



Daughters of Sarah Nursing  
& Rehabilitation Center

# RESIDENT INFORMATION GUIDE

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# THErapy SERVICES

Director: 518-724-3330

Daughters of Sarah Nursing & Rehabilitation Center offers comprehensive rehabilitation services from highly qualified, licensed, and compassionate professionals for residents suffering from a wide range of medical conditions. Our Physical, Occupational and Speech Therapists are committed to provide extensive evaluations and individualized treatment programs to meet each resident's needs with outstanding results and excellent quality of care. All residents are empowered to meet and exceed goals in order to maximize their safety and independence. Frequency and intensity of therapeutic sessions is based upon how an individual responds to treatment, however typically short-term rehab residents receive 6 days/week therapy (Monday – Saturday), between 1 hour to 3 hours/day.

## **The therapy department offers:**

- Fun environment with up-to-date equipment (bikes, treadmill etc.)
- Therapeutic exercises, including stretching/ROM
- Gait and transfer training
- Activity of daily living training with adaptive equipment
- Splinting/Orthotics and contracture management
- Seating and positioning, wheelchair mobility training
- Swallowing disorders management/oral motor strengthening
- Cognitive linguistic retraining
- Speech and language/communication skills
- Fall prevention/balance training
- Dementia management
- Modalities (ultrasound, electric stimulation) to address pain
- Development of home exercise program/maintenance program
- Family or Caregiver training (including car transfers and stairs)
- Home safety assessments for short-term resident
- Functional practice apartment for kitchen mobility, cooking
- Outpatient PT/OT/ST services for the nearby geriatric community

Please note that there is no fixed time for therapy since therapy is highly individualized, however, staff are flexible to adjust to resident's needs. Furthermore, refused or missed therapy sessions can jeopardize insurance payments for your stay and can result in private pay charges.

# NURSING

The nursing unit is staffed with a manager, nurses, certified nursing assistants (CNAs) and a unit secretary. Our nursing staff are professionals with experience in short-term rehabilitation and long-term care. The nursing team establishes a comprehensive medical plan of care that is individualized to meet your needs. Please feel free to speak to any of them so that we can meet your needs.

## *Medical*

Your Daughters of Sarah Nursing & Rehabilitation Center primary care medical team will direct your care. Any outside medical appointments related to your stay must be approved by our medical staff and scheduled through the unit secretary.

For short-term residents, any routine appointments not related to your rehabilitation stay should be rescheduled until after your rehab stay.

If indicated, transportation with a wheel chair van can be arranged. The cost of the transportation will be determined at that time and the resident is responsible for all charges incurred, unless covered by Medicaid.

At Daughters of Sarah, we are able to provide the following services as necessary:

- Diagnostic imaging: x-rays, ultra sounds and EKG's
- IV therapy: IV fluids and IV antibiotics
- Lab testing

## *Medication Safety*

To ensure that medication administration is safe and timely, please limit questions and conversations during peak medication pass hours so that the schedule is maintained.

8:00am – 10:00am  
4:00pm – 6:00pm

12:00noon – 1:00pm  
8:00pm – 9:00pm

Please do not bring medication or treatment supplies into the facility. If you have a request, please see the nurse and he/she will review your request with our medical staff and let you know as soon as possible.

## *SOCIAL SERVICES*

Social work services are available Monday through Friday to help answer any questions/concerns or to provide you with any guidance you may need during your stay.

For short-term residents, discharge planning begins on day of admission and will be discussed in more detail at your first care conference meeting. A 20-minute comprehensive care conference meeting will be scheduled within 14 days of the beginning of your stay. Your social worker will arrange for any durable medical equipment that may be needed upon discharge, as well as any home support services such as continued therapies, nursing support or home health aide support.

### *Psychology Services*

If psychology services are needed during your stay, these can be arranged through a licensed psychologist.

## *HOUSEKEEPING and LAUNDRY*

Cleaning of rooms is done on a daily basis (this includes the removal of trash and cleaning of resident's room). Laundry Service is provided to those who wish to have the facility wash their laundry for them.

We would recommend that you have at least seven to eight (7-8) outfits during your stay. Staff encourages residents to dress daily in clothing of their personal choice that provides for individuality, comfort and dignity. Personal items are washed on a scheduled basis. A calendar is posted in resident's room for this purpose.

Clothing is washed in commercial washers so it is important to supply items made of durable, machine washable fabrics only. We request polyester because cottons and other materials come out of large dryers heavily wrinkled and we cannot iron or press them. Daughters of Sarah does not provide dry-cleaning services or laundry care for items that require special washing (such as cold-water wash or hand wash). Also, wool sweaters and men's suit jackets cannot be done without damage to the items. We also get requests to wash sneakers. This should be done at home.

We encourage you to have all your personal items labeled. Please leave items to be labeled at the reception desk. All clothing and washables such as blankets, quilts, shoes, etc. MUST be inventoried as this is maintained in the medical record. When bringing items to the front desk, please have the items listed out (preferably typed) with a brief description. If delivering enough items for a suitcase/bag, please label the bag with a large piece of paper with the Resident's name and tape it to the bag. Items will be delivered to your room, once labeled. Items are usually labeled within 24-48 hours of admission, Monday through Friday.

If the family or resident representative prefers to care for the laundry needs of their loved one, we ask that notification be provided to us upon admission so that appropriate arrangements can be made. Even if you choose to care for your loved one's clothing outside the Center, we still require that ALL clothing and washables be labeled.

### *Other Personal Possessions*

If you are long-term, your room comfortably accommodates a television between 13" to 19". You may find a television stand takes up a lot of needed space. Long-term residents will need to provide their own TV.

All electrical items (television, radio, clock, razor, telephone, etc.) must be checked and approved by our Building Service Department. The staff will provide notification to have all electrical items inspected.

If you or your designated representative wish to remove any item (s) from the Center, a signature is required. You or your representative are asked to see the Front Desk for assistance before ANY item(s) is removed.

In the event that an item is lost or damaged, Daughters of Sarah Nursing & Rehabilitation Center will do whatever it can to investigate, provided that the loss is reported immediately. All reports of loss are documented and will be responded to. It is the resident's or resident representative's responsibility to replace or repair lost or damaged items.

It is the obligation of the Resident and/or the Resident Representative to pack up and arrange for disposition of the Resident's property upon the day of discharge. Daughters of Sarah may dispose of property left longer than 24 hours, and will assess a packing and/or disposal fee of at least \$120.00. Our regular pick-up

hours are Monday-Friday, 9:00 AM to 4:00 PM. YOU ARE REQUIRED TO SIGN FOR ALL ITEMS REMOVED FROM THE CENTER.

### *Clothing Suggestions--Long-Term*

The following list is provided as a guide to help you select a suitable amount of clothing to accommodate your loved one's needs and comfort. If he/she has difficulty with incontinence, please be assured that staff will do whatever they can to improve this condition. However, we ask that you provide additional amounts of clothing to assure that there is always an ample supply. You may also want to provide clothing that is a size larger than usual to accommodate any incontinence products used.

Item (if Applicable)	Amount
Pajamas / night gowns	5
Bathrobe	2
Slippers (washable, flat, non-skid); Shoes / sneakers	2
Underpants (unless incontinence products are used)	14
Undershirts / bras, camisoles & half-slips / full slips	14
Housecoats	8
Slacks	10
Dresses	10
Sport shirts	10
Dress shirts / blouses	10
Sweat suits	10
Sweaters (non-wool cardigans)	10
Belts	2
Coats (season appropriate)	1
Outdoor hats, gloves, scarves (season appropriate)	1
Other accessories (purse, hat) as appropriate	

## **SUMMARY OF POLICY & PROCEDURE REGARDING GRIEVANCES**

The following guidelines are provided to ensure your understanding of the attached Daughters of Sarah Policy and Procedure regarding the filing of Grievances:

1. You or your resident representative have the right to file a Grievance with the Center regarding care and services without discrimination or reprisal and without fear of discrimination or reprisal.
2. Please report your concern(s) promptly so that an investigation can be initiated.
3. To file a Grievance, you are asked to contact your social worker who will assist you with the completion of a formal Grievance Report. You will be asked to provide detailed information about your concern(s) and to sign the report.
4. If you prefer to remain anonymous, the Social Worker will file a report in confidence on your behalf, maintaining your anonymity throughout the investigation.
5. On weekends, evenings and holidays, you are asked to report your concerns to the Nursing Supervisor who will initiate a report and investigation.
6. The completed report is forwarded to the Grievance Officer, who is the Director of Resident Life, who will meet with you within 21 days of filing the report to review the Findings of the Investigation and the Corrective Action taken to prevent recurrence.
7. If you agree with the final outcome, you will be asked to sign the report.
8. If you disagree with the final outcome, further investigation will occur.
9. You may request to meet with the Administrator or may file a complaint with an outside agency (please refer to the Center's Policy/Procedure for further information).
10. You may request a copy of the final report from the Grievance Officer.
11. Following resolution of the Grievance Report, you will be visited by the Social Services Department periodically to assure your satisfaction with the outcome.
12. If you receive any form of reprisal from staff regarding the filing of a Grievance, please contact the Grievance Officer or your Social Worker immediately.

## **GENERAL INFORMATION**

Residents do not need to keep money with them while they stay at the nursing center, and may set up a trust account at the front desk. This can be done at any time without an appointment. Residents have access to their money 24 hours a day. See receptionist to withdraw money from your account. You can shop at the gift shop or receive beauty/barber shop services with just a signature.

We highly recommend residents do not keep items of value in your room. If it is absolutely necessary to do so, please see your social worker to request a key to one of our secure areas. Remember that the Center is NOT responsible for damaged or lost property or personal items, unless such damage or loss is demonstrably caused by the negligent or intentional acts of Center staff while actually performing personal resident care or while such items are in the physical possession of Center staff.

Residents are not allowed to go home overnight as long as they are here for short-term rehab. If you are interested in going out of house for a few hours,

please notify your social worker at least 72 hours prior to outing. Whenever leaving the unit please sign out at the nurses' station.

Employees may not accept gifts, tips or gratuities from residents, families or relatives. Residents who would like to show appreciation to staff can do so by nominating staff for our awards, donate money to the employee fund or may order food for staff from our kitchen. Contact: Catering Manager for food recognition by calling 518-724-3249 or Human Resources by calling 518-724-3270.

## **CONNECTING TO THE WORLD**

All short-term rehabilitation rooms on the Green Unit come equipped with a television and a phone. You will be provided the phone number for your room. Daughters of Sarah has made a high definition antenna available that provides the viewing of basic channels free of charge. If you would like to upgrade to a cable service or activate phone service there is an additional charge determined by the outside provider.

### **CABLE:**

To activate cable or phone service through Spectrum (Time Warner Cable):

1. Call 1-877-772-2253 and request new services by providing the zip code: 12203.
2. Provide address to Daughters of Sarah (must be exact): 180 Washington Avenue Extension, Albany, NY 12203
  - If address cannot be found, please provide phone number 518-456-7831.
3. Provide resident room number.
4. You will be responsible for returning all equipment

### **PHONE:**

For all units other than the Green Unit, phone service can also be set up through Verizon, please contact Verizon Phone Service at 1-800-837-4966. Phone service will require an installation appointment from the service provider and may take several days. The use of cell phones is encouraged, if the resident has one to use.

While waiting for phone service to be activated, residents can make and receive calls on the phone at the nurse's station.

**WI-FI:**

Wireless internet is available free of charge. If you have a laptop/tablet enabled with Wi-Fi, please select the network DOSGUEST. The password is “daughters”. If you do not have a laptop/tablet, but would like to use a computer, please contact the Recreation Department in order to schedule a time to use the computer.

**NEWSPAPER:**

To set up newspaper subscription, please contact The Times Union at 518-454-5454 or The Daily Gazette at 518-374-4141. In setting up The Times Union subscription, please make sure to give the address as Daughters of Sarah at 180 Washington Avenue Extension with room number. After setting up a newspaper subscription, please notify the Recreation Department as they deliver individual papers. The Times Union is also available for purchase daily in the front lobby.

*Local TV Stations with the high definition antenna*

6-1	CBS/WRBG	13-2	ME TV	23-2	Country Music Videos
6-2	This Albany	13-3	WNYT Weather	45-1	CW-15
10-1	ABC/WTEN	17-1	PBS/WMHT	45-3	CBS/WRBG
10-2	WTEN Weather	17-2	PBS/WMHT	51-1	MY4
10-3	Live Well Network	17-3	PBS/WMHT	51-2	WNYA/MY4
13-1	NBC/WNYT	23-1	FOX/WXXA		

\*Please note all channels are NOT guaranteed on every television with antenna-subject to change due to location of the room with the antenna.

## *DINING SERVICES*

Meal service begins at the following times:

Breakfast: 8:30am

Lunch: 12:30pm

Dinner: 5:30pm

Daughters of Sarah offers short-term residents two dining options:

Option One is our Catering to You Service, in which residents receive room service as long as the resident is independent and needs no assistance or supervision from staff with their meal. A Catering to You associate will come to the resident's room approximately one hour prior to each meal to take their order. The catering service member will inform the resident of the two (2) entrees featured for that meal. If the resident prefers something else, the Catering to You menu features a full list of "always available" options.

Option Two is to dine in our dining room. Nursing staff will provide assistance for residents to get to and from the dining room for each meal. Entrée options in the dining room will be the same as those offered with Catering to You. -**No communal dining at this time due to COVID-19 per NYS Department of Health.**

Snacks are also available upon request. Rotational selection to include: cold cereal, yogurt, cream cheese and crackers, PB&J sandwich, peanut butter and graham crackers, pudding, hard boiled eggs, and sweet cookies. Requests for snacks can be made to nursing staff. An assortment of seasonal fresh fruit is also available upon request.

**The remaining following services may be unavailable or limited at this time due to COVID-19:**

## *GUEST DINING SERVICES*

Families and friends of residents who would like to eat with the resident are encouraged to eat in the resident's room with them. Families should feel free to bring food from home to eat in the resident's room. An additional meal can be ordered at the receptionist desk for a fee of \$8.00. For safety issues, residents are not able to dine in the kosher cafeteria.

If a tray for a guest is not desired, the facility has a kosher cafeteria with more options available. The hours are Monday through Friday:

Breakfast: 8:30 – 10:30am    Lunch: 11:30am – 1:30pm

Please remember that DOS is a kosher facility and as such non-Kosher can only be consumed in the resident's room.

If you wish to have a family meal or special event during your rehab stay, the facility has space available. Keep in mind, all Kosher laws still apply in these public areas. For more details, please contact the Catering Manager at 518-724-3249.

## ***RELIGIOUS SERVICES***

It is our sincerest wish to provide for the spiritual well-being of our residents at Daughters of Sarah Community for Seniors. To that end, we have a Religious Coordinator, who is at our Center 16 hours each week, generally Tuesday and Thursdays and for services on Friday afternoons. The Rabbi can be reached at 724-3310.

We encourage our residents' clergy to visit them at the Nursing & Rehabilitation Center. Visits from one's home faith community can truly be beneficial to a resident's sense of connection to God.

## ***JEWISH SABBATH SERVICES***

Reform Services: Friday at 2:30pm

Every Friday afternoon, there are Reform Shabbat services led by Rabbi Magidson. The prayer book is based on Gates of Prayer.

Traditional Services: Saturday at 9:45am

Every Saturday morning there are traditional services, including an abbreviated Torah reading, led by volunteers. The service uses an Orthodox prayer book, but follows a Conservative format (egalitarian).

Holiday Services:

There are traditional services or liberal programs for all major Jewish holidays, including Passover Seder and High Holy Days. The dates will be noted on the recreation calendar.

## ***CATHOLIC SERVICES***

### Communion Services:

There is a communion service on the third (3<sup>rd</sup>) Sunday, at 11:00am.

### Mass:

Mass is held on the second (2<sup>nd</sup>) Thursday of every month at 2:30pm.

### Rosary:

On the second (2<sup>nd</sup>) Sunday of each month there is a recitation of the rosary at 11:00am.

### Eucharistic Ministers:

Eucharistic ministers are provided each month with a list of Catholic residents wishing to receive communion. They visit the residents in their rooms. (Residents whose families signed "Do not release name" on will not be visited by Eucharistic ministers).

### *PROTESTANT SERVICES:*

Religious services are led by a Protestant minister on the first (1<sup>st</sup>) and fourth (4<sup>th</sup>) Sunday of the month at 11:00am.

### *BAPTIST SERVICES:*

There is a Baptist Service held the fourth (4<sup>th</sup>) Saturday of every month at 2:15pm.

## RECREATION

There are a variety of activities offered on each unit to maintain or improve the resident's physical and emotional well-being and to provide entertainment.

- Exercise
- Current Events
- Musical Entertainment
- Cards
- Word Games
- Yiddish Music & Discussion
- Reminiscing
- Sensory
- 1:1 Visits
- Dining Out/Shopping Outings
- Summer Picnics
- Birthday Parties
- Happy Hour
- Intergenerational Programs

Calendar of events are posted in every resident's room and by the nurses' station daily. Let any staff know if you are interested in attending.

Join us every Sunday for live entertainment at 2:30pm in Village Square. If you are looking for something to do independently, Recreation Staff can provide you with books, puzzles, games, magazines, and a computer on wheels, if interested.

### **BEAUTY/BARBER SHOP SERVICES**

Our hairdressers, are in the building on most week days. Prices are listed below and must be charged to your personal trust account.

Haircut	\$10.00
Wash/Set	\$12.00
Wash/Cut/Set/Blow Dry	\$21.00
Perm (includes cut & set)	\$50.00
Color (haircut & set not included)	\$31.00
Waxing	\$10.00
Beard/Moustache Trim	\$5.00-\$10.00

All residents must open a trust account at the receptionist desk prior to any of the services. To make an appointment, see Social Worker or Nurse to arrange for any of these services.

### **GIFT SHOP**

A gift shop is located at the Village Square. It offers a variety of snacks and gift items. It is open the following days:

Tuesday, Thursday & Friday	10:00am – 2:00pm
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**\*\*Please note, the gift shop is run by volunteers. If there is not a volunteer available, the gift shop will not be open.**

## *LEAVE of ABSENCE POLICY*

Residents and families of Daughters of Sarah Nursing & Rehabilitation Center who leave the facility will have full responsibility for the resident/himself during the time he/she is out on a leave. A resident not paying privately must be residing at Daughters of Sarah for at least 30 days in order to leave the facility for an overnight stay. Residents on Medicare/Medicare HMO are asked to refrain from leaves due to the need for continuity of care.

If you are planning an outing, please inform the unit and follow this simple procedure:

- Residents leaving the facility for 4 hours or less must inform the unit nurse and sign out at the nurses' station
- For an absence that will be longer than 4 hours, inform the unit social worker 72 hours in advance.
- Please notify the social worker during regular business hours.
- Overnight stays for 1 night require a 72-hour advance notice.
- Overnight stays longer than 1 night must be arranged at least 2 weeks in advance.
- Inform the social worker of the date and time the resident will be leaving the facility, destination, and expected time of return. Please sign the resident out at the nurses' station and call the nurses' station if you know that you will be late.
- If the resident has a medical emergency whenever they are out of the facility call 911 and then notify Daughters of Sarah.

If you have questions about any aspects of your loved one's care or the use of any special devices, please ask the unit nurse prior to departure.

The social worker will work with the family to ensure a safe leave of absence, that you have all necessary medications and supplies, and all departments are aware of the absence.

## *PET VISITATION POLICY*

Daughters of Sarah supports pet visitation for our residents. Animals have been found to benefit people socially, psychologically, and physiologically. The goal of pet visitation of personal family/friend pets and pet therapy programs is to promote and improve wellness and independence by providing opportunities for recreational, motivational, and therapeutic benefits.

In order to provide a homelike environment, Daughters of Sarah encourages the therapeutic use of dog and cat visitation within established guidelines.

- All pets must wear a leash or harness at all times and be controlled by verbal commands
- Dogs must wear their license on an identification tag on a collar, choker, or harness
- Well-groomed and odor free
- Pet must be housebroken
- Only pets who do not exhibit negative, aggressive or fearful behavior should visit the facility. Aggressive or threatening behavior will mandate the pet's immediate and permanent removal from the facility. If the pet bites anyone or another pet, the animal must be immediately removed from the facility. The animal bite will be reported to Animal Control/Dog Warden and the NYS Department of Health by the facility and the pet will not be invited back to the facility.

#### **PROCEDURE:**

1. For individual family/friend pet visits-the Pet Visitation Policy will be provided to residents and families on admission by the Social Worker. Any questions the resident and/or family may have related to the policy will be referred to the Therapeutic Recreation Director.

The Therapeutic Recreation Director will provide the Visiting Pet Policy to the pet therapy owner/organization and review the established guidelines.

2. Prior to any pet visit, owners of all visiting dogs and cats are required to provide the following:

- a. Pet registration (dogs)
- b. Annual Wellness Exam (dogs and cats)
- c. Distemper/Parvovirus annually (dogs)
- d. Rabies shot within first 4 months and then every 3 years (dogs and cats)
- e. Panleukopenia within first 4 months and then every 3 years (cats)
- f. Rhinotracheitis within first 4 months and then every 3 years (cats)
- g. Calicivirus within first 4 months and then every 3 years (cats)

During the visit, if pets are found to be infested with external parasites (ticks, fleas, or lice) or appear sick, vomit, or have diarrhea, they must be removed from the premises.

3. Once the pet's information is provided to the Recreation Director, and the Pet Visitation Registration Form is completed (see attached) a copy of the Pet Visitation Form will be given to the front desk staff to place in the Pet Visitation binder. The pet's medical information will be maintained in a binder in the Recreation Department.

4. When the owner and pet arrive at the front desk, the owner and animal will be signed in. The front desk will review the Pet Visitation Registration Form to ensure vaccines are up to date. If not, the front desk will notify the Recreation Director/designee who will promptly notify the owner that the pet cannot return to the facility until the required updated vaccination(s), and/or annual wellness update are produced. The Therapeutic Recreation Director will coordinate the updates with the pet owner before the pet is allowed to return to the facility.

5. The Therapeutic Recreation Director will contact the pet owners on file annually to determine if paperwork remains valid (i.e. resident discharge or death as well as pet death) and vaccinations are up to date.

6. During individual pet visits, the dog/cat may only visit the designated relative or friend resident. Pet therapy pet owners will report to the Recreation department Director/designee when they arrive after sign-in.

7. Pets are not permitted in food service areas during meals, utility rooms, linen storage areas, medication rooms, or areas where soiled or contaminated materials are stored. Pets are not permitted in areas where residents do not desire a pet or have pet allergies.

8. If a pet soils an area with urine or feces, the facility staff are to be promptly notified and the soiled area will be cleaned per infection control guidelines. Please note that if this is a frequent occurrence, the pet may not be invited back to the facility.

\*\*\*If you are interested in having your Pet Visit you at Daughters of Sarah, please see your Social Worker to fill out the Pet Visitation Registration Form.

# Daughters of Sarah Nursing & Rehabilitation Center

## Care Team Contact Numbers



For your convenience, below are important contact numbers you are free to call to should you have any questions or concerns.

### BLUE UNIT

#### **Nurse Manager**

Nancy Mahan  
(518) 724-3361

#### **Recreation Therapist**

Laurie Wilson  
(518) 724-3300

#### **Case Worker**

John Davis  
(518) 724-3322

#### **Physician**

Dr. Marianne Mustafa  
(518) 724-3353

### GOLD UNIT

#### **Nurse Manager**

Colleen Tenace  
(518) 724-3366

#### **Recreation Therapist**

Penny Majewski  
(518) 724-3300

#### **Case Worker**

John Davis  
(518) 724-3322

#### **Physician**

Dr. Marianne Mustafa  
(518) 724-3353

### GOLUB FAMILY MEMORY ENHANCEMENT UNIT

#### **Nurse Manager**

Jessica Rice  
(518) 724-3356

#### **Physician**

Dr. Eyad Aldaas  
(518) 724-3353

#### **Case Worker**

Anna Gillespie  
(518) 724-3321

#### **Recreation Therapist**

Ben Rowe  
(518) 724-3375

### RED UNIT

#### **Nurse Manager**

Danielle Dittly  
(518) 724-3371

#### **Recreation Therapist**

Julene Patch  
(518) 724-3301

#### **Case Worker**

Anna Gillespie  
(518) 724-3321

#### **Physician**

Dr. Eyad Aldaas  
(518) 724-3353

### GREEN UNIT

#### **Nurse Manager**

Kristy Burg  
(518) 724-3376

#### **Recreation Therapist**

Mary Ann Rivera  
(518) 724-3301

#### **Case Worker**

Robyn Belfance  
(518) 724-3322

#### **Physician**

Dr. Eyad Aldaas  
(518) 724-3353

### ADMINISTRATION AND MANAGEMENT

#### **CEO**

Mark L. Koblenz  
(518) 724-3204

#### **Director of Finance/CFO**

Courtney Mulson  
(518) 724-3240

#### **Director of Resident Life**

Megan Baffuto  
(518) 724-3320

#### **Religious Coordinator**

Rabbi Amiel Monson  
(518) 724-3310

#### **Director of Building Services**

Mike Regan  
(518) 724-3230

### BUSINESS OFFICE

#### **Resident Trust Coordinator**

Megan Battabulli  
(518) 724-3239

### ADMISSIONS

#### **Senior Admissions Coordinator**

Crystal Daurio  
(518) 724-3323

### MEDICAL SERVICES

#### **Medical Director**

Ali Mirza, MD  
(518) 724-3353

#### **Nurse Practitioner (OPTUM)**

Mary Jean Lambeth  
(518) 724-3272

### NURSING

#### **Nursing Supervisor**

(518) 724-3355

### DIETARY

#### **Dietician**

Brendan Guere- Green/MEU  
(518) 724-3252

#### **Administrator**

Lisa Marrello  
(518) 724-3201

#### **Director of Nursing**

Jacqueline Priore  
(518) 724-3350

#### **Director of Recreation**

Mary Roy  
(518) 724-3290

#### **Director of Rehabilitation**

Kelly Morris  
(518) 724-3330

#### **Director of Food Service**

Robert Carr  
(518) 724-3250

#### **Resident Account Manager**

Elizabeth Emerson  
(518) 724-3242

#### **Nurse Practitioner**

Isabel Mendoza  
(518) 724-3297

#### **Nursing Supervisor Cell**

(518) 376-8006

#### **Dietician**

Sarah Griffin- Blue/Gold/Red  
(518) 724-3253

**YOUR  
RIGHTS AS A  
NURSING HOME  
RESIDENT**

**In New York State  
And Nursing Home  
Responsibilities**

**January 2017**

# RESIDENT RIGHTS

As a nursing home resident, the facility is responsible to ensure you have the right to:

- Dignity, respect and a comfortable living environment
- Quality of care and treatment without discrimination, interference, coercion, or reprisal
- Freedom of choice to make your own, independent decisions
- The safeguard of your property and money
- Safeguards in admission transfer and discharge
- Privacy in communications
- Participate in organizations and activities of your choice
- An easy to use and responsive complaint procedure
- Exercise all of your rights without fear of reprisals

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# INTRODUCTION

State and federal regulations require that nursing homes are responsible to have written policies covering the rights of residents.

The nursing home's staff must implement these policies and explain them to you.

Any person requiring nursing home care should be able to enter any nursing home and receive appropriate care, be treated with courtesy and enjoy continued civil and legal rights.

This booklet describes your right and the responsibilities nursing homes have for ensuring those rights.

The basic right of any nursing home resident is to be treated with dignity and respect. All other rights support this basic premise.

The New York State Department of Health is committed to ensuring that every nursing home resident's rights are protected and supported.

This booklet is designed to provide information so that residents, and resident representatives, are aware of these rights. The resident representative is an individual chosen by the resident to act on their behalf; a person authorized by the state or federal law. It is important that residents and their representatives communicate regularly with nursing home staff to ensure a meaningful, respectful, and helpful environment.

# DIGNITY AND RESPECT

## RESIDENT RIGHTS

### You have the right to:

- ❖ be treated with dignity, respect and consideration at all times;
- ❖ privacy in the treatment and care of your personal needs;
- ❖ choose activities, schedules and health care consistent with your interests and plan of care;
- ❖ communicate with and have access to people and services inside and outside the facility;
- ❖ be consulted when the facility sets policies about your rights and responsibilities and about aspects of your life in the facility;
- ❖ staff assistance in interpretation of your rights.

## NURSING HOME RESPONSIBILITY

### The nursing home must:

- ❖ ensure that you are treated as an individual and encourage you to participate in programs and services of your choice;
- ❖ provide you with safe, clean, comfortable and homelike rooms and surroundings;
- ❖ protect you from any kind of harsh and abusive treatment;
- ❖ ensure you exercise your rights without interference, coercion, discrimination or reprisal;
- ❖ provide you privacy in communicating and associating with people of your choice.

# ADMISSION

## RESIDENT RIGHTS

### You have the right to:

- ❖ nondiscrimination in admissions;
- ❖ equal access to quality care regardless of diagnosis, severity of condition or payment source;
- ❖ apply for Medicare or Medicaid benefits;
- ❖ the absences of a guarantee of payment from another person or source other than yourself for admission or continued stay.

## NURSING HOME RESPONSIBILITY

### The nursing home must:

- ❖ provide you with access to quality care by exercising identical policies and practices covering the provision of all required services, regardless of your source of payment;
- ❖ obey all pertinent state and local laws that prohibit discrimination against individuals entitled to Medicaid benefits, and give explicit advice to you concerning your right to nondiscriminatory treatment in admissions (State regulations prohibit discrimination against individuals entitled to Medicaid benefits);
- ❖ fully inform you and your resident representative both verbally and in writing (in a language or manner that you understand) of your rights and all facility rules and regulations governing your conduct and responsibilities during your stay. This information must be given to you prior to or upon admission and during your stay. You must acknowledge receipt of this information in writing. The facility must also post a summary of this information.

**The nursing home must not:**

- ❖ require a third-party guarantee of payment as a condition of admission, expedited admission or continued stay in the facility
- ❖ charge, solicit, accept or receive (in addition to any amount otherwise required to be paid for by third-party payers) any gift, money donation or other consideration as a precondition of admission, expedited admission, special room assignment or continued stay in the facility, beyond the amount needed for prepayment of basic services up to three months;
- ❖ require you to waive your rights to Medicare or Medicaid;
- ❖ require verbal or written assurance that you are not eligible for, or will not apply for, Medicare or Medicaid benefits.

**The nursing home may:**

- ❖ require a relative or other resident to sign a contract to provide facility payment from your income or resource without your resident representative incurring financial liability;
- ❖ charge you, if you are eligible for Medicaid only for those items and services you requested and received that are not specified at the time of admission as included in the nursing home's basic services;
- ❖ solicit, accept or receive a charitable, religious or philanthropic contribution from an organization or from a person unrelated to you, provided that the contribution is not a condition of admission, expedited admission, special room assignment or continued stay in the facility.

# LIFE AT THE FACILITY

## RESIDENT RIGHTS

**You may always exercise your rights as a citizen or resident of the United States and New York State, including your right to:**

- ❖ vote, with arrangements made by the facility;
- ❖ action for damages or other relief for deprivations or infringements of your right to adequate and proper treatment and care;
- ❖ exercise your civil and religious liberties, including the right to independent personal decisions and knowledge of available choices;
- ❖ be free from exploitation, verbal, sexual, mental or physical abuse, corporal punishment and involuntary seclusion, and free from chemical and physical restraints except those restraints authorized in accordance with nursing home minimum standards; this includes, but is not limited to doctor's orders, specified time periods, close monitoring, periodic reevaluation of need, conferring with a family member or designated representative and documentation in the record;
- ❖ meet with and participate in activities of social, religious and community groups at your discretion.

### Resident Council

- ❖ you have the right to participate in the established resident council at the facility.

### Access to information

#### **You have the right to:**

- ❖ examine the results of the most recent federal or state survey of the facility including any statements of deficiencies, any plan of correction in effect with respect to the facility and any enforcement actions taken by the New York State Department of Health (Results must be made available for examination in a place readily accessible for you);
- ❖ receive information from agencies acting as residents' advocates and be given the opportunity to contact these agencies;
- ❖ request, or have a resident representative request, and be provided information concerning your specific assignment to a resident classification category for purposes of linking reimbursement to the intensity of your care;

- ❖ inspect, upon verbal or written notice, within 24 hours records pertaining to you, and with two working days' notice purchase and receive photocopies of such records. The cost of reproduction may not exceed 75 cents per page.

## Grievances

### **You have the right to:**

- ❖ voice grievances without discrimination or reprisal;
- ❖ prompt resolution of your grievances including those with respect to the behavior of other residents;
- ❖ recommend changes in policies and services to facility staff and/or outside representatives, free from interference, coercion, discrimination, restraint or reprisal from the facility.

## Privacy

### **You have the right to:**

- ❖ locked storage space upon request in your room;
- ❖ share a room with your spouse, relative or partner, when the spouse, relative or partner lives in the same facility and you both consent to the agreement;
- ❖ be assured of privacy for visits when a spouse, relative or partner resides outside the facility;
- ❖ retain, store securely and use personal possessions, including furnishings and appropriate clothing, as space permits, provided the rights or health and safety of other residents are not infringed.

## Food/Nutrition

### **You have the right to:**

- ❖ receive kosher food or food products, upon request, when as a matter of religious belief you wish to observe Jewish dietary laws.

## Work/Services

### **You have the right to:**

- ❖ perform services only when:
  - (1) you can safely perform the services;
  - (2) the facility documents the need or desire for work in your plan of care;

- (3) the plan specifies the nature of the services performed and whether the services are voluntary or paid (compensation for the paid services must be at or above prevailing rates and you must agree to the work arrangement in your plan of care);
- (4) refuse to perform the services at the facility.

## NURSING HOME RESPONSIBILITY

### **The nursing home must:**

- ❖ furnish you with a written description of your legal rights including:
  - (1) a description of how the facility protects your personal funds;
  - (2) a statement telling you that you may file a complaint with the facility or the New York State Department of Health concerning the resident abuse, neglect, mistreatment, exploitation and misappropriation of your property in the facility (this statement must include the name, address and telephone number of the office established by the New York State Department of Health to receive complaints and of the New York State Office for the Aging Ombudsman Program);
- ❖ record and periodically update the address and telephone number of your resident representative or interested family member;
- ❖ provide immediate access to you by:
  - (1) any representative of the U.S. Secretary of Health and Human Services;
  - (2) any representative of the New York State Department of Health;
  - (3) your own doctor; who must be licensed to practice medicine in NYS. If the physician does not meet the facility requirements, alternative physician coverage will be provided;
  - (4) ombudsmen who are duly certified and designated by the New York State Office for the Aging;
  - (5) representatives of the Commission on Quality of Care and Advocacy for Persons with Disabilities (which protects and advocates for developmentally disabled individuals and mentally ill individuals); and
  - (6) other individuals who are visiting, with your consent, subject to reasonable restrictions and your right to deny or withdraw consent at any time;
- ❖ provide reasonable access to you by an entity or individual that provides health, social, legal, or other services, subject to your right to deny or withdraw your consent at any time;
- ❖ encourage your voluntary choice of activities and assist you in the participation of all social activities in which you wish to engage by:
  - (1) transporting you to and from in-house activities as needed;

- (2) encouraging you to participate in and helping maintain your involvement in community, religious and/or social activities, including the organization of trips outside the facility;
- (3) posting a copy of the monthly activities schedule and providing you with a copy upon request.

- ❖ advise veterans and the spouses of veterans in writing of the contact numbers for the NYS Division of Veteran Affairs, the nearest Veterans Service Agency and the nearest accredited Veterans Service Officer.

## Resident Council

### **The nursing home must:**

- ❖ encourage you to participate in the facility's resident council and encourage you to take part in decision-making processes and make recommendations that could improve the quality of life in the facility;
- ❖ ensure that you receive resident council meeting notices and that you are given assistance in transport to and from meetings, if such assistance is needed;
- ❖ describe and promote the function and organization of the resident council to maximize your participation;
- ❖ after consultation with the resident council, assign to the council a staff person who is acceptable to the members of the resident council;
- ❖ ensure that members of the governing body make themselves available to hold meetings with representatives of the resident council at least three times a year to discuss matters contained in a jointly developed agenda;
- ❖ ensure that the Quality Assessment and Assurance Committee provides consultation on at least a quarterly basis with the resident council to seek recommendations on quality improvements.

## Family Council

- ❖ when a family council exists, inform families of the existence of the council upon admission and at least quarterly. The notice should include the dates, times and place of the family council meetings and a person to contact regarding involvement in the council.

## Access to Information

### **The nursing home must:**

- ❖ promptly inform you when there is:

- (1) a change in your room assignment (This requires prior notice unless you requested or agreed to the change, your medical condition requires a more immediate change, an emergency situation develops or there is a need to alter your treatment significantly. Then, you must be immediately informed, your doctor consulted and your designated representative or an interested family member notified);
  - (2) a change in roommate assignment (This must be acceptable, where possible, to all affected residents);
  - (3) a change in resident rights under federal or state law regulations as specified in the Official Compilation of Codes, Rules and Regulations of the State of New York;
- ❖ inform you of the facility's visiting hour policies, which are to be in compliance with the New York State Department of Health mandates for residential health care facilities (at least 10 hours within a 24-hour period, including at least two meal periods) and which must be posted.

## Grievances

### **The nursing home must:**

- ❖ inform you upon your admission about the complaint and recommendation procedure;
- ❖ ensure that a method is in place to respond within 21 days to your complaints or grievances and recommendations.

## Privacy

### **The nursing home must:**

- ❖ arrange for you to share a room with your spouse, relative or partner when you are both residents in the facility and both consent to the shared arrangement;
- ❖ ensure privacy for visits by your spouse, relative or partner if they do not reside in the facility;
- ❖ provide you with space for storage and placement of your personal possessions as follows:
  - (1) possessions may include some furnishings if such meet government fire, safety and health code regulations;
  - (2) if sufficient storage space is not available in your room, your possessions may be stored in other areas of the facility (if such space is available) at the option of the nursing home or the home will help you find other space;
- ❖ provide a lockable drawer and/or locked storage area (upon your request) in your room or within your immediate area. Staff should help you store your possessions;

- ❖ make available and respect the right to privacy in your oral, written and electronic communication.

#### Food/Nutrition

##### **The nursing home must:**

- ❖ provide kosher food or food products prepared in accordance with orthodox Jewish religious requirements when, as a matter of religious belief, you wish to observe Jewish dietary laws;
- ❖ offer substitute items at your request;
- ❖ provide assistance with eating and special eating equipment or assistive devices and utensils, if needed.

#### Work/Services

##### **The nursing home must:**

- ❖ accept your request to perform services, when work is available, under the following conditions:
  - (1) you must make your request known to the facility staff, nursing staff or doctor
  - (2) your need or desire for work must be documented in your plan of care, along with the nature of the services to be performed, whether or not you are deemed able to safely perform the work described, whether or not you will be compensated for your services, and whether or not you have signed the work arrangement described in your plan of care, showing your agreement with it;
  - (3) you must be compensated for your work at or above the prevailing rate for like services.

# CLINICAL CARE AND TREATMENT

## RESIDENT RIGHTS

### You have the right to:

- ❖ adequate and appropriate medical care, including nursing, rehabilitation therapies, social work, dental and other professional services for which you have been assessed to show need;
- ❖ be fully informed by a doctor in a language or a form that you can understand (using an interpreter when necessary) of your total health status, including but not limited to your medical condition including diagnosis, prognosis and treatment plan;
- ❖ ask questions about your medical condition and have the questions answered;
- ❖ refuse to participate in experimental research;
- ❖ a second opinion if you disagree with the diagnosis or treatment being provided; you or your resident representative may call in a consultant (you may have to pay for this visit);
- ❖ appoint someone you trust, such as a family member or close friend, to be your health care agent to decide about treatment if you lose the ability to decide for yourself
- ❖ provide advanced directives, such as a living will or other verbal or written instructions, about important health care decisions, like the withdrawal of life-sustaining treatment;
- ❖ have a surrogate make health care decisions on your behalf should you lose decision-making capacity and have not appointed a health care agent by filling out a health care proxy;
- ❖ refuse medication and treatment and discharge yourself from the facility should you choose, after being fully informed and understanding the probable consequences of such actions;
- ❖ choose a personal attending doctor among those who agree to abide by all applicable federal and state regulations and who are permitted to practice in the facility;
- ❖ be fully informed in advance about care and treatment of any changes in that care or treatment may affect your well-being;

- ❖ establish expected goals and outcomes of care, type, amount, frequency, and duration of treatment; request meetings and revisions to the plan of care and receive the services in the plan. You have a right to see the plan of care, including reviewing/signing the plan of care after a significant change in your condition;
- ❖ self-administer drugs only if the facility's interdisciplinary medical team has determined that this practice is safe.

## NURSING HOME RESPONSIBILITY

### **The nursing home must:**

- ❖ use chemical and physical restraints only if necessary for medical reasons and ordered by your doctor and, except in an emergency situation, obtain your consent or the consent of your resident representative who has legal authority to give such consent;
- ❖ inform you of the name, office address, telephone number and specialty of the doctor responsible for your personal care;
- ❖ inform you prior to admission that your doctor or dentist be affiliated with the facility in order to practice there;
- ❖ promptly respond to requests by your personal attending doctors or dentists to be approved to attend to you;
- ❖ inform you (except in a medical emergency) immediately and consult your physician and resident representative or an interested family member when there is:
  - (1) an accident involving you that results in injury;
  - (2) a significant improvement in your physical, mental or psychosocial status, in accordance with generally accepted standards of care and services;
  - (3) a need to alter the treatment significantly;
  - (4) a decision to transfer or discharge you from the facility;
- ❖ facilitate the inclusion of the resident representative in the care planning process;
- ❖ include and incorporate an assessment of your strengths and weaknesses;
- ❖ incorporate your personal and cultural preferences in developing your goals;
- ❖ inform you of the care to be furnished and the type of care plan or professional that will furnish care;

- ❖ inform you of the risks/benefits of proposed care, of treatment and treatment alternatives, as well as making personal choices for your care;
- ❖ receive care that is medically necessary;
- ❖ report concerns that the facility believes your decisions/actions are not in your best interest to the NYS Department of Health, as required;
- ❖ discharge you from the facility, should you choose, after fully informing you of the probable consequences of such action;
- ❖ provide you with information, a Health Care Proxy form and assistance to decide about advanced directives and designation of a health care agent;
- ❖ provide you with all information you may need to give informed consent for a “Do Not Resuscitate” order and comply with the New York State provisions regarding orders not to resuscitate;
- ❖ provide you with Cardiopulmonary Resuscitation (CPR) if you wish;
- ❖ comply with the Family Health Care Decisions Act and allow surrogate decision-making on behalf of a resident who lacks decision-making capacity and does not have a health care agent under a health care proxy. A surrogate is a spouse (if not legally separated from the resident) or domestic partner, adult child, parent, adult sibling, or close friend;
- ❖ furnish to you, upon your request, a copy of the New York State Department of Health brochure entitled “Deciding About Health Care: A Guide for Patients and Families.”

# PRIVACY AND CONFIDENTIALITY

## RESIDENT RIGHTS

### You have the right to:

- ❖ privacy and confidentiality of your personal and clinical records which reflect accommodations, medical treatment, written and telephone communications, personal care, associations and communications with people of your choice, visits and meetings of family and resident groups;
- ❖ private meeting space for you and your family;
- ❖ approve or refuse the release of personal and clinical records to any individual outside the facility except when you are transferred to another health care facility or when record release is required by law or health insurance company contract;
- ❖ privacy in written communications, including the right to send and receive unopened mail promptly;
- ❖ access to stationery, postage and writing implements (at your own cost);
- ❖ regular access to the use of a telephone where calls can be made without being overheard and which is wheelchair accessible and usable by residents who are visually and hearing impaired.

## NURSING HOME RESPONSIBILITY

### The nursing home must:

- ❖ ensure that you have privacy in accommodations, medical treatment, personal care, visits and meetings of family, friends and resident groups;
- ❖ ensure that your mail is delivered to you unopened and that it is sent out unopened;
- ❖ provide you, upon your request, with stationery, postage and writing materials (to be paid for by you) and assist you in reading or writing mail if you so request;
- ❖ provide you, upon your request, with access to a telephone (and assist you in its use) that is private and, if necessary, wheelchair accessible and equipped for the hearing impaired or the visually impaired;

- ❖ instruct all staff and assure that all staff adhere to its instructions to fully honor and maintain your right to approve or refuse to approve the release of your personal and clinical records to any outside individual;
- ❖ instruct all staff involved in your care to maintain your personal and clinical record in the strictest privacy. Staff must restrict discussion of your medical, mental and psychosocial problems to appropriate forums only, for example, at facility interdisciplinary care team conferences or unit conferences. Staff must not discuss or otherwise divulge your medical, mental and psychosocial problems with any other resident, even though discussion may be initiated by the other resident.

# FINANCES

## RESIDENT RIGHTS

### You have the right to:

- ❖ at the time of admission, a written copy and explanation of the facility's basic services;
- ❖ manage your own financial affairs or, in writing, authorize the facility to manage your personal finances in accordance with specific requirements, such as those governing resident interest-bearing accounts;
- ❖ refuse to deposit your personal funds with the facility;
- ❖ request your complete financial record and have the facility provide it to you within one business day;
- ❖ request an assessment which will determine nonexempt resources of you and your spouse at the time of admission, and will give your spouse, if he or she is living in the community, an equitable share of resources which cannot be used to pay for your care as you spend down to Medicaid eligibility levels.

## NURSING HOME RESPONSIBILITY

### The nursing home must:

- ❖ provide the following information to you if you are entitled to Medicaid benefits:
  - (1) a list of the items and services included in the nursing home services under the New York State plan and for which you may not be charged (see glossary for included services);
  - (2) a list of any other items and services that the facility offers and for which you may be charged, and the amount of charges for those items and services (the facility must inform you when changes are made in these lists);
- ❖ inform you verbally and in writing, before the time of admission, and periodically when changes occur during your stay, of services available in the facility and of the charges for those services, including any charges for services not covered by sources of third-party payment or by the facility's basic daily rate;

- ❖ prominently display written information in the facility and provide verbal and written information to residents and potential residents about:
  - (1) how to apply for and use Medicare and Medicaid benefits, and
  - (2) how to receive funds for previous payments covered by such benefits;
- ❖ not require you to deposit your personal funds with the facility;
- ❖ refund promptly any amount or proportion of repayment in excess of the amount used for services in the event you leave the facility prior to the end of the prepayment period for reasons beyond your control;
- ❖ deposit funds in excess of \$50 in an interest-bearing account separate from any of the facility's operating accounts;
- ❖ upon request, provide an assessment which will determine nonexempt resources of you and your spouse at the time of admission, and will give your spouse, if he or she is living in the community, an equitable share of resources which cannot be used to pay for your care as you spend down to Medicaid eligibility levels;
- ❖ upon request, inform you or your resident representative about funds held in account through quarterly statements;
- ❖ make available to you or your resident representative your individual financial record within one business day of a request;
- ❖ upon your death, convey 30 days of your personal funds deposited with the facility and a final accounting of those funds to the individual or probate jurisdiction administering your estate;
- ❖ if you are a private pay resident, give you a 30-day notice for any change in rate and, if you request, provide you with documentation explaining any additional charges.

# TRANSFER AND DISCHARGE

## RESIDENT RIGHTS

### You have the right to:

- ❖ transfer to another room in the facility if you wish;
- ❖ be given 30 days' notice before transfer or discharge, except in cases where the resident is at risk of harming themselves or others, or when the resident could be discharged earlier;
- ❖ file an appeal to the New York State Department of Health in response to an involuntary transfer or discharge, for which a hearing can be held under the auspices of the department;
- ❖ examine your own medical records;
- ❖ remain in the facility pending the appeal determination;
- ❖ a post-transfer hearing within 30 days of transfer if you did not request a hearing prior to transfer; if you win the appeal you will return to the first available bed in the facility;
- ❖ retain your bed if you have been involuntarily transferred until after the appeal decision is reached;
- ❖ information such as the name, address and telephone number of the New York State Department of Health, the New York State Long Term Care Ombudsman and the Commission on Quality of Care and Advocacy for Persons with Disabilities.

## NURSING HOME RESPONSIBILITY

### The nursing home may transfer or discharge you:

- ❖ only after the interdisciplinary care team, in consultation with you, determines:
  - (1) that the transfer or discharge is necessary for your welfare and your needs cannot be met after reasonable attempts at accommodation at the facility;
  - (2) that the transfer or discharge is appropriate because your health has improved sufficiently to the point where you no longer need the services provided by the facility;

- (3) your health or safety or the health or safety of other individuals in the facility would otherwise be endangered and all reasonable alternatives to transfer or discharge have been explored and have failed to safely address the problem;
- ❖ when you have failed to pay for a stay at the facility after having received reasonable and appropriate notice from the facility or to have paid under Medicare, Medicaid or third-party insurance. For failure to pay, such transfer or discharge is permissible only if:
  - (1) a charge is not in dispute;
  - (2) no appeal of a denial of benefits is pending or
  - (3) funds for payment are available, but you refuse to cooperate with the facility in obtaining them;
- ❖ when it discontinues operation and has received approval of its plan of closure from the New York State Department of Health.

**The nursing home must:**

- ❖ inform you and your resident representative, verbally and in writing, about bed reservation and readmission regulations at the time of your admission to the facility and again at the time of your transfer for any reason and/or therapeutic leave;
- ❖ readmit you, if you have been in residence at least 30 days, as soon as the first bed becomes available in a semi-private room if you were hospitalized, transferred or discharged on therapeutic leave without being given a bed hold when you require the services provided by the facility and are eligible for Medicaid;
- ❖ completely document in your clinical records the reasons for the move;
- ❖ before transferring or discharging you, notify you and a family member or resident representative both verbally and in writing (in a language and manner that you understand) of the transfer or discharge and the reasons for it;
- ❖ provide identical policies and practices regarding transfer, discharge and provision of services regardless of payment source;
- ❖ include in its written notice of transfer or discharge to you the following:
  - (1) a statement about your right to appeal to the New York State Department of Health, including the telephone number for the Department that can initiate an appeal;
  - (2) the name, address and telephone number of the state long term care ombudsman;
  - (3) if you are mentally ill or developmentally disabled, the mailing address and telephone number of the Commission of Quality of Care and Advocacy for Persons with Disabilities, the agency that can advocate for you

- ❖ provide its notice of transfer or discharge to you at least 30 days prior to the expected date of transfer or discharge or provide its notice to you as soon as practicable before transfer or discharge when:
  - (1) the health or safety of individuals in the facility would be endangered;
  - (2) your health improves sufficiently to allow a more immediate transfer or discharge;
  - (3) an immediate transfer or discharge is required by your urgent medical needs; or
  - (4) the transfer or discharge is made in compliance with your request;
- ❖ provide sufficient preparation and orientation to you to ensure safe and orderly transfer or discharge from the facility, including the opportunity for you to participate in deciding where to go;
- ❖ provide information to assist you in appealing a transfer or discharge by:
  - (1) seeing to it that you contact the appropriate state agency;
  - (2) calling upon your doctor and the facility staff to help you in examining and reviewing your medical records;
  - (3) working with the New York State Department of Health to making certain that the appeals determination is held, and that you are present if you desire.

## REQUIRED POSTINGS

**Nursing homes in New York State must post the following information in the facility, in a location easily accessible to residents and the public:**

- ❖ Summary of residents' rights and all rules and regulations governing resident conduct and responsibilities;
- ❖ Information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits;
- ❖ Information about advanced directives or written instructions concerning important health care decisions, health care proxy and designation of a health care agent;
- ❖ A schedule of the facility's current monthly activities;
- ❖ The facility's visiting hours;
- ❖ The date and time the facility will assess residents to determine the intensity of their needs;
- ❖ The date and time the New York State Department of Health auditors will visit the facility to audit the Patient Review Instrument;
- ❖ A statement that each resident has the right to know which reimbursement category he or she had been assigned by the facility;
- ❖ The person to contact in the facility for more information about resident assessment categories and reimbursement;
- ❖ A New York State Division of Human Rights nondiscrimination regulatory poster (must be displayed in the admissions office);
- ❖ Ensure that residents, employees or other person(s) may file complaints with or provide information to any long term care Ombudsman.

The home shall make available for examination the results of the most recent survey of the facility conducted by federal or State surveyors including any statement or deficiencies, any plan of correction in effect with respect to the facility and any enforcement actions taken by the Department of Health. They shall make available in a place readily accessible to residents and resident representatives without staffing assistance.

## FOR FURTHER INFORMATION

### CENTRALIZED COMPANY INTAKE PROGRAM

The New York State Department of Health's Centralized Complaint Intake Hotline may be used 24 hours a day, seven days a week, to report concerns about nursing home care. Please visit Our Complaints About Nursing Care website address:

<http://www.health.ny.gov/nursinghomecomplaints>

NYSDOH  
DRS/SNHCP  
Mailstop: CNLTC  
Empire State Plaza  
Albany, NY 12237  
1-888-201-4563

### NURSING HOME REGIONAL OFFICES

During normal business hours (Monday-Friday 8:30AM-4:30PM), you may also contact the Health Department office in your area at the address and telephone number below:

Capital District Regional Office  
Frear Building-2<sup>nd</sup> Floor  
Fulton Street  
Troy, NY 12180-3298  
518-408-5300

Covering these counties: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington

Western Region  
Buffalo Office  
584 Delaware Avenue  
Buffalo, NY 14202-1295  
716-847-4320

Covering these counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming

Rochester Office  
335 East Main Street  
Rochester, NY 14604  
585-423-8020

Covering these counties: Chemung, Livingston, Monroe, Ontario, Seneca, Schuyler, Steuben, Wayne, Yates

Central New York Regional Office  
217 South Salina Street  
Syracuse, NY 14604  
315-426-7976

Covering these counties: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins

Metropolitan Area Regional Office  
New York City Office  
90 Church Street, 15<sup>th</sup> Floor, LTCP/NH  
New York, NY 13202-3592  
212-417-4999

Covering the five boroughs of New York: Bronx, Brooklyn (Kings County), Manhattan (New York County), Queens, Staten Island (Richmond County)

New Rochelle Office  
145 Huguenot Street, 6<sup>th</sup> Floor  
New Rochelle, NY 10801-5291  
914-654-7058

Covering these counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester

Long Island Office  
Court House Corporate Center  
320 Carlton Avenue, Suite 5000  
Central Islip, NY 11722  
631-851-3606

Covering these counties: Nassau, Suffolk

#### LONG TERM OBMUDSMAN PROGRAM

Long Term Care Ombudsman Program  
1-800-342-9871

The Long Term Care Ombudsman Program is a federal advocacy program dedicated to protecting people living in long term care facilities. In New York State, the Office for Aging operates the program through its Office of the State Long Term Care Ombudsman. Ombudsmen spend an average of four to six hours a week in each of their assigned facilities, advocating for the residents.

New York State Office for the Aging (New York City)  
212-962-2720

## ADDITIONAL RESOURCES

The Commission on Quality of Care and Advocacy for Persons with Disabilities  
1-800-624-4143

The Commission on Quality of Care and Advocacy for Persons with Disabilities is responsible for the protection and advocacy system for developmentally disabled individuals and mentally ill individuals.

New York State Insurance Department  
1-800-342-3736

## GLOSSARY

Advanced Directives – A verbal or written instruction plan in advance of incapacitating illness or injury which ensures that the resident's wishes about treatment will be followed for a short or long period of time. This includes but is not limited to a health care proxy, an order not to resuscitate recorded in the resident's medical record and a living will.

Baseline Services – Those services included in the daily rate. At the time of admission, a written copy of the following basic services must be made available:

- ❖ The daily, weekly, or monthly rate
- ❖ board, including therapeutic or modified diets, as prescribed by a doctor;
- ❖ lodging – a clean, healthful, sheltered environment, properly outfitted;
- ❖ dietary services;
- ❖ 24-hour-per-day nursing care;
- ❖ pharmacy services;
- ❖ diagnostic services;
- ❖ the use of all equipment, medical supplies and modalities used in the care of nursing home residents, including but not limited to catheters, hypodermic syringes and needles, irrigation outfits, dressings and pads, etc.;
- ❖ fresh bed linen, as required, changed at least twice weekly, including sufficient quantities of necessary bed linen or appropriate substitute changed as often as required for incontinent residents;
- ❖ hospital gowns or pajamas as required by the clinical condition of the resident, unless the resident, family member or designated representative elects to furnish them, and laundry services for these and other launderable personal clothing items;
- ❖ general household medicine cabinet supplies, including but not limited to nonprescription medications, materials for routine skin care, dental hygiene, care of hair, etc.; except when specific items are medically indicated and prescribed for exceptional use for a specific resident;
- ❖ services, in the daily performance of their assigned duties, by members of the nursing home staff assigned to the resident care;
- ❖ use of customarily stocked equipment, including but not limited to crutches, walkers, wheelchairs or other supportive equipment, including training in their use when necessary, unless such items are prescribed by a doctor for regular and sole use by a specific resident;
- ❖ activities program, including but not limited to a planned schedule of recreational, motivational, social and other activities together with necessary materials and supplies to make the resident's life more meaningful;
- ❖ social services as needed;

- ❖ provision of optician and optometrist services;
- ❖ physical therapy, occupational therapy, speech pathology services, audiology services and dental services, on either a staff or fee-for-services basis, as prescribed by a doctor, administered by or under the direct supervision of a licensed and currently registered physical therapist, occupational therapist, speech pathologist, qualified audiologist or registered dentist.

Special Services – These services may be offered in addition to those considered standard.

- ❖ Adult Day Health Care (ADHC) – ADHC program provides the health care services and activities provided to a group of persons, who are not residents of a residential health care facility, but are functionally impaired and not homebound. Required supervision, monitoring, preventive, diagnostic, therapeutic, rehabilitative or palliative care or services but do not require the continuous 24-hour-a-day inpatient care and services to maintain their health status and enable them to remain in the community.

Each approved adult day health care session must operate for a minimum of five hours duration, not including time spent in transportation. It must also provide, at a minimum, nutritional services in the form of at least one meal and necessary supplemental nourishment, planned activities, ongoing assessment of each registrant's health status in order to provide coordinated care planning, case management and other health care services as determined by the registrant's needs.

- ❖ Adult Day Health Care – AIDS – An adult day health care program may be approved as a provider of specialized services for restraints with AIDS (acquired immune deficiency syndrome), and other human immunodeficiency virus (HIV) related illness. The program shall provide comprehensive and coordinated health services and the operator must provide or make arrangements for case management services; substance abuse services, if appropriate; mental health services; HIV prevention and counseling services; pastoral counseling; TB screening and ongoing follow up, and specialized medical services including gynecology, as needed.
- ❖ Behavioral Intervention Services – This program must include a discrete unit with a planned combination of services with staffing, equipment and physical facilities designed to serve individuals where severe behavior cannot be managed in a less restrictive setting. The program shall provide goal-directed, comprehensive and interdisciplinary services directed at attaining or maintaining the individual at the highest practicable level of physical, affective, behavioral and cognitive functioning.

- ❖ Clinical Laboratory Service – Clinical laboratory means a facility for the microbiological, immunological, chemical, hematological, biophysical, cytological, pathological, genetic or other examination of materials derived from the human body, for the purpose of obtaining information for the diagnosis, prevention, or treatment of disease, or the assessment of a health condition, or for identification purposes. Such examinations shall include procedures to determine, measure, or otherwise describe the presence or absence of various substances, components or organisms in the human body.
- ❖ Coma Services – A resident admitted for coma management shall be a person who has suffered a traumatic brain injury with structural non-degenerative brain damage, and is in a coma. The resident may be completely unresponsive to any stimuli or may exhibit a generalized response by reacting inconsistently and non-purposefully to stimuli in a nonspecific manor.
- ❖ Dementia Programs – Dementia programs seek to improve the quality and treatment of patients with dementia. Architectural designs and interior finishes are required to implement special programs for residents with dementia. Staff are trained to manage behavior and promote effective care of dementia patients by arranging the environment in ways that produce positive outcomes for patients. Special activities are offered to the residents with the goal of maintaining and promoting autonomy and decision making on the part of dementia patients.
- ❖ Diagnostic Radiology – When this service is provided, the operator shall ensure that the radiographic procedures requiring the use of contrast media or fluoroscopic interpretation and control are performed with the active participation of a qualified specialist in diagnostic radiology or a physician qualified in a medical specialty related to the radiographic procedure.
- ❖ Hospice – Hospice shall mean a coordinated program of home and inpatient care which treats the terminally ill patient and family as a unit, employing an interdisciplinary team acting under the direction of an autonomous hospice administration. The program provides palliative and supportive care to meet the special needs arising out of physical, psychosocial, spiritual, social and economic stresses which are experienced during the final stages of illness, and during dying and bereavement.

A resident of a nursing home who becomes terminally ill may receive hospice services. In order to establish eligibility for hospice care, the resident's physician and the hospice medical director must certify that the resident is terminally ill, the resident or authorized representative must elect the hospice benefit in writing,

and a hospice plan of care must be established. Terminal illness is defined as a medical life expectancy of six months or less if the illness runs its normal course.

- ❖ Limited Transfusion Services – Limited transfusion service means a facility, which transfuses blood and may temporarily store blood and distribute it within its own organization, but relies on a blood bank holding a permit in blood services transfusion to perform laboratory tests.

## Outpatient Services

- ❖ Occupational Therapy – This consists of instructing patients in prescribed academic subjects to prevent mental deconditioning, improving patients' mental and physical conditions and aiding in the attainment of knowledge and skills that will further residents' progress toward vocational objectives.
- ❖ Physical Therapy – This employs therapeutic exercises and massage and utilizing effective properties of heat, light, cold water and electricity for diagnosis and rehabilitation of patients with neuromuscular, orthopedic, and other impairments. Such services are provided in a coordinated and integrated program under the direction and prescription of a physician or registered physical therapist. Additional activities include but are not limited to the following: the provision of clinical and consultative services; the direction of patients in the use, function and care of braces, artificial limbs and other devices; prescribing therapeutic exercises; counseling patients and their relatives; organizing and conducting medically prescribed physical therapy programs; applying diagnostic muscle tests; administering whirlpool and compact baths; changing linen on physical therapy department beds and treatment tables; assisting patients in changing clothes and other personal needs and participating in discharge coordination.
- ❖ Speech Pathology – Rehabilitation services shall be made available, only at the direction of a physician, to eligible persons as medically needed and as an integral part of a comprehensive medical care program. Such services include not only service to the patient but instructions to responsible members of the family in follow up procedures necessary for the care of the patient.
- ❖ Pediatric – The facility provides extensive age specific nursing, medical, psychosocial and counseling support services to children with diverse and complex medical, emotional and social problems in a program recognized and approved by the department to provide these services.
- ❖ Respite Care Services (Short Term) – Scheduled short term nursing home care provided on a temporary basis to an individual who needs this level of care, but who is normally cared for in the community. The goal of scheduled short term

care is to provide relief for the caregiver(s) while providing nursing home care for the individual. Scheduled short term care is generally pre-arranged and shall be limited to one or more periods of time from one to 30 days and shall not exceed 42 days in one year except in extraordinary circumstances, such as sudden illness of the primary caregiver or temporary unfitness of the individual's principal residence.

- ❖ Traumatic Brain Injured (TBI) – A planned combination of specialized services provided in a nursing home unit for head-injured residents, where the unit consists of at least 20 beds. The head-injury program shall be designed specifically to serve medically stable, traumatically brain-injured individuals with an expected length of stay from 3 to 12 months. The program shall provide goal-oriented, comprehensive, interdisciplinary and coordinated services directed at restoring the individual to the optimal level of physical, cognitive and behavioral functioning. The population served shall consist primarily of individuals with traumatically acquired, non-degenerative, structural brain damage resulting in residual deficits and disability. The program shall not admit or retain individuals who are determined to be a danger to self or others.

A resident admitted for long-term rehabilitation shall be a person who has suffered a traumatic brain injury with structural non-degenerative brain damage, is medically stable, is not in a persistent vegetative state, demonstrated potential for physical, behavioral and cognitive rehabilitation and may evidence moderate to severe abnormalities. The resident must be capable of exhibiting at least localized responses by reacting specifically but inconsistently to stimuli; education and counseling services are available and offered to the residents and families.

- ❖ Ventilator Dependent – This program is intended to serve long-term ventilator dependent residents. Services shall be directed at restoring each resident to his or her optimal level of functioning and assisting each resident to achieve maximum independence from mechanical ventilation.

Residents shall be assessed as to their ability to be discharged to home or to a home-like setting with or without supportive services. When such potential is identified, the facility shall initiate an active program of therapy and other supportive services designed to assist the resident in the transition to the new setting. Facility discharge planning staff shall arrange for any home modifications, equipment or assistance expected to be required of the resident in the new setting.

Designated Representative – The individual is designated to receive information and to assist and/or act on behalf of a particular resident to the extent permitted by New York

State law. This is not the same as a health care agent. The designation occurs by a court of law if sought; by the resident if he or she has capacity to make such a designation; or by family members and other parties who have an interest in the well-being of the resident. The name of the designated representative must be noted in the resident's clinical record at the facility.

The designated representative:

- (1) Receives any written and verbal information required to be provided to the resident if the resident lacks capacity to understand or make use of the information, and receives any information required to be provided to both the resident and the designated representative;
- (2) Participates (to the extent authorized by New York State law) in decisions and choices regarding the care, treatment and well-being of the resident if such resident lacks capacity to make decisions and choices.

Family Health Care Decisions Act – Public Law 29-CC: A New York State law that provides legal authority for surrogate consent to any type of health care decisions for residents who cannot make their own decisions and who do not have a health care agent under the health care proxy.

Governing Body – The policymaking body of the facility, the board of directors, trustee of the facility or the proprietor or proprietor of a nursing home.

Health Care Agent – Someone appointed by the resident he or she trusts to decide about treatment if the resident becomes unable to decide for himself or herself. The resident has the right to appoint someone by filling out a form called a Health Care Proxy. These forms should be available at the facility.

Health Care Proxy – A document that delegates the authority to another individual known as a Health Care Agent to make health care decisions on behalf of the resident when the resident is incapacitated.

Quality Assessment and Assurance Committee – A committee consisting of at least the facility administrator (or designee), director of nursing, a doctor designated by the facility, at least one member of the governing body (not affiliated with the nursing home in an employment or contractual capacity) and at least three other facility staff members, meeting at least quarterly to oversee the effectiveness of monitoring, assessing and problem-solving activities for purposes of initiating quality improvements designed to advance the quality of life, care and services in the facility. The committee meets quarterly with the resident council to seek recommendations on quality improvements.

Resident – An individual who has been admitted to and who resides in a nursing home (facility) and is entitled to receive care, treatment and services required by New York State Law.

Resident Care Unit (or nursing unit) – A designated area that includes a group of resident rooms and adequate supporting rooms, areas, facilities, services and personnel providing nursing care and management of residents that is planned, organized, operated and maintained to function as a unit so as to encourage the efficient delivery of resident services and effective observations of and communication with facility residents.

Resident Council – The organization created by residents of a nursing home and recognized by the facility as the group that represents the interests of its members.

Sponsor – The agency of people, other than the resident, responsible in whole or in part for the financial support of the resident, including the costs of care in the facility.

Surrogate – A person who makes health care decisions on behalf of a resident who lacks decision-making capacity and who does not have a health care agent under a health care proxy. Surrogates are prioritized as follows: spouse (if not legally separated from the resident) or domestic partner; adult child; parent; adult sibling; close friend.