 **not** effective- 10 **very** effective)

1. How would you rate the promptness and regularity of the scheduled visits?

Please circle one very prompt prompt never prompt

2. How valuable and/or helpful do you consider our services provided to residents here?

Please circle one 1 2 3 4 5 6 7 8 9 10

3. How would you rate the hospitality and atmosphere of those who provide this ministry?

Please circle one 1 2 3 4 5 6 7 8 9 10

4. Would you recommend this ministry to another care facility?

Please circle one yes no not sure

5. How effective is the Christian teaching that is being provided?

Please circle one 1 2 3 4 5 6 7 8 9 10

6. Are the songs provided during service appropriate?

Please circle one 1 2 3 4 5 6 7 8 9 10

7. How effective are the times of day of scheduled meetings?

Please circle one 1 2 3 4 5 6 7 8 9 10

Additional Comments or Recommendations:

Circle one: Answered by Resident or Caregiver, Activity Director, Administrator

Date: _____

Part 5 Residents Rights North Carolina Nursing Home Bill of Rights

North Carolina Division of Aging and Adult Services
Residents' Rights

The rights of residents of nursing homes and adult care homes are acknowledged and protected by State law.

NORTH CAROLINA'S ADULT CARE HOME BILL OF RIGHTS

(Condensed Version)

EVERY RESIDENT SHALL HAVE THE FOLLOWING RIGHTS: (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. (2) To receive care and services which are adequate, appropriate, and in compliance with relevant federal and State laws and rules and regulations. (3) To receive upon admission and during his or her stay a written statement of the services provided by the facility and the charges for these services. (4) To be free of mental and physical abuse, neglect, and exploitation. (5) Except in emergencies, to be free from chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical need. (6) To have his/her personal and medical records kept confidential and not disclosed without the written consent of the individual or guardian, which consent shall specify to whom disclosure may be made, except as required by applicable state or federal statute, regulations, or third party contracts. In the case of an emergency, disclosure can be made to agencies, institutions or individuals who are providing the emergency medical services. (7) To receive a reasonable response to his or her requests from the facility administrator and staff. (8) To associate and communicate privately and without restriction with people and groups of his or her own choice on his or her own or their initiative at any reasonable hour. (9) To have access at any reasonable hour to a telephone where he or she may speak privately. (10) To send and receive mail promptly and unopened, unless the resident requests that someone open and read mail, and to have access at his or her expense to writing instruments, stationery, and postage. (11) To be encouraged to exercise his or her rights as a resident and citizen, and to be permitted to make complaints and suggestions without fear of coercion or retaliation. (12) To have and use his or her own possessions where reasonable and have an accessible, lockable space provided for security of personal valuables. This space shall be accessible only to the residents, administrator and supervisor-in-charge. (13) To manage his or her personal needs funds unless such authority has been delegated to another. If authority to manage personal needs funds has been delegated to the facility, the resident has the right to examine the account at any time. (14) To be notified when the facility is issued a provisional license or notice of revocation of license by the Carolina Department of Human Resources and the basis on which the provisional license or notice of revocation of license was issued. The resident's responsible family member or guardian shall also be notified. **(15) To have freedom to participate by choice in accessible community activities and in social, political, medical, and religious resources and to have freedom to refuse such participation.** (16) To receive upon admission to the facility a copy of this section. (17) To not be transferred or discharged from a facility except for medical reasons, the resident's own or other residents' welfare, nonpayment for the stay, or when the transfer is mandated under State or federal law. The resident shall be given at least 30 days advance notice to ensure orderly transfer or discharge, except in the case of jeopardy to the health or safety of the resident or others in the home. The resident has the right to appeal a facility's attempt to transfer or discharge the resident. The resident shall be allowed to remain in the facility until resolution of the appeal.

Source: <http://www.ncdhhs.gov/aging/rights.htm>



CARE FACILITY MINISTRY

(SPIN) Serving People In Need

PO BOX 2856
Pembroke NC 28372
(910) 785-0830
info@spinministry.com
Contact: Tim Paul Locklear II, BS

www.SpinMinistry.com

Care Facility Physical, Mental and Sexual Abuse

What do you do?

Notify Nurse/Care Giver in Charge

Notify Director/Administrator

Notify State Agency

How to File A Complaint with State.

NC Division of Health Service Regulation

By Phone

Complaint Hotline: **1-800-624-3004 (within N.C.) or 919-855-4500**

Complaint Hotline Hours: 8:30 a.m. - 4:00 p.m. weekdays, except holidays.

By Fax

Please fax your information to 919-715-7724

You may choose to print and complete our complaint form [[DOC](#), 63 KB] [[PDF](#), 75 KB]

By Mail

Mail complaints to:

Complaint Intake Unit
2711 Mail Service Center
Raleigh, NC 27699-2711

You may choose to print out and complete the complaint form [[DOC](#), 63 KB] [[PDF](#), 75 KB].

Common Issues Handled by Other Agencies and Contact Information

- Physicians and Urgent Care Centers - [N.C. Medical Board](#) ☎ (1-800-253-9653)
- Labor/Personnel Issues - [N.C. Department of Labor](#) ☎ (1-800-625-2267)
- Health Insurance Portability and Accountability Act (HIPAA) Complaints - [U.S. Office of Civil Rights](#) ☎ (1-800-368-1019)
- Discrimination Complaints - [U.S. Office of Civil Rights](#) ☎ (1-800-368-1019)
- Medicaid Fraud - [N.C. Division of Medical Assistance](#) (919-647-8000)
- Medicare Fraud - [U.S. Office of Inspector General](#) ☎ (1-800-447-8477)

Source: <http://www.ncdhhs.gov/dhsr/ciu/filecomplaint.html>

What To Do If...

... A resident becomes ill or agitated? Call a nurse or aide.

... A resident needs help getting to the bathroom, in or out of a wheelchair or bed? Call a nurse or aide - though your intentions are good, you may not know the proper techniques for lifting and moving residents. Don't take chances.

... A resident becomes upset or tearful during your visit because of a subject **you feel uncomfortable with or not qualified to discuss**, such as, death, financial matters, and family resentment? Do not attempt to give personal advice. **One thing you can say is I'll pray with you about this.** Notify the Volunteer Director/ Social Services person, Nurse or Administrator; they will see that appropriate follow-up or counseling is provided.

... A resident asks for sweets, cigarettes, medication, etc? Don't offer any of these things. Check with the Nurse or Volunteer Director. Some may be allowed, but others may be prohibited due to dietary or medical restrictions. Do not rely on what the resident may tell you.

... A resident asks you to remove vest or waist restraints: Do not remove or untie. Check with the Nurse. These restraints are worn to prevent injury and can be used or removed only under a doctor's order.

... You see something in the facility that you do not understand or you hear something that causes concern? Talk it over with a staff member (Nurse or Volunteer Director) or the Administrator.

REMEMBER: Knock before entering a room, address the resident and introduce yourself, explain that you are a volunteer visitor. If you should learn things of a confidential nature, please keep it confidential.

Adapted from Faithful Friends Nursing Home Ministry by Reverend Larry Wasserman

Part 6 Resources

www.sonshinesociety.org	They provide Large Print Song Books and other Large Print Bible Material.
Diamonds in the Dust	A year of daily devotions, drawn from Joni's personal trials and triumphs, and made to sparkle by the wisdom of Scripture. by: Joni Eareckson Tada
www.christiancounseling.org	Phone 336.896.0065 8025 North Point Blvd. Suite 231 Winston-Salem, NC 27106 info@christiancounseling.org Professional Christian counseling is the process in which a professional counselor uses the tools of the mental health profession, the truths of the Bible, and the wisdom of life experience to help those in need.
Nursing Home Ministry	Tom McCormick - Author
In the Garden with Jesus and Friends	Chaplin Bill Goodrich - Author
Living Waters in a Dry Land - Online Training	Chaplin Bill Goodrich
Faithful Friends Nursing Home Ministry, Inc.	Reverend Larry and Sandy Wasserman

Biblically responding to their Personal and Spiritual NEEDS

The thrust of a Christian ministry to residents of care facilities is a response to the personal and spiritual needs that the residents' have at this time and place in their lives. In this guideline you will become better able to identify some of the common needs and concerns and better prepared to respond to them.

The section has been written to help you identify and understand some of the typical needs and concerns that one finds among the residents at care facilities. The chart shows what biblical passages are relevant for the need/concern and suggests a proper way of approaching and responding to it. The purpose of the chart is not to give the final word on each need/concern but to get you thinking about it and preparing yourself to respond to it.

IDENTIFYING NEEDS AND CONCERNS

Read through the short description of each need/concern below. Then, in order to put each one into focus and begin thinking about how to respond to it.

Anxiety

Casting all your anxiety upon Him, because He cares for you.

I Peter 5:7

There are many potential causes of anxiety. What may seem trivial to one person can be a crisis to another. Remember this as you visit the elderly. Their worries may be in a totally different realm from yours, but that is no reason to dismiss their problems, or fail to understand how they feel. Listen as they explain their worries about finances, death, whether or not they will walk again, the future-whatever it may be. Try to feel with them.

We who are believers have a God who loves and cares for us more deeply than our friends, relatives or nurses can ever care for us. There is really no reason to worry about anything if we are trusting in God and loving him. The unbeliever, however, has everything to worry about. To such a person you must point out that in spite of the good care he may be receiving from people he must trust Christ in order to have no worries. Do your best to find the root cause of the anxiety, and wherever possible help to change the circumstances that create the anxieties.

Comfort

"Blessed are those who mourn, for they shall be comforted. "

Matt. 5:4

While you yourself are not the ultimate source, you can be one of the greatest means of ministering comfort to the elderly. Whatever the cause of distress-death of a loved one, loneliness, fear-your consistent visitation and sympathy will be much appreciated. Let them lean on you but beware if they begin to develop an unhealthy attachment to you as their only source of comfort. A comfort that does not have its source in the unchanging and merciful God is only a temporary and unstable comfort. The comfort you are able to give is the comfort you have received (2 Cor. 1:3-11).

Contentment

..I have learned to be content in whatever circumstances I am.

Phil. 4:11

Much lack of contentment stems from fear and an excessive concern for one's self. Thus the major effort of the visitor should be to displace this concern. If the person to whom you are ministering is merely distracted for a while by your presence, then the problem will not be solved. You must help him find another focus for his attention, a focus that will give lasting satisfaction. The only such focus is God. This is not to say, however, that there are not many practical things to be done. For example, if the person needs a friend, your friendship can be a great source of contentment.

Death

"O death, where is your victory? O death, where is your sting? "

I Cor. 15:55

The best way to prepare for death is to be so overwhelmingly involved with Jesus that you can hardly wait to meet him face to face! You can help the elderly develop such a relationship in several ways: Make it a priority in your life to have such a close relationship with Christ. Share as clearly and as often as possible what Christ means to you. Comfort the elderly as they experience the death of friends and relatives. Use these occasions as opportunities to talk to them about their own death. Be aware of the grief that will invariably come with the dying process (cf. "Grief" below). And, finally, take time to deal with your own attitudes about death and share openly with them about your struggles in this area.

Economic Adjustment

... I count all things to be loss in view of the surpassing value of knowing Christ Jesus my Lord, for whom I have suffered the loss of all things, and count them but rubbish in order that I may gain Christ. Phil. 3:8

You can help to ease the pain of those who are in financial and material need.

First, do something about the need - organize a clothing drive in your church, share what you can of your resources, solicit donations (for a pair of special shoes, for example). But be careful not to overwhelm your friends with charity so that you destroy their proper sense of self-worth. Second, stress the relative unimportance of material things in comparison with eternal things. We know a dear Christian who, on an allowance of four dollars a week, is constantly trying to give money away to us! Contentment with your physical state is possible when you know God is caring for your needs.

Fear

"Do not be afraid, little flock, for your Father has chosen gladly to give you the kingdom." Luke 12:32

The first and most important thing to do is to find the basis of any fear. Whether it is real or imaginary, it needs to be dealt with. Then begin to help your elderly friend to focus his mind on new thoughts and concerns (see "Thought Life" below). Be careful not to take his mind off the fear too quickly. If the fear has not been "exercised," it will likely return.

Grief

... that you may not grieve, as do the rest who have no hope.

I Thess. 4:13

It is helpful to see grief as occurring in three stages (see The Christian Counselor's New Testament, Jay Adams, 1977, pp. 730, 731). The first stage, or crisis stage, is characterized by surprise, shock and emotional release. This is the time to lend a listening ear. The second, or crucial stage, is one of disorganization. Ties to the past must be broken, and the future viewed realistically. The person may be feeling a whole range of emotions- fear, anger, guilt-and will need help in sorting through what has happened. The construction stage is a time for creating new patterns of

living which are not tied to the past. A friend can be helpful in setting new objectives, especially a friend who can help make Christ the center of the new life.

Hope

Christ in you, the hope of glory.

Col. 1:27

It is important to hear what a person is saying is the cause of his despair. Christ is indeed the answer to all our needs, but his name should not be lightly offered as a blanket remedy for all ills-especially those that we know nothing about because we haven't listened! Only after we know the problem can we apply Christ's hope to a specific situation.

Loneliness

Do not cast me off in the time of old age,- do not forsake me when my strength fails.

Ps. 71:9

Encourage the person to be outgoing in making friends with both staff and residents of the nursing home. He can start with a smile, a kind word and a cheerful attitude-and work from there. He is not alone in his loneliness, and befriending others is one of the easiest ways to make friends. For those who are bedridden, encourage others in the home to visit them-even take a visitor with you when you visit! Remember, too, that you are a friend-don't visit sporadically, but give of yourself and your time to be a friend.

The Past

... forgetting what lies behind and reaching forward to what lies ahead, I press on toward the goal for the prize of the upward call of God in Christ Jesus. Phil.3:13,14

Don't assume that all dwelling in the past is wrong. Perhaps there is anger, bitterness or guilt that needs to be discussed. Don't press too hard if the elderly aren't willing to talk about a problem; they are sometimes more reticent to discuss openly than we might be. Do urge taking these matters to God in prayer and if possible clearing things up with the people involved. Give them things to do and think about in the present, too. Involvement with other people and their needs is a good way to become freed from too much introspection. Remember, too, that often the past is worthy of much enjoyable reflection and reconsideration.

Peace

"Peace I leave with you; My peace I give to you; not as the world gives, do I give to you. Let not your heart be troubled, nor let it be fearful. " John 14:27

As with contentment, God is really the only source of a lasting change, since he alone can give true peace. As you minister to older persons, stress what the individual can do about his relationships to others that will bring peace. There may be a need to forgive others, for example, or to deal with bitterness from the past. Encourage them to be examples of peace and so receive the gift of peace.

Physical Decay

Therefore we do not lose heart, but though our outer man is decaying, yet our inner man is being renewed day by day.
2 Cor. 4:16

Gradual decay of the body is to be expected. Don't be repelled by the aging bodies you see-look to the unseen, the spiritual, the persons beneath the sometimes feeble bodies. Let them know you still care-especially by a loving touch of that body they may have come to dislike. Point them to the unseen too-encourage a close, personal relationship with Christ. This will help them to become more excited about the prospects of an eternal life with Christ-one in which there is no pain or death. Encourage a reliance on God as a source of strength-physical and otherwise-now.

Self-Esteem

See how great a love the Father has bestowed upon us, that we should be called children of God, and such we are ...
1 John 3:1

It is most important that we focus on God's grace and power in our lives as the source of our self-esteem. Others will come to appreciate this if we give testimony to it in our selves. Encourage those to whom you are ministering to come to God in humility and accept his love for them as they are. As a visitor you are a great source of self-esteem as you show love and concern for individuals no matter what their physical, mental or spiritual state. There are, of course, various personality-building exercises that can build self-esteem-things that require stopping sinful practices (such as complaining and gossiping) and living a life of love. The external things should not, however, take the place of the need for a changed heart.

Thought Life

Set your mind on the things above, not on the things that are on earth. Col. 3:2

Where our desires and thoughts are focused is where we live. Our thoughts are crucial in how happy and fulfilled we are. The same is true for the elderly. If we deal only with outward behavior, then there will be no true change or healing. God and his attributes must be the center of thought and action.

Time

Making the most of your time, because the days are evil. Eph. 5:16

The need for discipline in the use of time is crucial for the elderly who no longer have their former obligations, responsibilities and patterns of life. As a consequence, many older persons in nursing homes spend much of each day gazing at a television set or off into space. There are usually some activities in which the residents can be involved-craft programs, therapy, social events. As enjoyable and valuable as these activities are, they often lack the deep sense of meaning and purpose that the human heart craves. We all need to see that our time is not our own, and the elderly are no exception: time is a gift from God which is to be used to its fullest to his glory. Brainstorm with friends as to what the elderly can do that is meaningful and enjoyable, then approach the nursing home with suggestions. Everything-including prayer, knitting baby booties or visiting other in the home-counts. Adapted from: Nursing Home Ministry: by Tom McCormick 1982 Edition, used by authors permission.