

Resident and Family Handbook

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Welcome to our Century Care Management (CCM) managed facility. We value the trust you place in us to provide healthcare for you or your family member. Our Mission Statement establishes the reason for our existence which is *"We are dedicated to providing compassionate care in a manner that nurtures the physical, emotional, and spiritual well-being of all those we serve"*. Each and every day our employees strive to live into that mission in caring for our residents.

We recognize that being admitted into a skilled nursing facility is a daunting event for many people. Our wish is to make this process as smooth and trouble free as possible and I encourage you to ask questions about anything that is of concern to you. Our Executive Director and the facility staff are available to help you with your admission and during your stay with us. This Resident and Family Handbook contains valuable information concerning your rights as a resident, our procedures and policies, and other issues concerning your healthcare and operation of this facility.

CCM is a family owned company which owns and operates skilled nursing facilities across North Carolina. Our founder, Noah Duncan, started in 1983 in Scotland County with the acquisition of Century Care of Laurinburg. Over the next thirty years we have continued to grow and in 2017 operate nine facilities ranging from the mountains to the coast. CCM was formed in 1999 to provide operational and clinical expertise to all of our facilities drawing upon hundreds of years of employee experience in clinical nursing and healthcare management. The management group employees are in addition to the dedicated, skilled and caring staff at each facility location. Mr. Duncan died in 2011 but his family is continuing his legacy of providing quality healthcare to the citizens of the communities in which we operate.

On behalf of all our employees, healthcare partners and vendors I welcome you and promise that we will do the best we can each and every day to make your stay with us as comfortable and fruitful as possible.

Sincerely,



James A. Schmidlin, LNHA
President

Century Care Management Inc.
and
Century Care Management Facilities

Mission:

We are dedicated to providing compassionate care in a manner that nurtures the physical, emotional, and spiritual well-being of all those we serve.

Values - What We Believe:

- Our greatest asset is people.
- Each of us needs a sense of dignity, pride and satisfaction.
- Caring for our residents is the essence of our being and depends on the united efforts of many.
- Everyone needs respect for their contributions and importance.

Vision:

To be the provider of choice for extended healthcare services in an environment known for innovative approaches to quality care, recognizing the individuality of our residents, and having a passion and commitment for service to our customers.

Disclaimer

The policies contained within this manual shall continue in effect until modified as provided in the following paragraphs:

- Any policy that is declared by the federal or state government to be illegal shall immediately become null and void. The voiding of any one policy for this reason in no way nullifies other part of the manual.
- Periodic modifications will be required in order to adjust to changing conditions and regulations. Changes or additions will become effective when notice of change is given by the facility.
- Notice will be considered given when a policy change / addition is posted in the facility for resident and family viewing. Notice may be less than 30 days if the change is due to a change in mandated regulations, state law, or federal law.

North Carolina Resident Rights

This is a condensation of North Carolina's Bill of Rights for nursing home residents.

- To be treated with consideration, respect, and full recognition of personal dignity and individuality.
- To receive care, treatment, and services that are adequate and appropriate, and in compliance with relevant federal and state rules.
- To receive at the time of admission and during stay, a written statement of services provided by the facility and of related charges. Charges for services not covered under Medicare and Medicaid shall be specified.
- To have on file physician's orders with proposed schedule of medical treatment. Written, signed evidence of prior informed consent to participation in experimental research shall be in the patient's file.
- To receive respect and privacy in his/her medical care program. All personal and medical data confidential.
- To be free of mental and physical abuse. To be free of chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical records.
- To receive from the administrator or staff of the facility a reasonable response to all requests.
- To receive visitors or have access to privacy in phone use at any reasonable hour.
- To receive and send mail promptly and unopened, with access to writing materials.
- To manage his/her own financial affairs unless other legal arrangements have been so ordered.
- To have privacy in visits by the patient's spouse.
- To enjoy privacy in his/her room.
- To present grievances and recommend changes in policies and services without fear of reprisal, restraint, interference, coercion, or discrimination.
- To not be required to perform services for the facility without resident's consent and written approval of the attending physician.
- To retain, to secure storage for, and to use his/her personal clothing and possessions, where reasonable.
- To not be transferred or discharged from a facility except for medical, financial, or their own or other patient's welfare. Any such transfer shall require at least five days' notice, unless the attending physician orders an immediate transfer, which shall be documented in the patient's medical record.
- To be notified when the facility's license is revoked or made provisional. The responsible party or guardian must also be notified

Care Giver Bill of Rights

Our employees are the most valuable resource we have. Without them we would not meet our mission of providing compassionate care to you or your loved one. For that reason, we must also care for our employees and ask that you honor their rights as detailed below.

- To be treated with respect and courtesy by co-workers, supervisors, family members, and residents.
- To be oriented to job tasks expected of the care giver (employee) by the employer.
- To have a written job description of specific duties expected of the care giver.
- To receive a reasonable response to care giver concerns in a timely manner.
- To be listened to by others, and to express feelings and opinions in a professional and appropriate manner.
- To be allowed time for upgrading knowledge and skills, to grow professionally and personally.
- To be seen as a unique individual who is productive, intelligent, valuable, and interesting.
- To take care of himself physically, mentally, and spiritually.
- To be given a reasonable amount of time to provide services to individuals assigned to the care giver.
- To have a supervisor present when confronted by family members and dealing with a resident situation.
- To be fairly compensated for services rendered, and to have regular breaks in work schedules.
- To be free from retaliation after reporting concerns including but not limited to, potential abuse, neglect, misappropriation of property, or exploitation of a resident.

Resident Rights and Responsibilities:

Admission Practices – Nondiscrimination

This facility complies with:

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- The Age Discrimination Act of 1975.

Residents will be admitted to the facility and rendered service regardless of:

- Race
- Color
- National origin
- Physical / Mental Health disabilities
- Age
- Gender
- Gender identification
- Religion
- Veteran status
- Or any other characteristic protected by state or federal law

Any act thought to be discriminatory should be brought to the attention of the Social Services Director.

Advance Directives and Medical Decisions

An individual aged 18 years or older, and having the capacity to make and communicate health care decisions, has the right to make decisions about his medical / mental health treatment. Each person should talk to his doctor or other health care provider about any treatment or procedure so that the individual understands the process and potential side effects. The individual has the right to say yes or no to treatments recommended by a doctor or mental health provider. If an individual wants to control decisions about his medical / mental health care, even if he becomes unable to make or to express them himself, he should prepare “Advance Directives.”

Advance Directives are a set of directions an individual gives about the medical / mental health care he desires if he ever loses the ability to make decisions for himself. North Carolina has three ways for making formal Advance Directives. One way is a “Living Will”, another is a “Health Care Power of Attorney”, and another is an “Advanced Instruction for Mental Health Treatment.”

Making a Living Will, designating a Health Care Power of Attorney or making an Advanced Instruction for Mental Health Treatment is your choice. If you become unable to make your own decisions and you have no Living Will, Advance Instruction for Mental Health Treatment, or a person

named to make medical / mental health decisions for you (“Health Care Power of Attorney”), your doctor or medical / mental health care provider will consult with someone close to you about your care.

A resident’s Advance Directives will be respected. Should the resident indicate that he or she has issued Advance Directives about his or her care and treatment, the facility will require that a copy of the Advance Directives be included in the medical record. If the resident needs further information about making Advance Directives, please speak with the facility Social Services Director.

Bed Hold Policy

Upon admission our Admission Director will discuss the bed hold policy with the resident and / or the resident’s representative. The bed hold policy dictates that if a resident becomes hospitalized or takes a leave of absence, for any reason, the Resident Representative must ensure that payment, at the current daily rate of the nursing home bed, is made to the nursing home in order to hold the bed for the resident’s return.

At the time of transfer of a resident to the hospital or leave of absence, or within 24 hours, the facility will provide the resident and the Resident Representative a written copy of the policy. (Note: sending a copy to the hospital, along with the resident, is sufficient per federal regulations). The Resident Representative must notify the facility within 24 hours of the transfer if they wish to hold the bed. Minimum payment of 3 days must also be paid within 24 hours after transfer. In the event of a weekend hospitalization, the facility must be contacted by 12:00 noon on Monday. If payment is not made, the bed hold cannot be honored.

If the resident remains in the hospital, or on leave of absence, for more than 3 days, then 3 more days must be paid in advance. These advance payments must continue until the resident returns to the facility. If the Resident Representative wishes to cancel the bed hold, notification must be made by 12:00 noon on the last paid day of the bed hold. NOTE: Non-Medicaid recipients will not be allowed to initiate a bed hold agreement if the resident is not current on any facility outstanding balances.

If the nursing home bed is not held, the resident will have priority on the first available semi-private bed. In the situation where there is more than one resident waiting for the first available semi-private room, a Medicaid resident will have priority in accordance with state law.

Photography and Video

To ensure the privacy of our residents and staff, photography and video equipment are not to be used in the facility without prior authorization from the resident(s) in the photographs / video and the Executive Director. Please let us know if a special event is planned, and you wish to record it, so we may make appropriate arrangements for supervision. In addition, please remember that respect for the residents’ right to dignity and privacy, as required by federal law, must be considered when posting private photos and videos on social media.

Privacy Act

The Federal Government has the right to receive information regarding resident care and condition. The purpose of this data collection is to aid in the administration of the survey and certification of

Medicare/Medicaid long term care facilities and to study the effectiveness and quality of care given in those facilities. Please see “Appendix A” for the full Privacy Act Statement.

Privacy Practices

Residents have the right to personal privacy within the facility. The administration and staff have the responsibility to provide respect, dignity, and the right to privacy to each resident at all times. Personal privacy includes accommodations, medical treatment, written and telephone communications, medical records, and meetings of family and resident groups. Please reference “Appendix B” to read the entire Notice of Privacy Practices.

Resident and Family Groups

The nursing home recognizes the right of residents and families to form Resident and Family Councils that can meet in a private space, and the facility staff will respond to any concerns expressed by these groups. Facility staff will offer assistance in organizing these groups if a written request is offered to the Executive Director.

Resident Representative

In the absence of a Health Care Power of Attorney, the resident who has not been adjudged incompetent by the state court has the right to designate a Resident Representative and that representative may exercise the resident’s rights to the extent provided by state law. The same-sex spouse of a resident will be afforded treatment equal to that afforded to an opposite-sex spouse, if the marriage is valid in the jurisdiction in which it is celebrated. The Resident Representative will be notified in case of an emergency or a change in the resident’s condition, and is expected to meet their assigned responsibilities.

The Resident Representative will be provided instructions on their responsibilities and duties associated with this role, and we ask that the Resident Representative notify the facility if his contact information changes. We also ask that the Resident Representative let us know if he will be away for vacation or business, and where he or other family members can be reached.

Resident Responsibilities

Our aim is to ensure that every resident has a beneficial stay at our facility, whether it is for a few days, or for several months. To achieve this goal, our staff is trained to meet customer expectations, but we also need cooperation and participation from the resident and family. Each resident, family member, and visitor, is expected to follow all facility policies and practices, support a harmonious environment, respect the privacy of other residents, and cooperate with the staff as they are providing care.

Resident Rights

Each resident is granted certain “rights” aimed at ensuring basic human and legal practices are upheld by the facility and by facility staff. North Carolina and the United States Federal Government have each created versions of these “rights” and although both versions are similar, there are differences. Our staff are trained, and monitored, on adhering to resident rights as they provide care and interact

with the residents. The North Carolina Resident Rights are included in this manual. Please see “Appendix C” for the Federal version of Resident Rights.

Therapeutic Leave

A resident may desire to leave the facility for an overnight visit. This request can be arranged for most circumstances. However, if the resident is receiving Part A Medicare benefits, a leave is not allowed due to Medicare guidelines, and doing so would disqualify the resident from receiving Medicare benefits for the stay in the nursing home. Once Medicare is complete, or if the resident is paying privately for his care, there is no limit as to how long or how often he may schedule therapeutic leave. While on leave, to ensure the resident’s bed is held, the daily room charge would still apply.

Under Medicaid guidelines a resident is limited to 15 consecutive days of therapeutic leave without prior authorization from the State and have a maximum of 60 days available per calendar year. Therapeutic leave must be physician approved. Medicaid will pay for the nursing home bed to be held during the allowed days. To obtain further information or make arrangements see the Social Services Director.

Services

Activities

Activity programs are designed to meet the needs of each resident and are available on a daily basis. The Activities Department will interview each resident on admission, and periodically throughout his stay, to obtain information regarding preferences for daily routine and activities. If the resident is unable to participate in these discussions, the staff will interview the Resident Representative and / or family to obtain preferences. We will use this information to create an individualized plan based upon the resident's interests. Monthly activity calendars will be posted in each resident room and throughout the facility.

Ancillary Services

Outside providers may supply services not offered directly by facility staff. Please see the Social Services Director if you have questions about any of these services:

- Dental, Laboratory, Mental Health, Podiatry, Vision

These services may be provided through contractual agreements with providers. Medicare and Medicaid may be accepted for payment, however, a co-payment may be required. Upon admission to the facility the resident and / or Resident Representative will be asked if the resident wishes to utilize these services, and if so, to sign individual agreements.

- Radiology

The facility contracts with a radiology provider to conduct radiologic studies ordered by the physician. Some studies can be done in the facility, however, some studies require the resident be transported to the hospital or other location. Medicare and Medicaid are generally accepted as payment although co-pays may apply.

Beauty and Barber Shop

Beauty and barber services are available upon request from the resident and / or the Resident Representative. Services are provided by a licensed cosmetologist or barber, working under contract with the facility, and the fees are available in each facility. Medicaid residents are entitled to one free haircut each month as desired, but additional services are at the expense of the resident. The facility Social Services Director can explain how to make an appointment.

Please note that due to liability issues, the facility beauty / barber shops cannot be used by anyone other than the licensed cosmetologist engaged by the facility. No family, outside cosmetologists, or friends may use the beauty / barber shop to provide hair services to residents.

Dining Services

The facility offers nutritious, restaurant quality meals and snacks to our residents. Dining times and menus are posted, and families and visitors are welcome to purchase meal tickets for guest trays if they desire to eat with the residents. Each facility also offers an "Always Available" menu for our residents who dislike the regular menu selection, and the facility will make reasonable efforts to meet a resident's religious, cultural or ethnic food preferences. Residents are encouraged to eat in the dining rooms for socialization, safety against choking, to facilitate staff in monitoring eating habits, and to receive faster service for individual requests. Residents may also eat in their rooms if they choose.

Visitors and families should consult with nursing staff before bringing food from outside sources to a resident. For medical and / or safety reasons, a resident may have physician orders for a special diet, or modified consistency, and the facility strives to ensure all foods consumed by the resident are in compliance with the physician orders.

Discharge Planning

To ensure the discharge process is smooth from one setting to another, it is imperative that discharge planning begins upon admission. Discharge planning is a team approach, which includes the resident, Resident Representative, family, physician, social services, therapy, and nursing. If discharging home is the goal, please communicate to the Social Services Director at admission, if there are potential barriers to discharge. This enables us to allow for proper coordination.

There are several types of discharge:

- Discharge from Therapy
If a resident receiving therapy is close to meeting his goals, or is no longer making progress, a representative from the therapy department will inform the resident and Resident Representative that the resident will no longer be receiving therapy services and will provide the date for discharge from therapy. This date may, or may not, coincide with discharge from the facility, depending on the resident's overall health status.
- Planned Discharge
Once a resident has met his goals, therapy and / or medical, the Social Services Director will work with the resident and family to arrange discharge from the facility. This could include obtaining equipment, or other support, to be provided in the home. The Social Service Director can also make referrals to the Local Contact Agency (LCA) upon request from the resident or Resident Representative. The LCA will assign an Options Counselor who will come to the facility and can provide more information on additional community support resources.
- Discharge to another facility
If a resident's planned discharge includes transferring to another facility, please notify the Social Services Director. This staff member will request an FL2, which is a form completed by the physician, and will provide to the other facility the necessary documentation so that the other facility can consider transfer placement.
- Discharge Against Medical Advice
When a resident leaves the facility to go home without the approval of his chosen physician, it prevents proper discharge planning by the facility and could result in harm to the resident. If a resident requests to leave in in such a manner the facility and physician will not be responsible for any problems the resident may experience after leaving the facility. No prescription orders or medications will be sent home with the resident. In addition, the resident will not be permitted to readmit to the facility without permission from the facility Executive Director.
- Involuntary Discharge
Unfortunately, there are times when the facility may decide to discharge a resident, against the resident's desire. If this decision is made, the resident and Resident Representative will receive

verbal and written notification with instructions on how to appeal such a decision. Per federal regulations, the facility reserves the right to issue a discharge notice for the following reasons:

1. The discharge is necessary for the resident's welfare and the resident's needs cannot be met by the facility.
2. The discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.
3. The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident.
4. The resident has failed, after reasonable and appropriate notice, to pay for their stay at the facility. Non-payment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare and Medicaid, denies the claim and the resident refuses to pay for his or her stay.
5. The facility ceases to operate.

Hospital Services

The facility has an agreement with local hospitals for acute medical care. When an acute change in condition is identified, the nurse will notify the physician. The physician may give orders for medical treatments or tests that will be administered in the facility, or he may give an order to transfer the resident to the hospital. If a hospital transfer is ordered, the Resident Representative will be notified.

Transferring a resident to a hospital can pose additional risk to the resident: increased stress, risk of hospital acquired infection, and increased cost. We wish the family and resident know that this facility can generally supply medical care and treatment without transferring the resident to the hospital where he faces these additional risks. In addition, this facility strives to identify changes in conditions early in hopes to prevent hospital transfers

Internet Access

Our facility is equipped with free internet access for residents and guests who use personal computers and / or tablets. Wi-Fi service can be accessed by logging on as a guest with no password required. If a resident needs assistance accessing the facility Wi-Fi network please see the Activities Director. Note: the free Wi-Fi service is not for smartphone use. Guests, who choose to access the internet through their cell phone, should use their personal data plan. We offer no warranty as to network speed, availability of the internet network or of specific websites we block.

Laundry Service

Laundry service for personal clothing is available in the facility if the resident chooses. This service is at no charge for Medicare and Medicaid residents and the rate for private pay residents is available from the Social Services Director. If the family chooses to do the resident's personal laundry, the family may be required to supply an air tight (no holes laundry) with a lid and a can liner. The dirty laundry must be picked up, and returned clean, several times each week to ensure the resident has sufficient clothing. Failure to provide clean clothes will result in the facility assuming the

responsibility of washing the resident's dirty clothes, and a charge will be applied. Note: Due to the nature of our facility we wash clothing in hot water with industrial strength detergents. Certain fabrics do not hold up well to this type of washing. We do not provide dry-cleaning services.

If the resident chooses for the facility to wash his personal laundry, all items must be labeled with the resident's name.

Nursing Services

Nursing services, including nurses, certified nurse aides, restorative aides and medication assistants provides a broad range of nursing care. Some of the services our nursing staff may provide include medication administration, personal hygiene assistance, wound care, and routine daily care. Our staff is trained in the specialized care such as wound care, IV therapy, tracheotomy care, catheter care, ostomy care and feeding tube management.

Pharmacy and Medications

All medications, (prescription or over the counter), must be ordered by a physician. The medications are provided by the facility's designated pharmacy and are administered to the resident by a licensed / certified staff member. Please reference the following guidelines:

- Many drugs and preparations which can be purchased "over the counter" without prescription, can cause drug interactions (including ointments, aspirin, etc.).
- Under no circumstances should family or visitors provide unauthorized medication or administer any medications to a resident.
- If a resident wishes to self-administer drugs it must be approved as a safe practice by interdisciplinary care plan team. If self-administration is chosen and approved, all medication will be stored in a locked container. Nursing will maintain a record of the self-administered medications.
- No medications are to be kept in the resident's room, unless so ordered by the physician, and approved by the Interdisciplinary Care Plan Team.

If the resident wishes to obtain his medication from a pharmacy other than the one used by the facility, the resident should speak with the Director of Nursing.

Physician Services

Each resident must be admitted by, and continue to have an attending physician during their entire stay within this facility. The physician is responsible for writing admission orders and prescribing treatments and medications, overseeing the plan of care, recommending follow-up care, and being available for emergencies, through personal visit, telephone communication, and / or back up physicians, 24 hours a day. Many physicians who practice in our nursing homes employ physician extenders (Nurse Practitioners and / or Physician Assistants) who are licensed by the state of North Carolina to support physician and resident needs.

Regulations require physicians (or physician extenders) to visit a resident once a month for the first three months and then once every two months. In addition, the physician, or physician extender, is contacted if a resident has a change in condition, and / or wishes to see the physician.

Every physician who wishes to practice in this facility must be approved by the Medical Director and the Executive Director. The resident/family has the right to choose any physician as long as the physician has facility practicing privileges and has agreed to follow the facility policies. The Admissions Director can provide a list of the physicians who have approved privileges. If at any point a resident requires medical attention, the facility will work to obtain the service of the attending physician, however; if the attending physician is not available, the facility will call the Medical Director or designee.

Religious Services

Our facility recognizes the religious and spiritual needs of our residents, offering varied services throughout the week, and welcoming members of the clergy, and area church groups, to visit residents during regular business hours. If an individual has a special religious or spiritual need, please speak with the Social Services Department for assistance in making the desired arrangements.

Resident Care Plan Meetings

The facility staff will review the resident's health information, health condition, emotional status, mental status, and goals, in order to prepare an interdisciplinary care plan. The purpose of the care plan is to guide the resident's care and treatments so that the resident reaches the highest practical outcomes.

Resident and family input into the development of the care plan is critical and it is our policy, in accordance with State and Federal regulation, to conduct resident care plan meetings with our residents and /or Resident Representative. At the care plan meetings the interdisciplinary team will review the care plan, obtain resident, family, and staff input, and adjust the care plan as needed. We will extend an invitation to the resident and the Resident Representative to the care plan meeting but if a face-to-face meeting is not feasible, a telephone conference can be arranged.

The care plan should be revised periodically to ensure the plan meets the resident's current needs. Residents / families and staff will be invited, and encouraged to attend, these types of care plan meetings:

- Admission and Discharge Conference:
Shortly after admission, a family / resident meeting will be scheduled to gather information such as the resident's desires and outcomes for care. At this meeting we also begin the discharge planning process by discussing discharge goals, and possible needs at home after discharge. The information gained at this meeting helps the facility ensure the resident's stay is beneficial and the discharge occurs smoothly.
- Scheduled Care Plan Meetings:
If a resident remains with us for several weeks, or longer, we will hold care plan meetings, which are aimed at updating the care plan to meet the changing needs of the resident.
- Called Care Plan meetings:

Facility staff, resident, or Resident Representative may request an additional conference to discuss changes in condition and / or specific concerns. The purpose of these meetings is specific to the reason the meeting was called. If the resident and / or family wish to request a care plan meeting, please contact the Social Service Director.

Social Services

The role of the Social Services Director in a long-term care facility is to assist each individual to function at the highest possible level of social and emotional wellness. A Social Services Director in a long-term care facility helps the individual who is entering a facility make the transition from a previous living environment to life in a community setting while addressing the social/emotional comfort needs of that resident. Once the resident is established, the Social Services Director assures the resident's continuing needs are met while providing the resident the opportunity to participate in planning for continued care in the facility, transfer, or discharge back into the community.

Social Services Directors adopt a holistic perspective by recognizing the dynamic interplay of social, psychological, physical, and spiritual well-being. The Social Services Director must constantly be aware of factors which may have a negative impact upon a resident's well-being and, if possible, prevent this from occurring. Further, the Social Services Director must interact with all levels of staff within the facility as well as the residents and their families and friends; this is essential to enhancing the opportunity for the resident's positive life experience while in a long-term care facility.

Telephone

Each resident room may be equipped with a telephone jack and / or telephone. Some facilities control phone service through the business office and others are independently contracted. For more information on setting up a phone, please see the Social Services Director.

Access to a telephone for private conversations is always available; each resident or Resident Representative should speak with the nurse if assistance is needed. Residents may bring personal cell phones, however; staff is not responsible for charging or maintaining personal devices and cannot be held responsible for loss or damaged items.

Television / Cable

Resident rooms may be equipped with a cable hook up for television viewing. If you are interested in cable service, see the Social Services Director. It is the responsibility of the resident / family to provide a television. All electronic devices brought into the facility must be inspected by the Maintenance Director.

Therapy

The attending physician may order Physical, Occupational, or Speech Therapy for the resident. These services are provided in the therapy room, the resident's room, or a private treatment area, depending on the needs of the resident. Medicare Part A, Medicare Part B, private insurances and Medicaid will often pay for therapy services. Although therapy attempts to provide only those services that are covered by the insurance carrier, the resident or Resident Representative will be billed for any charges not covered by these programs, such as deductibles and co-pays. Below is a general overview of the

focus for each service. It is the goal of each discipline to return the resident to the highest level of function and safety possible.

- **Physical Therapy:** This discipline concentrates on mobility in bed, in a wheelchair, or when walking on various surfaces. To accomplish these goals, strengthening and range of motion exercises, balance and coordination exercises are performed. With exercises, various modalities may be used, including electrical stimulation, pain management, and biofeedback.
- **Occupational Therapy:** This program works toward maximizing independence and safety, whether it is through re-learning to perform daily activities, or by instruction of others to provide assistance to the resident in self-care activities such as dressing, bathing, etc.
- **Speech Therapy:** A Speech Language Pathologist evaluates and treats all types of communication, cognitive, and swallowing disorders. Residents requiring Speech Therapy may have difficulty communicating with others, understanding what caregivers are saying to them, or following instructions. They may also have decreased safety awareness, or can no longer safely chew or swallow solid food or liquids.

Transportation

The facility may schedule appointments and offer transportation services for medical appointments through a company-owned van or through contract services. Only the resident can travel on the facility van, so family members will need to travel to the appointment in their own vehicle. The cost of transportation may be covered by Medicare, Medicaid or commercial insurance, depending on the purpose of the appointment, and private pay residents will be required to pay a fee.

Appointments associated with a resident's primary admission diagnosis will be honored to the best of facilities' capabilities. Previously scheduled appointments that do not directly apply to resident's admission diagnosis should be rescheduled by the resident or the family for a time after the resident's discharge from the facility.

The facility van is scheduled for appointments several weeks in advance so we ask families / residents to avoid scheduling appointments themselves unless they are planning to provide private transportation. Also, we require that a family member attend all resident appointments.

Volunteers

We encourage and welcome anyone over 12 years of age who is associated with a non-profit organization and would like to volunteer their time and talents to contact the Activity Director.

Abuse Prevention and Grievance Reporting

Abuse Prevention Program Overview

This facility has a culture of zero tolerance for any form of abuse, neglect, exploitation, mistreatment, or misappropriation of resident/facility property, inflicted on a resident by staff, families, visitors or other residents. Abuse includes the willful infliction of injury, unreasonable confinement, intimidation, punishment with resulting physical harm, pain or mental anguish, and use of chemical or physical restraints that are not required to treat the resident's medical symptoms. Mental anguish extends to the unauthorized use of social media avenues in any form that would demean or humiliate a resident. Residents, families, visitors and staff are encouraged to report occurrences that may appear to be abuse of any type, to any facility staff member.

The facility's abuse prevention program includes (but is not limited to) the following:

- **Screening of Employees**

Applicants being considered for employment are screened through work reference verifications, criminal background record check, sex offender registry checks and pre-employment drug testing. Based on the information obtained during the pre-employment records and reference checks, the facility makes every effort to avoid hiring individuals who:

- Have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or
- Have had a finding entered into the State nurse aide registry concerning, abuse, neglect, mistreatment of residents, or misappropriation of property.

- **Training**

The facility utilizes a training program for the prevention of abuse, mistreatment, and neglect. Employees receive this training at time of hire and at regularly scheduled in-services. In-service programs relative to dealing with difficult and/or confused residents as well as dealing with identifying stress factors are also provided.

- **Prevention**

Residents, families, and staff are encouraged to report concerns, incidents, and grievances without fear of retribution, and will receive feedback regarding the concerns that have been expressed. The facility will identify, correct, and intervene in situations in which abuse, neglect, and/or misappropriation of resident property is more likely to occur or is suspected.

- **Identification**

The facility has policies and procedures in place to identify events, such as suspicious bruising, occurrences, patterns, injuries of unknown origin, and trends that may constitute abuse. If an injury or event is identified as suspicious, and may therefore be suggestive of abuse, the facility will follow the policies and procedures as outlined in the "Investigation", "Protection", and "Reporting" sections of the policy.

- **Investigation**

Any complaint or situation identified as an allegation of abuse, (all types), will be immediately reported to Director of Nursing and / or Executive Director who will direct the investigation. A

full investigation will be conducted, and a conclusion reached within 5 days as required by state regulations.

- **Protection**

Neither the facility nor any person employed by the facility will discriminate or retaliate in any manner against any person for making a report or providing information related to an incident or allegation of abuse. During the investigation, steps will be taken to protect the resident from harm. The facility will also provide emotional support and reassurance following reporting of suspected abuse and follow-up care as needed.

- **Reporting / Response**

Employees with information or who suspect abuse are required to report incidents promptly to the Director of Nursing Services and / or Executive Director. The facility reports alleged violations involving abuse, neglect, exploitation, mistreatment, or misappropriation of resident/facility property, or injuries of unknown source, to officials in accordance with state law, and to the Resident Representative and the attending physician.

If you have further questions regarding the facility's policy regarding prevention or reporting of abuse, please contact the Social Services Director or Executive Director.

Client Advocacy Groups

Residents and family members are encouraged to voice any concerns with any staff member or utilize the facility's grievance procedure. Residents may also file a complaint with the State Survey and Certification agency concerning any suspected violation of state and federal nursing facility regulation, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, and non-compliance with the advance directive requirements and requests for information regarding to the community. A complete list of the Client Advocacy Contact Information – State is included in the “Appendix D” this handbook.

Corporate Compliance

Our Corporate Compliance Program is important to us. The program statement is “Through our words, actions, deeds and associations, we strive to do the right thing every day, both legally and ethically”. If you feel you have a concern with any of the statement above, please contact the facility Executive Director or Century Care Management's Corporate Compliance number, 866-424-8686.

Concerns and Grievances

A resident, his or her representative, family member, visitor or advocate may file a verbal, written, or anonymous grievance or complaint concerning treatment, abuse, neglect, harassment, medical care, behavior of other residents or staff members, theft of property, etc., without fear of threat or reprisal in any form. If you have a grievance / complaint, please complete a Grievance / Complaint form, or see any staff member or the Social Services Director for assistance. The facility investigates all concerns and we will provide follow up to the person filing the grievance within 10 working days. The resident has the right to receive a report of the investigation in writing.

The resident also has the right to file a complaint regarding any violation of state or federal regulations, with the State survey and certification agency, (see Appendix D for contact information)

Missing and Damaged Items

It is facility policy to promote and encourage each resident's right to use and retain personal possessions while residing in our facility, however; skilled nursing facilities constitute community living and there is a great deal of traffic in the facility – residents, families, visitors, vendors, and staff. In addition, some of our residents, and visitors, may suffer from some degree of confusion. We request that you do not bring valuables or money into the facility.

The facility is not responsible for replacing lost, missing, or damaged items, including hearing aids and dentures, unless through an investigation has shown that our staff was at fault for the loss or damage of the item. The facility does offer two options for safe, temporary, storage of valuables and money; an interest bearing Resident Trust Fund is available for resident funds and secured storage is available for valuables.

Every effort will be made to reduce occurrence of lost or misplaced items. Residents and their family members can support these efforts by ensuring resident items are labeled with the resident's name.

In the event of a lost or misplaced items please report the incident promptly, using a facility grievance form. Please include:

- A description of the item
- How long the item has been missing and,
- When the item was last seen

Ombudsman

An Ombudsman is a professional who functions as an advocate for residents living in skilled nursing or assisted living facilities. An ombudsman can be requested to serve as a mediator for conflict resolution should a resident encounter difficulty exercising his rights. Contact information for the Ombudsman located in the county in which the facility resides is posted in the facility. If you have difficulty finding that information, please see the Social Service Director.

Financial Information

During the admission process the Long Term Care Financial Planning Tool can be reviewed to assist residents and families in navigating the complicated process of financing a stay in a long term care facility.

Co-Insurance

Most insurance programs, including Medicaid and Medicare, include requirements for the resident to pay a co-insurance for the cost of care. These payments are made directly to the facility.

- **Medicaid:**
If the resident meets the conditions for participation in the Medicaid program (see “Medicaid Eligibility” below), the County Social Service Department will determine a “Patient Medical Liability”, or “PML”. This is the amount of money that the resident is responsible for providing to the facility each month, out of his personal funds. This money is often equivalent to any pension and / or Social Security payments the resident receives. Failure to pay these funds to the facility could result in discharge notice.
- **Medicare:**
If the resident meets the qualifying conditions (see Medicare Eligibility below), Medicare will pay 100% of the daily room rate plus all covered ancillary charges up to the first twenty (20) days. The resident is required to pay a portion of the charge as co-insurance for the 21st through the 100th day of coverage for each benefit period, if he remains in the facility. The coinsurance amount is established annually by the Federal government and the current figure will be shared with the resident upon admission. Some supplemental insurance will cover the co-insurance amount. Note: 100 days of Medicare coverage is not guaranteed. The resident’s care needs must meet criteria established by the Medicare program.
- **Private Insurance:**
Each private insurance carrier sets its own guidelines for co-insurance. Our facility staff can help the resident determine what his insurance carrier requires.

Covered Services – Commercial Insurance Residents

Each insurance carrier has its own guidelines as to what is covered under the daily reimbursement rate. Please contact the facility Business Office for assistance in identifying the services covered under the resident’s specific plan.

Covered Services – Medicaid and Medicare Residents

- The following services are included in the daily Medicaid and Medicare reimbursement rates, (co-pays and / or personal medical liability funds may apply):
 - Room and Board (semi-private room only).
 - Routine nursing services and the supplies associated with those services.
 - Routine personal hygiene services and the supplies associated with those services.
 - Special diets as prescribed by the attending physician and prepared by dining service staff.
 - Activities program.
 - Social Service support.

- Laundry (does not include ironing or dry cleaning services – labeling should be completed by the resident / family prior to admission).
 - Walkers or wheelchairs for short-term use for resident transportation within the facility.
 - Physician ordered, and medically necessary, physical, occupational and speech therapy.
 - Laboratory services ordered by the attending physician.
 - Radiology services ordered by the attending physician.
 - Transportation to / from medically related outside appointments directly associated with the resident's primary / current reason for admission to the nursing home. Transportation will not be provided to outside appointments if the service is offered in-house.
- These services are not included in the daily rate but can be contracted / purchased by the resident. (Please see the Social Services Director for details if needed).
 - Private room.
 - Private duty nurses or sitters (must be approved by the facility before they can provide services).
 - Beauty and Barber Services. (Residents with primary Medicaid funding receive one free hair cut per month.)
 - Telephone and Cable Services.
 - Specialty products for personal hygiene.
- Ancillary services such as Dentist, Vision, Podiatrist, and Mental Health professionals may or may not be covered by Medicare and Medicaid. The Social Service Director can help determine if these services are covered or not.
- On the day of discharge if a resident does not leave by 10:00 am, he will charged a fee in addition to what is billed to Medicare or Medicaid.

Covered Services - Private Pay Residents

The daily rate may change periodically and residents will be informed of the current rate at admission and when changes occur.

- For the posted daily rate the resident will receive the following services:
 - Room and Board.
 - Routine nursing services.
 - Routine personal hygiene services.
 - Special diets as prescribed by the attending physician and as prepared by the dining service staff.
 - Activities program.
 - Social Service support.
 - Walkers or wheelchairs will be made available for short-term use for resident transportation within the facility.
- Services which are not covered by the daily rate include:
 - Physical, occupational and speech therapy and related supplies and appliances
 - Private duty nurses or sitters.
 - Oxygen and related supplies
 - Radiology service
 - Laboratory services

- Physician visits
 - IV Therapy and supplies
 - Enteral supplies (tube feeding)
 - Urological supplies (catheter)
 - Equipment Rental
 - Incontinent supplies
 - Beauty and barber supplies/services
 - Prescriptions and non-prescription medication as ordered by the physician
 - Ancillary medical services such as Dentist, Vision, Mental Health, Podiatrist.
 - Private telephone or cable
 - Laundry Services
 - Transportation by facility van or by contract services.
- On the day of discharge, the resident will be billed an additional fee if he does not leave before 10:00 am.

Medicaid Eligibility- You may be eligible for Medicaid Benefits

Medicaid is a health insurance program for those with income below amounts set by the federal and state government or with large unmet medical needs. If you have already used or are using your savings or other assets and your income is not enough to pay for your cost of care in the nursing home, you may be eligible for Medicaid Benefits. The Medicaid program helps pay for medical care costs such as doctors' visits, hospitalization, drugs, vision care, dental care and nursing home care.

A Medicaid worker in the county Department of Social Services can review your circumstances and tell you whether you may qualify for Medicaid. An application for Medicaid must be made at the Department of Social Services in the county in which you live before you enter the nursing home. If you are unable to go to a DSS office, you may call and ask that an application form be mailed to you. If you are disabled, someone in your family or another person who knows about your circumstances may do it for you. The county Department of Social Services makes the decision whether you qualify and on what date you qualify for benefits. This facility cannot refuse to admit you nor may we discharge you solely because you need Medicaid to help pay for the cost of your care, unless you have refused to apply, refused to cooperate in applying for Medicaid, or have failed to pay your required PML.

Inform the Business Office know if you have applied for Medicaid or if you later decide to apply. If you are found eligible for Medicaid, the business office will work with you on refunding any payments you made for care during your eligibility period.

The Social Services Director in this facility can help you with the addresses and telephone numbers of the county Department of Social Services.

Medicare Eligibility - You May Be Eligible For Medicare Benefits

Medicare Title XVIII of the Social Security Act is a Federal health insurance program for people 65 or older, under age 65 with certain disabilities and any age with End-Stage Renal Disease. It is administered

at the Federal level by the Department of Health and Human Services and the Centers for Medicare & Medicaid Services.

In order to get the most from Medicare, it is important to understand all the benefits that are offered. The most common Medicare parts include the following:

- Medicare Part A (Hospital Insurance) helps cover in-patient care at hospitals, skilled nursing facilities, hospice and home health care if you meet certain conditions. For the skilled nursing facility, Medicare pays for a semi-private room, meals, nursing, rehabilitative services and other services and supplies up to 100 days.
- Medicare Part B (Medical Insurance) helps cover medically necessary services like doctor services and outpatient resident care. It also may cover certain preventive services such as screenings, labs, vision exams, flu shots and the cost of durable medical equipment such as oxygen, wheelchairs and beds while in the home setting.
- Medicare Part C (Medicare Advantage Plans) is another way to get your Medicare Part A and B benefits combined. Medicare Advantage Plans are managed by private insurance companies approved by the federal government. These plans cover the same medically necessary services as Medicare but may have different copayments and deductibles.
- Medicare Part D (Medicare Prescription Drug Coverage) helps cover the cost of prescription drugs. In order to get this coverage, you must join a Medicare drug plan which is run by insurance companies and other private companies approved by Medicare. Each plan can vary in cost and the drugs covered. The pharmacy that provides medications to our facility would be happy to advise you of a plan that may meet most of your needs based on the drugs that you are currently taking.

Applications for Medicare benefits are made to the Social Security Administration. To locate the nearest Social Security Office, please call 1-800-772-1213. You can also visit the Medicare website for more information. The web address is www.medicare.gov. This nursing facility cannot refuse to admit you nor may we discharge you solely because you need Medicare to help pay for the cost of care, unless you have refused to apply or cooperate in applying for Medicare, or you have refused to pay your required coinsurance.

Resident Trust Account for Personal Funds

The facility provides an accounting system to hold, manage, safeguard, and account for a resident's personal funds which can be used by the resident to pay for items not covered by Medicare, Medicaid or other insurance. There is no fee for this service and the resident may elect to have, or not, this service. If the resident chooses to have a resident trust account, personal funds are deposited in an interest bearing account, protected by an insurance bond that is separate from other facility accounts. The following are examples of charges that may be applied to the resident trust account:

- Telephone, television, or radio for personal use.
- Cosmetic and grooming items and services in excess of those for which payment is made under Medicaid or Medicare.
- Personal clothing.
- Personal reading material.
- Gifts purchased on behalf of the resident.
- Flowers and plants.
- Social events and entertainment offered outside the scope of the activities program.
- Non-covered special care services such as privately hired nurses and aides.

- Private room, except when therapeutically required.
- Specially prepared or alternative food requested in place of the food provided by the facility.

A quarterly itemized statement will be given to the resident and / or Resident Representative and a balance update can be given upon request.

If resources are over the allowed limits as specified by the Social Security Act, the resident(s) may lose eligibility for Medicaid. Therefore, when the amount in the resident's trust account with the facility comes within \$200 of the maximum allowable balance, the resident and / or Resident Representative will be notified. In the event of the death of a resident, the facility will convey the resident's funds and a final accounting of those funds to the individual or probate jurisdiction administering the resident's estate within 30 days.

Accommodations

Accommodations

The physical structure of the facility is designed to meet the special needs of individuals requiring supportive and assistive devices for medical efficiency and for resident satisfaction. Every effort has been made to provide an atmosphere that is as much like “home” as possible. Accommodations include private and semi-private rooms, each with a call bell system located at each bed as well as in the restroom. Our facilities also have dining rooms, therapy areas, activity areas and access to outdoor spaces.

If the resident is admitted to a semi-private room, roommate assignments are made without regard to race, color, religion, or national origin in accordance with federal regulations. Couples may live together in one semi-private room. If a resident prefers a new roommate, that resident desiring the change may be located to a new room, as vacancies allow. Occasionally the facility may need to relocate residents due to facility operations, and the resident and / or Resident Representative will be notified if a room change is necessary.

Assistive Devices

Upon admittance to the facility please inform us if you use the following: glasses, dentures or partials, and / or hearing aids. It is also important to let us know if you have these items but choose not to wear them. The facility may provide assistance with these items on a daily basis. Should a problem arise with one of the above mentioned, please talk with the nurse or Social Services Director. Due to the size of the facility and the numerous opportunities for an item to become broken or misplaced, we cannot be responsible should anything happen to any assistive device, or other personal belongings, unless an investigation shows the loss or damage was due to staff error.

Please note that due to the delicacy of hearing aids, our staff will not replace batteries. This task must be done by the resident or family member.

To ensure effective communication with Patients and their Companions who are deaf or hard of hearing, we provide appropriate auxiliary aids and services free of charge, such as: sign language and oral interpreters, video remote interpreting services, TTYs, note takers, written materials, telephone handset amplifiers, assistive listening devices and systems, telephones compatible with hearing aids, televisions with caption capability or closed caption decoders, and open and closed captioning of most AFLR programs. Please ask your nurse or facility personnel for assistance.

As for dentures, in the event that a resident loses or damages his dentures the facility will obtain a referral as quickly as possible to repair or replace the dentures. While the resident is without his dentures, our dietary department will work with the resident to ensure he is provided with foods he can eat and enjoy. The facility is not responsible for the cost or repair of dentures, unless an investigation shows the loss or damage was due to staff error.

Bedroom Furnishings

The resident is encouraged to bring articles from home that will assist in making their room more personal. However, all articles must meet safety requirements, cannot interfere with the resident's

movement in the room, prevent staff from easy access to the resident, or impede on the rights of others. Taking into consideration the size of each bedroom compared to the amount of furnishings, clothing, etc. everyone would like to have, the guidelines below were developed. If you have questions or need more information, see the Social Services Director.

The following items will be supplied by the facility:

- One hospital type bed and mattress
- One bedside cabinet
- One chest of drawers
- One over-bed light fixture
- Privacy curtain (fireproof) (in semi-private rooms)
- Window treatment (fireproof)
- One chair
- Other medical equipment as ordered by the physician

These items are permitted but not supplied by the facility, and need prior approval by the Executive Director and / or Maintenance Director:

- Plants (number and size must not impede staff work space)
- Television
- Radio
- Telephone
- A limited number of pictures on non-wallpapered walls. Maintenance must hang all pictures.
- Any electrical items
- Replacement Furniture

These items are NOT permitted by the facility, for safety reasons.

- Kitchen appliances
- Rugs
- Electric blankets
- Heating pads
- Space heaters
- Extension cords
- Lighted Christmas trees (except for fiber optic trees)
- Residential wastebaskets
- Absolutely NO items are to be placed on televisions, over-bed lights, or heating / cooling units.

Call lights

Each resident room, bathroom, and telephone room is equipped with a call light. Please keep this accessible at all times and let us know if it is in need of repair. We will make every effort to respond to your needs within a reasonable amount of time.

Clothing

Clothing is limited to the available storage space (closets and chest of drawers). The following is a suggestion of articles and clothing to bring with the resident:

- Wash and wear dresses, slacks, and shirts
- Underclothes

- Non-slip socks
- Non-slip shoes
- Sweater or lightweight jacket
- Gowns and/or pajamas
- Bathrobe and non-slip bed room shoes

Please bring or provide no more than 7 days' worth of clothing. All clothing should be marked with permanent ink or clothing labels for identification prior to bringing the articles into the facility.

Storage

The facility has limited storage space and we cannot offer storage for resident belongings, other than in his designated closet / chest of drawers / bedroom, while the resident is in the facility.

When a resident is permanently transferred or discharged, if his personal property is not claimed or removed within forty-eight (48) hours, the facility will remove and place his personal property in storage for a maximum of 30 days, and the resident may be obligated to pay a storage fee. After 30 days, if the property is not claimed and removed, the facility may dispose of the items and the resident may be obligated to pay a disposal fee. During this entire process, the facility is not responsible for damage or loss to the property.

Infection Control and Safety

Alcohol and Illegal Substances

Alcoholic beverages are not permitted in the facility unless prior authorization is obtained by the physician. Anyone displaying behaviors related to alcohol or drug use will be asked to leave and if non-compliant will be escorted from the facility by the authorities. Illegal drug use, selling, or involvement with illegal substances will not be tolerated, and will be reported to the authorities.

Animals

The facility may have residential pets (dogs, cats, birds, and/or fish). The dogs or cats roam freely throughout the facility and are secured during meals. We closely monitor their health, behavior, and food consumption. Personal pets are welcome to visit but prior approval must be obtained from the Executive Director before an animal is brought into the facility. A shot record will be requested and the animal must remain on a leash at all times. The facility reserves the right to refuse visitation of any pet.

Service animals as defined by the Americans with Disabilities Act (ADA) are permitted within the facility. The resident is responsible for feeding and care of the animal. Should the resident be unable to care for the animal, or cannot provide a surrogate animal care taker, the facility has the option to deny habitation of the service animal. “Emotional Support Animals” are considered personal pets.

Fire Safety and Disaster Training

Fire safety and disaster training is an important issue in our facilities. We provide an extensive fire safety training program for all staff. We also have monthly drills to ensure equipment and staff preparedness. Evacuation layouts are posted throughout the facility. Please become familiar with the location of emergency exits.

Infection Control and Safety

To ensure a safe and sanitary environment, we ask that you adhere to the following:

- Wash hands before and after visiting.
- Hand sanitizers are provided throughout the facility.
- Masks are available, if needed, during cold and flu season.
- Limit your exposure to our residents if you are experiencing cold or flu symptoms.
- Do not use the resident’s personal restrooms. Visitor restrooms are located throughout the facility
- Refrain from bringing glass items into the facility.
- All live plants must be inspected by a facility staff person before leaving them in a resident’s room to check for insects and toxicity. The facility reserves the right to dispose of dead plants/flowers.
- Linen carts and closets are to be accessed only by facility staff. Please ask someone if you need linen.
- Don’t place items on the air conditioning units, windows or over-bed lighting as they may overheat and cause a fire.
- The ice chests are to be utilized by facility staff only. Please ask if you would like ice.
- No outside chemicals or household cleaning items may be used or left in the facility.

- No over the counter medications or ointments are allowed at bedside unless ordered by the physician to be kept at bedside.
- Be cautious and obey wet floor signs.
- Refrain from bringing items such as candles, electric blankets, extension cords, hot oil lamps, and nightlights.
- Any food item stored in the facility refrigerator must have a resident name and be dated. The facility reserves the right to dispose of undated/unlabeled food and/or food that has exceeded the date (by three or more days) noted on item.
- All personal, grooming, items must be marked with the resident's name. Personal items in a powder form are restricted due to the threat for upper respiratory problems.
- No knives of any kind are to be kept in the resident's rooms, and only safety scissors are to be used if needed for crafting purposes.
- All electrical appliances must be inspected by the Maintenance Director.
- No weapons are allowed on the premises at any time.
- Do not attempt to lift or transfer residents without staff assistance.

Power Wheelchairs

The facility will allow the use of power wheel chairs by residents identified to exhibit a functional loss resulting in significant impairment of the resident's ability. Due to the risks associated with the use of power wheelchairs, there is a strict procedure that must be followed prior to a resident being approved to use a power wheelchair for their personal use.

If a resident wishes to use a power wheelchair, the following criteria must be met:

- A "Physician Certification of Resident's Need of Power Wheelchair" must be completed.
- A "Power Wheelchair Agreement" which releases the facility from all maintenance costs and liability associated with the resident's ownership and / or use of the wheelchair must be completed.
- A functional screen completed by the facility therapy department must indicate the resident can operate the power wheelchair safely.
- The resident's continued ability to operate the power wheelchair safely will be reviewed monthly.
- All expenses associated with the power wheelchair, the purchase, equipment, storage or maintenance will be borne by the individuals owning or operating the power wheelchair.

The facility reserves the right to remove the power wheelchair if the resident uses the wheelchair in an unsafe manner or if injuries occur.

Restraints

Our facilities strive to be restraint and alarm free. Individuals may feel the use of restraints (physical or chemical) will prevent a resident from falling. However, nothing can actually prevent a resident from falling if he has certain physical, mental, or emotional conditions, and the use of restraints can cause greater injury if a fall does occur. In addition, the use of a restraint, including side rails, can lead to incontinence, decreased range of motion, inability to ambulate, depression and withdrawal.

Therefore, it is the policy of this facility that each resident be assisted and encouraged to reach his highest practical level of wellbeing in an environment that prohibits the use of restraints.

On a rare occasion, a restraint may be necessary. In this event we evaluate for the least restrictive device. To apply a restraint, we must have a physician order and the resident or Resident Representative must make an informed choice about restraint use. The use of a restraint, even for a short period of time, must be related to a medical condition and cannot be initiated simply at an individual's request.

A note about bed / side rails: Although the presence of rails may give the resident a false sense of security in the bed, side rails are considered restraints and can be the cause of serious injury and even death by entrapment. For this reason, this facility does not typically use side rails. If side rails are indicated the resident and / or Resident Representative must provide informed consent, in writing.

Sitters

It is the responsibility of our staff to provide all care needed by the resident, however; a resident or family member may desire to employ a private sitter to visit with the resident. In this event, the sitter must present a current criminal background report to, and be approved by, the Director of Nursing Services or Executive Director. The sitter will be provided, at a minimum, a copy of 1) Resident rights and 2) HIPAA requirements, prior to sitting with a resident. Private sitters must follow all facility policies and practices, including confidentiality. Private sitters cannot provide hands on care and must not lift or transfer the resident. If a sitter does not meet these requirements or if the sitter disrupts care delivery or the environment within the facility, the facility has the option of refusing to allow that sitter into the facility. All sitter costs are the responsibility of the resident.

Smoking and Tobacco products

Smoking and other tobacco products, including cigarettes, snuff, dip, and electronic cigarettes (e-cigs and / or vapor) are strictly prohibited in the facility and on facility property. Please understand that this facility chooses to be "tobacco and smoke free" and by accepting placement here, the resident and family agree to adhere to this policy.

Visiting Children

Children are always welcome but must be supervised at all times. Children are not to be left unattended in the resident rooms or allowed to run in the hallways. Children 12 and older, wishing to volunteer and who are associated with a non-profit organization, may contact our Activities Department for information on the facility volunteer programs.

Visitor Guidelines

We welcome and encourage visits to our residents and recognize these as important events. To assist us to maintain a safe and secure environment, please observe the following:

- No weapons are allowed on the premises at any time.
- General visiting hours are posted at the front entrance.

- To ensure the safety of all residents and staff, the doors will be locked in the evening. After the posted hours, it would be helpful to call the staff and let them know you are coming so they are aware of your plan. Knock on the door and identify yourself and the resident you will be visiting. A picture ID will be required to be shown before entry into the building.
- One of the facility's common areas (e.g. Living Room, Sitting Room) may be used if the visit interferes with the rights of a roommate or other residents.
- Limit exposure to our residents if you are experiencing a fever, a cold, or flu-like symptoms.
- The facility reserves the right to restrict/limit visitation due to cold/flu outbreaks and other communicable diseases.
- Conversations should be held quietly. Abusive language, threats, etc. to any resident or staff member on duty will not be tolerated. Visitors who are behaving inappropriately will be asked to leave the premises, and may be subject to restricted or supervised visitation.
- Visitors are not to attempt to assist residents found in distress, but should call for assistance.
- Visitors are not permitted to remove resident devices.
- No resident may be taken from the facility without first notifying the nurse and signing the resident out of the facility.
- The resident should be signed back in upon return and the nurse notified of resident's arrival.
- Do not bring or provide any medications to our residents. Should you have suggestions or recommendations concerning a resident's medication regimen, please consult with a licensed nurse.
- Do not provide food or drink to a resident without first consulting with a nurse.
- Photos and videos may not be taken without written permission from the resident himself, and / or the Executive Director.

Visitor's Restroom

Restrooms are designated for visitors. Please do not use the resident's bathrooms.

Vaccinations

The facility offers a variety of vaccinations, based on physician orders, to assure the safety of our residents and staff. We do require a Tuberculosis test to be administered and read at admission followed by annual screens. An Influenza Vaccination is offered and encouraged yearly, and a Pneumonia Vaccination is offered. The facility recommends that the resident's tetanus remain up to date. Please inform the nurse if the resident has had any of these vaccinations prior to his admission.

Communications

Communication – general

Ensuring that each resident receives the care and services needed to improve or maintain his highest practical wellbeing is the responsibility of the facility, but the facility cannot achieve success unless the facility, resident, and family work together as a team. We ask that the resident and the resident representative communicate frequently with facility staff regarding their expectations and / or concerns. The facility, in turn, will communicate to the resident and resident representative as the resident progresses in treatment, suffers a decline, or experiences an accident, or a change in status. Communicating information can occur through face to face conversation, telephone, email, or a written form. In addition, many decisions are made during Care Plan Meetings, and therefore the facility asks all residents and resident representatives to please attend these discussions.

Education and seminars

The facility offers periodic educational seminars to provide needed information regarding long term care, and some facilities offer various support groups. Information of these seminars and / or support groups will be posted in the facility. In addition, staff at each facility will work with individual residents and / or families to teach them how to provide specific self-care once discharged from the facility and to help them better understand their medical conditions.

Mail

Resident mail is delivered according to the schedule used by the United States Postal Service. If the resident needs assistance reading his mail, or in preparing mail himself, please see the Social Services Director.

Resident and Family Information

The facility will post important information regarding Medicare, Medicaid, state agency contact information, privacy practices, facility events, and facility news. Upon Admission, the resident and / or Resident Representative will be shown where these notices are posted, and we ask the each resident and / or Resident Representative review these postings frequently.

Social Media

Posting written comments, photos, or videos on social media can pose a risk to a resident's right to confidentiality, privacy, and dignity. Posting of photos and or videos of residents, resident rooms, or resident personal belongings is prohibited without signed consent from the resident and the Executive Director.

Solicitation / Distributing of Information

Solicitation of any type is not permitted in the facility. This includes posting of notices or verbal communication regarding services or products being offered to staff and residents. All other postings or distribution of information is at the discretion of the Executive Director. Information / postings that have not been approved by the Executive Director will be removed.

Survey Information

Residents and their family members have the right to review the report from the most recent survey of the facility by state or federal agencies. This report is kept in a visible location in the facility. Upon request, residents and their families may also review the survey reports from the previous three years. If you need help in locating, or understanding the survey report, please contact the Executive Director.

Appendix

- A. Privacy Act Notification Statement**
- B. Notice of Privacy Practices**
- C. Resident Rights – Federal Government Resident Rights**
- D. Client Advocacy Contact Information - State**

Privacy Act Notification Statement

The Center for Medicare and Medicaid Services (CMS) is authorized to collect resident care and condition data by (pursuant to) Sections 1819(f), 1919 (b) (3) (A), and 1864 of the Social Security Act. The purpose of this data collection is to aid in the administration of the survey and certification of Medicare/Medicaid long term care facilities and to study the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its stated purpose.

The information collected will be entered into the Long Term Care Minimum Data Set (LTC MDS) system of records, System Mo. 09-70-1516. Information from this system may be disclosed, under specific circumstances, to: (1) a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual; (2) the Bureau of Census; (3) the Department of Justice; (4) an individual or organization for research, evaluation, or epidemiological project related to the prevention of disease of (or) disability, or the restoration of health; (5) contractors working for HCFA to carry out Medicare/Medicaid functions, collating or analyzing data, or to detect fraud or abuse; (6) an agency of a State government for purposes of determining, evaluating and/or assessing overall or aggregate cost, effectiveness, and/or quality of health care services provided in the State; (7) another federal agency to fulfill a requirement of a federal statute that implements a health benefits program funded in whole or in part with federal funds, or to detect fraud or abuse; (8) peer review organizations to perform Title XI or Title XVIII functions, (9) another entity that makes payment for, or oversees administration of health care services for preventing fraud or abuse under specific conditions.

You should be aware that P.L. 100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government to verify information by way of computer matches. Collection of the social security number is voluntary; however, failure to provide this information may result in the loss of Medicare benefits provided by the nursing home. The social security number will be used to verify the association of information to the appropriate individual.

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU
CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY**

Effective Date: 9.18.17

If you have any questions about this notice, please contact the facility Executive Director (Privacy Officer).

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of:

- This facility.
- Any health care professional authorized to enter information into your medical record maintained by the facility, including your physician and members of the facility's allied health staff, including nurses and social workers.
- All departments and units of the facility that have access to your medical record.
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from the facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care and billing for that care that are generated or maintained by the facility, whether made by the facility personnel or other health care providers. Other health care providers may have different policies or notices about confidentiality and disclosure that apply to your medical information that is created in their offices or at locations other than the facility.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices at the facility, and your legal rights, with respect to medical information about you; and

- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, volunteers, or other personnel who are involved in taking care of you at *the facility*. For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may slow the healing process. We also may disclose medical information about you to people outside *the facility* who may be involved in your medical care, such as friends, family members, or employees or medical staff members of any hospital or skilled Woodlands Nursing & Rehabilitation Center to which you are transferred or subsequently admitted.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from *the facility* may be billed by *the facility* and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received from *the facility* so your health plan will pay us or reimburse you for the treatment. We also may disclose information about you to another health care provider, such as a receiving facility, for their payment activities concerning you.
- **For Health Care Operations.** We and our business associates may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run *the facility* and make sure that all of our residents receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many residents to decide what additional services *the facility* should offer, and what services are not needed. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel affiliated with *the facility* for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of specific residents. We also may disclose information about you to another health care provider for its health care operations purposes if you also have received care from that provider.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend different ways to treat you.
- **Research.** Under certain circumstances, we may be required to disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another for the same condition. Medical information about you that has had identifying information removed may be used for research without your consent. We also may disclose medical information about you to people preparing to conduct a research project (for example, facilities in North Carolina are mandated to report to the Central Cancer Registry quarterly any residents with Cancer Diagnosis to help them look for residents with specific medical needs). If the researcher will have information about your mental health treatment that reveals who you are, we will seek your consent before disclosing that information to the researcher. We will not receive any money or other thing of value in connection for using or disclosing your medical information for research purposes except for money to cover the costs of preparing and sending the medical information to the researcher.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to your legal representative. This would include persons named in any durable health care power of attorney or similar document provided to us. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.
- **As Required or Permitted By Law.** We may disclose medical information about you when required or permitted to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when it appears necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- **Public Health Risks.** We may disclose without your consent medical information about you for public health activities. These activities generally include but are not limited to the following:
 - To report, prevent or control disease, injury, or disability;
 - To report births, deaths, and certain injuries or illnesses;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - To report suspected abuse or neglect as required by law.
- **Health Oversight Activities.** We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The government uses these activities to monitor the health care system, government programs, and compliance with civil rights laws. If you do not want the state Department of Health and Human Services to access, obtain, or review your health care records when conducting inspections of *the facility's* facility and services, you have the right to object in writing. If *the facility* receives your written objection, we will not permit the state inspectors to review your records, nor will we release your health information to the inspectors.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone involved in a civil dispute.
- **Law Enforcement.** We may release without your consent medical information to a law enforcement official:
 - In response to a court order, warrant, summons, grand jury demand, or similar process;
 - To comply with physicians' mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;

- In response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect, or missing person;
 - To report a death or injury we believe may be the result of criminal conduct; or
 - To report suspected criminal conduct committed at the facility facilities.
- **Coroners and Medical Examiners.** We may release without your consent medical information to a coroner or medical examiner. This may be done, for example, to identify a deceased person or determine the cause of death. We also may release medical information about deceased residents of the facility to funeral directors to carry out their duties.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and receive a copy of your medical.

If we have all or any portion of your medical information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

Your medical information is contained in records that are the property of the facility. To inspect or receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the facility's Executive Director or Medical Records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request, and we may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

- **Right to Amend.** If you feel that medical information we have about you in your record is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility.

To request an amendment, make your request in writing to the facility's Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the facility;
- Is not part of the information that you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit a written statement of disagreement and ask that it be included in your medical record.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of medical information about you during the past six years.

To request this list or accounting of disclosures, submit your request in writing to the facility's Privacy Officer and state whether you want the list on paper or electronically. Your request must state a time period that may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may

choose to withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

- **Right to Request Restrictions.** Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could revoke any and all authorizations you previously gave us relating to disclosure of your medical information.

We are not required to agree to your request, with the exception of restrictions on disclosures to your health plan, as described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, make your request in writing to the facility's Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

You may request that we not disclose your medical information to your health insurance plan for some or all of the services you receive during a visit to any the facility Center location. If you pay the charges for those services you do not want disclosed in full at the time of such service, we are required to agree to your request. "In full" means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your care. Please note that once information about a service has been submitted to your health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your medical information for a certain service, please let us know as early in your visit as possible.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, or at another mailing address other than your home address. We will accommodate all reasonable requests. We will not ask you the reason for your request. To request confidential communications, make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice or any revised notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, request a copy from the facility's Privacy Officer in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at *the facility's* office. The notice will contain the effective date on the first page, in the top right-hand corner. If the notice changes, a copy will be available to you upon request.

INVESTIGATIONS OF BREACHES OF PRIVACY

We will investigate any discovered unauthorized use or disclosure of your medical information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the United States Department of Health and Human Services. To file a complaint with the facility, contact the facility Executive Director. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice may be made only with your written authorization or as required by law. If you authorize us to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to the facility's Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you previously had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Appendix C

Resident Rights Federal Government Resident Rights

There are several different formats describing Resident Rights as defined by the federal government. This version is taken directly from, the Medicare.gov website.

What are my rights in a nursing home?

As a nursing home resident you have certain rights and protections under Federal and State law that help ensure you get the care and services you need. You have the right to be informed, make your own decisions, and have your personal information kept private.

The nursing home must tell you about these rights and explain them in writing in a language you understand. They must also explain in writing how you should act and what you're responsible for while you're in the nursing home. This must be done before or at the time you're admitted, as well as during your stay. You must acknowledge that you got this information.

At a minimum, Federal law specifies that nursing home must protect and promote the following rights of each resident. You have the right to:

- **Be Treated with Respect:** You have the right to be treated with dignity and respect, as well as make your own schedule and participate in the activities you choose. You have the right to decide when you go to bed, rise in the morning, and eat your meals.
- **Participate in Activities:** You have the right to participate in an activities program designed to meet your needs and the needs of the other residents.
- **Be Free from Discrimination:** Nursing homes don't have to accept all applicants, but they must comply with Civil Rights laws that say they can't discriminate based on race, color, national origin, disability, age, or religion. The Department of Health and Human Services, Office for Civil Rights has more information. Visit <http://www.hhs.gov/ocr>.
- **Be Free from Abuse and Neglect:** You have the right to be free from verbal, sexual, physical, and mental abuse. Nursing homes can't keep you apart from everyone else against your will. If you feel you have been mistreated (abused) or the nursing home isn't meeting your needs (neglect), report this to the nursing home, your family, your local Long-Term Care Ombudsman, or State Survey Agency. The nursing home must investigate and report all suspected violations and any injuries of unknown origin within 5 working days of the incident to the proper authorities.
- **Be Free from Restraints:** Nursing homes can't use any physical restraints (like side rails) or chemical restraints (like drugs) to discipline you for the staff's own convenience.
- **Make Complaints:** You have the right to make a complaint to the staff of the nursing home, to the State survey or certification agency, or any other person, without fear of punishment. The nursing home must address the issue promptly.
- **Get Proper Medical Care:** You have the following rights regarding your medical care:
 - To be fully informed about your total health status in a language you understand.
 - To be fully informed about your medical condition, prescription and over-the-counter drugs, vitamins, and supplements.
 - To be involved in the choice of your doctor.

- To participate in the decisions that affects your care.
- To take part in developing your care plan. By law, nursing homes must develop a care plan for each resident. You have the right to take part in this process. Family members can also help with your care plan with your permission.
- To access all your records and reports, including clinical records (medical records and reports) promptly (on weekdays). Your legal guardian has the right to look at all your medical records and make important decisions on your behalf.
- To express any complaints (sometimes called “grievances”) you have about your care or treatment.
- To create advance directives (a health care proxy or power of attorney, a living will, after-death wishes) in accordance with State law.
- To refuse or accept medical or surgical treatments.
- To refuse to participate in experimental treatment.
- **Have Your Representative Notified:** The nursing home must notify your doctor and, if known, your legal representative or an interested family member when the following occurs:
 - You’re involved in an accident and are injured and/or need to see a doctor.
 - Your physical, mental, or psychosocial status starts to get worse.
 - You have a life threatening condition.
 - You have medical complications.
 - Your treatment needs to change significantly.
 - The nursing home decides to transfer or discharge you from the nursing home.
- **Get Information on Services and Fees:** You have the right to be told in writing about all nursing home services and fees (those that are charged and not charged to you) before you move into the nursing home and at any time when services and fees change. In addition:
 - The nursing home can’t require a minimum entrance fee if your care is paid for by Medicare or Medicaid.
 - For people seeking admission to the nursing home, the nursing home must tell you (both orally and in writing) and also display written information about how to apply for and use Medicare and Medicaid benefits.
 - The nursing home must also provide information on how to get a refund if you paid for an item, or a service, but because of Medicare or Medicaid eligibility rules, it’s now considered covered.
- **Manage Your Money:** You have the right to manage your own money or to choose someone you trust to do this for you. In addition:
 - If you deposit your money with the nursing home or ask them to hold or account for your money, you must sign a written statement saying you want them to do this.
 - The nursing home must allow you access to your bank accounts, cash, and other financial records.
 - The nursing home must have a system that ensures full accounting for your funds and can’t combine your funds with the nursing home’s funds.
 - The nursing home must protect your funds from any loss by providing an acceptable protection, such as buying a surety bond.
 - If a resident with a fund dies, the nursing home must return the funds with a final accounting to the person or court handling the resident’s estate within 30 days.
- **Get Proper Privacy, Property, and Living Arrangements:** You have the following rights:
 - To keep and use your personal belongings and property as long as they don’t interfere with the rights, health, or safety of others.
 - To have private visits.
 - To make and get private phone calls.

- To have privacy in sending and getting mail and email.
- To have the nursing home protect your property from theft.
- To share a room with your spouse if you both live in the same nursing home (if you both agree to do so).
- The nursing home has to notify you before your room or your roommate is changed and should take your preferences into account.
- To review the nursing home's health and fire safety inspection results.
- **Spend Time with Visitors:** You have the following rights:
 - To spend private time with visitors.
 - To have visitors at any time, as long as you wish to see them, as long as the visit does not interfere with the provision of care and privacy rights of other residents
 - To see any person who gives you help with your health, social, legal, or other services may at any time. This includes your doctor, a representative from the health department, and your Long-Term Care Ombudsman, among others.
- **Get Social Services:** The nursing home must provide you with any needed social services, including the following:
 - Counseling.
 - Help solving problems with other residents.
 - Help in contacting legal and financial professionals.
 - Discharge planning.
- **Leave the Nursing Home:**
 - **Leaving for visits:** If your health allows, and your doctor agrees, you can spend time away from the nursing home visiting family or friends during the day or overnight, called a "leave of absence." Talk to the nursing home staff a few days ahead of time so the staff has time to prepare your medicines and write your instructions. **Caution:** If your nursing home care is covered by certain health insurance, you may not be able to leave for visits without losing your coverage.
 - **Moving out:** Living in a nursing home is your choice. You can choose to move to another place. However, the nursing home may have a policy that requires you to tell them before you plan to leave. If you don't, you may have to pay an extra fee.
- **Have Protection Against Unfair Transfer or Discharge:** You can't be sent to another nursing home, or made to leave the nursing home, unless any of the following are true:
 - It's necessary for the welfare, health, or safety of you or others.
 - Your health has improved to the point that nursing home care is no longer necessary.
 - The nursing home hasn't been paid for services you got.
 - The nursing home closes.

You have the following rights:

- You have the right to appeal a transfer or discharge to the State.
- The nursing home can't make you leave if you're waiting to get Medicaid.
- Except in emergencies, nursing homes must give a 30-day written notice of their plan and reason to discharge or transfer you.
- The nursing home has to safely and orderly transfer or discharge you and give you proper notice of bed-hold and/or readmission requirements.
- **Form or Participate in Resident Groups:** You have a right to form or participate in a resident group to discuss issues and concerns about the nursing home's policies and operations. Most homes have such groups, often called "resident councils." The home must give you meeting space and must listen to and act upon grievances and recommendations of the group.

- **Have Your Family and Friends Involved:** Family and friends can help make sure you get good quality care. They can visit and get to know the staff and the nursing home's rules. Family members and legal guardians may meet with the families of other residents and may participate in family councils, if one exists. Family members can help with your care plan with your permission. If a family member or friend is your legal guardian, he or she has the right to look at all medical records about you and make important decisions on your behalf.

:

Appendix D

Client Advocacy Contact Information - State Agencies

Residents and family members are encouraged to voice any concerns with any staff member or utilize the facility's grievance procedure. Residents may also file a complaint with the State Survey and Certification agency concerning resident abuse, neglect, misappropriation of resident property in the facility, and non-compliance with the advance directive requirements. Below is a list of the State client advocacy groups.

NC Division of Health Service Regulation

Complaint Intake Unit

2711 Mail Service Center

Raleigh, NC 27699-2711

1-800-624-3004

1-919-855-4500

1-919-715-7724 (fax)

Disability Rights North Carolina

3724 National Dr #100,

Raleigh, NC 27608

877-235-4210

Long Term Care Ombudsman

Aging and Adult Services

2101 Mail Service Center

Raleigh, NC 27699-2101

1-919-855-3400

NC Division of Medical Assistance

Medicaid Fraud

1-877-362-8471

US Office of Inspector General

Medicare Fraud

1-800-447-8477

For local agencies, please see the facility Social Services Director.

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