

Matulaitis Rehabilitation & Skilled Care
10 Thurber Road
Putnam, CT 06260
860-928-7976 / 860-963-1920 (fax)
www.matulaitisnh.org

You have contacted Matulaitis Rehabilitation & Skilled Care and indicated a desire to be admitted as a patient to this facility. Because of this, you have already been issued a receipt indicating the date and time of your initial request and your name has been placed on our dated list of application or inquiry list.

Please find enclosed this facility's written application form. As soon as you complete and return the form to the facility, your name will be placed on our waiting list for admission to the facility. Your name will only be placed on our waiting list after you complete and return this written application to us.



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Admission Policy and Procedure

It is the policy of Matulaitis Rehabilitation & Skilled Care to admit and treat all residents without regarding to race, national origin, religion, sex, age, or financial status.

Matulaitis Rehabilitation & Skilled Care is licensed by the State of Connecticut Public Health Department as a Nursing Home for Chronic and Convalescent Care – Skilled Nursing Facility.

Persons interested in having prospective residents considered for admission to the facility should obtain and complete the following forms: Application, Authorization for Release of Information, Transfer of Assets, and Receipt for Policy on Death and Dying. In addition, the W-10 should be forwarded from the prospective resident's primary care physician.

It is only when all forms have been completed and received by the facility that eligibility for admission will be evaluated by the Admissions Committee.

After the Admissions Committee has reviewed the information received, a letter will inform the interested party of the Committee's decision. DOES THIS HAPPEN? If the Committee determines that appropriate services can be provided by Matulaitis Rehabilitation & Skilled Care, the prospective resident will then be considered an "applicant." The letter will verify the date and time of the applicant's placement on the waiting list.

If an applicant's physical condition changes significantly during the time awaiting admission, the facility should be notified and an update W-10 should be forwarded to the facility.

Applicants on the waiting list are offered admittance to Matulaitis Rehabilitation & Skilled Care in order as vacancies occur. An applicant offered admission must be seen by their physician within 30 days prior to admission.



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Authorization for Release of Information

Date _____

To Whom It May Concern:

I, _____, authorize the release to, and the use by, Matulaitis Rehabilitation & Skilled Care of any medical and psychiatric or other pertinent information needed in providing continuity of care for my welfare.

Signature



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Transfer of Assets

Resident name: _____

Have you (or your spouse) sold, traded, given away, or transferred ownership of any motor vehicles, bank accounts, property of any kind, stocks, bonds, mutual funds or cash during the past thirty-six (36) months? _____

Have you (or your spouse) sold, traded, given away, or transferred ownership of any motor vehicles, bank accounts, property of any kind, stocks, bonds, mutual funds or cash during the past sixty (60) months? _____

Have you (or your spouse) established a trust or funded a trust with income or property of any kind within the past sixty (60) months? _____

If yes, provide additional details (attach an additional page if needed).

Have you (or your spouse) closed any type of account during the last thirty-six (36) months?

If yes, explain below. Include the bank name, address, account number, and date closed.

 Resident's Signature

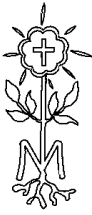
 Date

 Resident's Representative or Legal Representative

 Date

 Facility Representative

 Date



Application

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Applicant Information		
Name:		Maiden Name (if applicable):
Date of birth:	Social Security #:	Phone:
Current address:		
City:	State:	ZIP Code:
Email:	Place of birth:	Religion:
Citizenship:	Marital Status:	Sex:
Responsible for healthcare decisions:		Relationship:
Email:	Address:	
City, State, Zip:		Phone:
Legal representative (name, type of representation):		
Insurance Information		
Medicare #:		Medicaid #:
Medicare Rx Company:		Medicare Rx #:
Other Insurance:		
Long term care insurance:		
Veteran #:		Veteran Name:
Payment Source Information (include all income/assets)		
Savings (include all accounts, e.g. checking, savings, CDs, IRAs, bonds, mutual funds, stocks, etc.):		
Real Estate:		
Life Insurance:		
Social Security Amount:		Other Pension:
Income from other sources:		
Who will be responsible for payments?		
Will you be eligible for Medicaid (Title XIX) within 180 days of admission?		
Burial Arrangements		
Funeral Home:		Phone:
Do you have a prepaid burial contract?		
In case of death, who will be responsible for the funeral?		
Person to be notified about acceptance on waiting list		
Name:		
Address, City, State, Zip:		
Phone:		
The above applicant will be on our waiting list as soon as we receive the complete application.		
(For facility use) Application received/date:		

Smoking policy: This facility does not permit smoking on the premises.



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On Death and Dying

Matulaitis Rehabilitation & Skilled Care as a Christian institution is guided by the perennial teaching of the Catholic Church concerning the value of human life and the obligation to preserve it.

Christian View of Life and Death

Human life is God's creation – God's gift to each of us. We cannot decide to take our own life or the life of other human beings, or to make an arbitrary decision whether the life of an individual person is meaningful or not. We must reverence all human life and work to preserve it.

In the Christian view, death is not a final end of an individual's existence, but a necessary "passage" to a new and eternal life. Death, then, is an event, both painful and glorious, that calls for preparation and for spiritual as well as medical care.

Preserving Life

We have a duty to preserve our life until we are called to eternity. The use of life sustaining technology is judged in the light of the Christian meaning of life, suffering, and death. The duty to preserve our life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. All efforts are made so that a person may die comfortably, with compassion and dignity. Assisted suicide or euthanasia is never morally acceptable. Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering.

Guidelines for Decisions

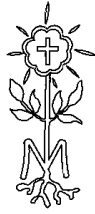
Physicians and their patients must evaluate the use of the technology at their disposal. Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgement. The task of medicine is to care even when it cannot cure and to keep a person as free of pain as possible.

A person has a moral obligation to use **ordinary or proportionate** means to preserve his/her life. **Proportionate means are those that offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense.**

Extraordinary or disproportionate means are those that do not offer a reasonable hope of benefit or entail excessive burden or impose excessive expense. A person may forgo extraordinary means of preserving life. The primary decision to use or not to use extraordinary means is that of the patient. When a person is unconscious or otherwise not capable of making such a decision, the family or a legally recognized surrogate decision-maker may make this decision based on the presumed will of the patient.

Explanation of Ordinary Means

In the moral sense, **ordinary means are: oxygen, nutrition and hydration, including medically assisted nutrition and hydration**, except for a person who is imminently dying or if the means cannot be assimilated by a person's body. Also included are medicines, including medicines to relieve pain, antibiotics to control infection, etc.; treatments such as IV therapy, blood transfusions, etc.; and operations such as would give hope and benefit to the patient to continue to live, as much as possible, a normal life. Hospital transfer does not indicate extraordinary means. It may be necessary for acute care, emergency care, or even complicated diagnostic tests.



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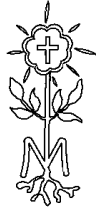
I have read and understand Matulaitis Rehabilitation & Skilled Care's ON DEATH AND DYING policy, and agree to comply with the philosophy of the nursing home on behalf of _____.

(Name of Applicant)

I also understand that this policy supersedes any living will presented upon admission that is in conflict with the policy of the nursing home.

Date

Signature of Applicant or Authorized Representative



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Effective July 1, 2017

CURRENT RATES

Matulaitis Rehabilitation & Skilled Care is a Chronic and Convalescent Nursing Facility

Short-Term Rehabilitation Unit:

All Other Rooms:

Semi-Private Room	\$381.00	\$371.00
Private Room	\$403.00	\$393.00

The per diem rate covers room, board and regular nursing care. Not included in the per diem rate are: physician's visits, diagnostic or special services, transportation to out-of-the facility medical appointments, individual nursing supplies, prescription medicines and pharmaceuticals, toiletries, clothing and miscellaneous items.



Transition to Nursing Home Care for Caregivers

Transitioning to a nursing home, professionally known as a Skilled Nursing Facility, can be an exhausting, emotionally challenging process. Your first few visits may be uncomfortable. Your loved one may be angry with you, or you may feel guilty. Allow yourself some bad days. You both will need time to adjust. Transitions are usually easier to manage when you know what to expect and how to help a loved one feel more at home.

What to Expect

As each day passes, your loved one and you will feel better about your care decision. Knowing what to expect can help you both through the first day, week and month. As you and your loved one prepare for the move, take some time to plan out the time after you leave the center on moving day. Maybe you'll want company. Maybe you'll want to know others can be available for a phone call. Be prepared for different options. You may want to ask family and friends to be available, just in case. If you invite family to your home and realize that you're not up to a visit, be honest and let them know.

The First Day

As with any move, the day your loved one moves will likely be hectic and exhausting. Care transitions are not only physically taxing; they also take a notable emotional toll. It's a tough day, but remember, there are brighter ones to come.

If you were providing in-home care, you may be at a loss as to what to do. It may feel odd to have time on your hands. You may feel like you're banging around an empty house. Have a few books ready to read on the first night. Relax with some music or turn on a movie that makes you laugh really hard or cry. When you can, sleep. And know that you're doing your best.

The First Week

The first week may be a bit confusing for both you and your loved one. You're getting used to a new routine, a new schedule, a new way. You may feel like you're navigating life without a map. Staff can help you adjust. If you're not sure whom to ask for help, ask to speak with a social worker. The Matulaitis Family Council, which meets the second Thursday of the month at 6:30pm in the facility, may be an excellent source of comfort and validation for you.

Your loved one may make negative comments. Your loved one may say he or she wants to go home. Acknowledge the desire. You might say, "I know, Mom. I wish you could too. What's hard for you today?" Then listen. If your loved one begins to cry, just offer comfort and a hug. After your loved one has had time to express feelings you also may want to redirect with a suggestion, such as "Let's take a walk down the hall" or "Let's get a cup of coffee." (Continued)

Transition to Nursing Home Care for Caregivers, Continued

The conversation about going home will tug on your heartstrings and nag your conscience. Just as you gave your loved one room for emotions during the decision to move, do so now. Empathize, offer comfort. Keep your feelings separate from your loved one's. Turn to family, friends, and others in your support system when you have your own tough moments.

If you struggle with how to address your loved one's comments, ask the social worker for help. In addition to the Family Council, you may also look into the Day Kimball Healthcare Caregivers Support Group or Alzheimer's Association resources (see below).

During the first week, you'll better understand the routines of the facility: what it's like during meals, shift change, and at different times during the day. You'll begin to recognize familiar faces. Write down any questions you may have and ask the unit manager to answer them for you. Sometimes big changes can precipitate a crisis in meaning. Feel free to reach out to the pastoral care department for support of your loved one.

During the first week, others close to you will hear news of your loved one's move. When they call to check in on you, you may feel obligated to explain your decision. You only have to share as much information as you'd like. You can simply say, "It was just getting too tough at home. This is an adjustment for both of us. We appreciate your support."

You may wonder if you're calling or visiting too much. Call and visit as often as you'd like. Use your gut as a guide. You also may be so tired that you find yourself too exhausted to visit as often as you'd like. Catch up on your rest and then visit. You can call to check on your loved one and ask others to increase their visits in the meantime. Visits will be more enjoyable after you recover from the stress of the decision and all that led to it.

Other Resources

The **Alzheimer's Association** has extensive resources for families and caregivers of those affected by dementias. Their 24/7 helpline can be accessed by calling 1-800-272-3900. Online resources <http://www.alz.org> are also valuable for many caregivers.

The **Day Kimball Healthcare Caregivers Support Group** meets the second Tuesday of the month at St. Mary's Parish Center in Putnam 1:30-2:30pm. Contact Kathy Demers, APRN of the Day Kimball Healthcare Geriatric Care Program for more information 860-377-6416.

The Connecticut **Long Term Care Ombudsman** can be reached by 1-866-388-1888 or 1-860-424-5200.

The **Family Council** at Matulaitis typically meets the second Thursday of the month at 6:30pm in the facility. Monitor signs at Center Court for specifics.

Adapted from Care Conversations, Transition to Care <http://careconversations.org/transition-care> accessed 17 December 2014.