



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

RESIDENT GUIDE

RESIDENT'S NAME: _____

ATTENDING PHYSICIAN'S NAME/CONTACT INFORMATION:

WELCOME!

Matulaitis Rehabilitation & Skilled Care is a 119 bed skilled nursing facility that provides both long and short-term care for chronically ill, convalescent or dying residents in a home-like, Christian atmosphere.

It was founded and is sponsored by the Sisters of the Immaculate Conception of the Blessed Virgin Mary and is operated by Matulaitis Rehabilitation & Skilled Care, a not for profit corporation.

As a Catholic facility, it participates in the Church ministry of healing and follows the teachings of the Roman Catholic Church, including the "Ethical and Religious Directives for Catholic Health Care Services." It is licensed by the State of Connecticut, Department of Health.

In accordance with federal laws and regulations, Matulaitis does not discriminate on the basis of race, color, national origin, disability, age, religious creed, sex, sexual orientation, gender identity or expression, marital status, ancestry, or lawful source of income in admission, access to treatment, employment or in its programs and activities. The facility has a no smoking policy.



About Your Care

Your physician will coordinate your care. Your physician, in most cases, will visit you within the first forty-eight hours of admission if you are coming from home or within 5 days if you are coming from the hospital. He or she will then routinely visit you at least every thirty days. However, should you have a medical condition that requires that you see a physician, we will

help you obtain this care. Your personal care physician or his/her alternate is available by phone twenty-four hours each day for issues that require immediate attention.

Other people who will care for you include:

- Nurses, who are available twenty-four hours every day
- Certified nursing assistants, who assist nursing staff with your care
- Social Workers, who are available Mon-Fri to assist residents and families in meeting psychosocial needs
- Dietitian, Food Service Supervisor, and dietary aides
- Physical, Occupational, and Speech Therapists, if needed
- Activity coordinators who plan, organize and present activity programs
- Consultant physicians, who are available, when needed, for your specialized needs
- Pastoral Care Staff, who will assist you with your spiritual needs

Resident Information Center

For your information, there is a bulletin board located on B-Wing (close to Center Court) that contains important facts about the facility and your rights. Changes in policies, updated information, and other items of interest are posted for your review.

Your Room

To make your stay as comfortable as possible, we encourage you to bring paintings, photos, and other small memorabilia to decorate your room. Our maintenance staff will hang your wall decorations. When decorating your room, please consider safety issues. Local fire regulations prohibit storing items immediately beneath the ceiling, hanging items from the over-bed lights, and overcrowding rooms with personal belongings. Also, the use of extension cords is prohibited.

All furniture must be checked first for safety by our Maintenance Supervisor.

You are welcome to bring in small electrical devices, such as shavers, radios, and televisions (please consult maintenance regarding compatible television brands, as not all work with our cable system). We request that **you do not bring in hair dryers or heating devices for safety reasons**. Blow dryers are provided in the beauty parlor and are available for use with staff supervision only. It is a requirement of the facility to have the Maintenance Department inspect all electrical devices prior to initial use. Adhering to these simple requests will help us maintain a safe environment for all our residents.

We will label all personal items such as eyeglasses, dentures (if requested), clocks, fans, etc. with your name.

If you have concerns about anything — room temperature, mattress comfort, lighting, cleanliness, privacy or noise level — we want to know. Please tell your nurse, so we can address your issues.

Clothing

You are encouraged to dress in street clothes when out of your room. We have several suggestions concerning your personal clothing and footwear that we would like you to keep in mind.

- On admission, we will label all personal clothing and footwear that is not labeled. Please bring all new clothing items to the main office to be labeled. The laundry staff will bring the items to the room once labeled.
- Please check all garment labels to be sure they are permanent press/wash and wear fabrics. Commercial machines are used in the laundry.
- Please purchase only colorfast garments that are machine washable.
- Please purchase loose fitting, stretchable garments for comfort and warmth, especially during the winter months.
- **Please inform all family members, when they bring in new garments for you, these new garments should be given to the office staff for labeling.**

Valuables

We request that you not keep large amounts of money or valuable jewelry in your room. You can request a locked box for the night stand from your nurse. The facility may not be responsible for items that are kept unsecured in your possession.

Safeguarding Funds

If you wish to deposit personal funds in a personal needs account within the facility, the accounts representative or social worker will assist you in establishing one with the following provisions:

- You must provide written authorization to hold, safeguard, manage and account for personal funds.
- This account should regularly have a balance of no more than \$50.00.
- The account will be an interest-bearing account for amounts greater than \$50.00, separate from any of the facility's operating accounts, crediting all interest to the account.

You will be provided with a full and complete accounting of personal funds on a quarterly basis.

The facility maintains a petty cash account for small cash withdrawals. These monies are available to residents through requests to the social worker during regular business hours or through requests to the nurse on evenings/weekends. Reasons for withdrawal are documented in the business office to assist in record keeping.

Upon death or discharge, if you have remaining funds left in your personal needs account, the business office will issue a check made payable to the resident or resident's estate within

thirty days. A final accounting will also be forwarded to the resident or the estate. If you are a Medicaid recipient, a final accounting will be done in coordination with the Department of Social Services.

Personal Care Items

Personal care items, such as deodorant, mouthwash, brushes, combs, and shaving cream are provided by the facility. Additional personal care items may be brought from home.

Meals

Residents have the choice of receiving their meals in their rooms or in the dining room; however we encourage those who are able to eat in the social setting of the dining room. Meals are served in the following time frames: Breakfast 7:30 - 8:00 am; Lunch 11:25 am - 12:00 pm; Supper 5:00 – 5:45 pm. Both lunch and supper are offered in the dining room. Snacks are offered during the day and in the evening. Residents and family members are encouraged to fill out selections on the weekly menu ahead of time. Alternate meal selections and times are available. Inquire at the nurses' station for details.

Professional Hair Services

The facility is responsible for basic hair hygiene (e.g. washing) as part of our basic services.

A professional hairdresser is available in the facility for residents at reasonable prices. Inquire in the Recreation Department for an appointment. Residents are responsible for payment of professional hair services. Payment may be drawn from the personal needs account.

Other Professional Services

It is the right of residents to choose their own professional health care providers for services that are not included in our basic daily rate. Those include consultant physicians, dentists, podiatrists, ophthalmologists, opticians and other professional services. The individual service provider must meet the high standards of care the facility requires. The facility maintains a list of professionals who have agreed to provide services to our residents.

Your selections are maintained in your individual medical record. Should you decide to change any of your personal care providers, please notify your nurse so we may keep your record current.

Medicaid and other health insurance do not always cover professional services such as dentistry or podiatry. Residents are responsible for payment of any services not covered. As with all services, fees will be discussed with you prior to the provision of the service.

Pastoral Care

Pastoral care services support and promote holistic approaches to healing. Matulaitis Nursing Home is committed to caring for the spiritual dimension of residents and families. A Roman Catholic Chaplain is in residence to provide religious and sacramental services. Religious Sisters assist residents in their spiritual needs and in moments of distress or for prayerful consolation.

Pastoral care includes but is not limited to: daily Holy Mass; Holy Communion regularly; Catholic devotions at specified times; monthly Christian/Interfaith services; regular Gospel singing and Bible studies. Other denomination visits may be provided by arrangement. If you have a specific request, please speak with the nurse, pastoral care staff, or Activities Director.

Ethics Committee

Matulaitis Nursing Home has an Ethics Committee which meets regularly and as needed. The committee's membership includes the Committee Director, Director of Nursing, Social Workers, the Medical Director, the Administrator and members of the Pastoral Care staff. The Committee offers recommendations to families, physicians, and residents concerning the ethical components of health care decisions and concerns.

Care Planning

We encourage you to take an active role in your care. By working with our health care professionals as part of the team, you help to assure the best possible outcome of your care. You, your representative, and any individual of your choice will be invited to attend conferences to review your plan of care. Each resident has a unique plan identifying his or her medical, psychosocial, and spiritual needs. The team will discuss your goals and allow time for your expression of issues, feelings, or concerns. Your active participation will contribute to our effort of ensuring a comprehensive, personalized plan.

The Care Plan provides a complete understanding of your abilities and care needs, and how to maximize your abilities, with input from all members of the care plan team. It is revised at least each quarter and more often if necessary. The team will meet to discuss your plan of care on a regular basis depending on your needs and requirements. Refer to your rights for more comments on the care planning process.

Activity Program

An activity program is provided for you, based upon your needs and interests. Programming may include music, exercise, games, crafts, interfaith services and related activities. The "Activity Calendar" is posted near the nursing station on each wing and on the www.matulaitisnh.org website.

Resident Council

Resident Council is a group of residents who come together to:

- discuss and offer suggestions about facility policy and procedures affecting resident care, treatment and quality of life, and to assist with implementation
 - support one another
 - plan resident and family activities
 - participate in educational activities

The facility will provide space, privacy, and staff support to organize the group. Meetings are held on a regular basis.

Family Council

The purpose of this group, initiated in January of 2015, is to provide support to family members as they experience the difficult transition of loved ones moving into a nursing facility. “We too know the multitude of mixed emotions and loss that accompany this move.”

In addition, the Family Council is a forum for identifying systemic areas to improve the care and well-being of residents. Identified areas are communicated to a staff member liaison who works with the facility to provide a multifaceted approach to the improvement of quality care. Meetings are attended by family members, guest speakers, and invited staff members.

Meetings are typically scheduled for the second Thursday of the month at 6:30pm in the facility. Refer to signs in the lobby for details. Please consider joining this group for ongoing family support.

Television and Telephone Service

For long-term residents, cable television hook-up is available at each bedside. Digital-ready televisions must be supplied by residents/families. Please contact the maintenance department, as not all televisions are compatible with the home’s cable system. Flat screen televisions are provided in the short-term rehabilitation rooms.

For short-term residents, telephones are provided in the rehab rooms. For long-term residents, telephone service is also available at each bedside. Initiation of service and all phone charges are the responsibility of the resident. Frontier is available by calling 1-866-436-5656 for assistance in this matter.

Please remember to have all electrical devices – televisions, radios, electric razors, fans and lamps - checked by our maintenance department for safety prior to use.

Visitors

Visits from family, friends, children and clergy are encouraged. The best hours for visiting are from 11:00 a.m. to 7:00 p.m. Refer to your rights for other comments on visiting hours. Should your condition require it, alternative hours are available, as long as they do not infringe on the rights of other residents. Visitors should review brought items with the nurse on duty, as some dietary restrictions may apply. Please remember to mark all personal items with your name.



Resident's Rights and Responsibilities

All residents have rights, which the facility will strive to protect and promote. This guide is a written notification of your rights and responsibilities. In addition, you will receive verbal notification. Please take the time to review this information and feel free to ask questions at any time.

Your Responsibilities

The purpose of resident's responsibilities is to assure that all residents share equally in the benefits derived from resident's rights, so that no one segment of the facility nor one person enjoy the benefits solely to the exclusion of others.

You are responsible for:

- Providing, to the best of your knowledge, accurate and complete information about past illnesses and hospitalizations, medications and other matters relating to your health.
- Reporting unexpected changes in your condition to the physician and the charge nurse.
- Making known whether or not you completely understand a proposed treatment and what is expected of you.
- Following all the facility's established rules and regulations affecting your care, conduct and safety.
- Assuming sole responsibility for your actions if you refuse treatment or do not follow instructions of your physician.
- Being considerate of the rights of other residents.
- Your personal behavior in control of noise or visitor disruptions.
- Being respectful of the property of others as well as that of the facility.
- Not using physical force or verbal abuse against another resident or employee of the facility.
- Respecting the facility's no smoking policy.
- Timely payments for services provided.

Residents' Bill of Rights

Exercising Your Rights

- You have the right to be fully informed, orally and in writing, in a form and manner you understand, of your rights and the facility's rules governing your conduct and responsibilities, and of changes in your

rights and in the facility's rules. This Bill of Rights tells you about your rights as a nursing home resident.

- You also have the right to be fully informed about your rights by advocacy programs funded by the federal or state governments.
- You have the right to exercise your rights as a resident and as a citizen. The facility must protect and promote your rights and support, encourage and assist you in exercising them.
- You have the right to designate another person, in accordance with state law, to represent you in exercising your rights and the facility must treat the decisions of such a designated person as your decisions to the extent required by law.
- You have the right to be treated equally with other residents in receiving care and services, and regarding transfer and discharge, regardless of the source of payment for your care.
- You have the right to exercise your rights without fear of discrimination, interference, coercion or reprisal.
- If you are not capable of exercising your rights, a representative designated in accordance with state law may exercise your rights on your behalf.
- Your rights cannot be reduced, rescinded or abrogated by contract.

Dignity and Self-Determination

- You have the right to be treated with consideration, respect and full recognition of your dignity and individuality.
- You have the right to receive quality care and services with reasonable accommodation of your individual needs and preferences, except when your health or safety or the health or safety of others would be endangered by such accommodation.
- You have the right to choose activities, schedules and health care consistent with your interests and your assessment and plan of care.
- You have the right to participate in community activities both inside and outside the facility.
- You have the right to make choices about aspects of your life that are significant to you.
- You have the right to keep and use your personal possessions, as space permits, unless doing so would infringe on the rights, health or safety of other residents.
- You have the right to notice before your roommate is changed.

Privacy

- You have the right to privacy in accommodations, in receiving personal and medical care and treatment, in visits and in meetings with family and resident groups. However, the facility is not required to provide you with a private room.
- You have the right to privacy in written, spoken, telephonic and electronic communications including email and video communications and in Internet research.
- You have the right to associate and communicate privately with persons of your choice, including other residents.
- If you are married, you have the right to privacy for visits with your spouse.
- If you are married and your spouse is a resident of this facility, you have the right to share a room with your spouse, subject to his or her consent and when such a room is available.

Communicating with Others

- You have the right to communicate with persons both inside and outside of the facility.

- You have the right to reasonable access to the Internet to the extent offered by the facility or at your own expense.
- You have the right to send and promptly receive unopened mail.
- You have the right to have stationery, stamps and writing implements made available by the facility for you to purchase.
- You have the right to reasonable access to a telephone that you can use without being overheard. You also have a right to the use of TTY or TDD services if needed.
- You have the right to receive information from agencies that act as resident advocates and to have the opportunity to contact such agencies.

Visits

- You have the right to receive visitors of your choosing, including but not limited to a spouse (including a same-sex spouse), another family member, or a friend, at the time of your choosing so long as the visitation does not impose on the rights of another resident.
- You have the right to be visited by your family or representative.
- You have the right to be visited by your attending physician or an advance practice registered nurse (“APRN”), the nursing home Ombudsman, and representatives of federal and state agencies concerned with resident care.
- You have the right to be visited by any other person of your choice, including persons who provide health, social, legal or services to nursing home residents subject to reasonable clinical and safety restrictions.
- You have the right to refuse to receive any visitor you do not want to see.

Group Activities

- You have the right to participate in social, religious and community activities that do not interfere with the rights of other residents.
- You have the right to organize and participate in resident groups in the facility.
- Your family has the right to meet with the families of other residents in the facility.

Grievances

- You have the right to voice grievances without discrimination or reprisal.
- You have the right to have prompt efforts made by the facility to resolve any grievances you may have, including those about the behavior of other residents, staff or other concerns regarding your stay.
- You have the right to file a complaint with the Connecticut Department of Public Health (“DPH”), the Connecticut Department of Social Services or the Connecticut Long Term Care Ombudsmen regarding abuse, neglect or misappropriation of residents’ property, non-compliance with advance directive requirements and requests for information regarding returning to the community. You also have a right to file a complaint with DPH for any suspected violation of a state or federal nursing facility regulation. A list of the names, addresses and telephone numbers of these and other agencies you may wish to contact is attached.

Care and Treatment

- You have the right to choose your personal attending physician or APRN. The facility may require you to use another physician if your physician or APRN does not comply with applicable statutes or regulations.

- You have the right to be fully informed about your total health status, including your medical condition in a form and manner that you can access and understand.
- You have the right to participate in planning your care and treatment and to be fully informed in advance about changes in your care and treatment.
- You have a right to sign your plan of care after significant changes are made.
- You have the right to refuse treatment, including life support systems, in accordance with state law. If the facility is unwilling to honor your wishes regarding the use of life support systems, it must attempt to transfer you to a facility that will honor your wishes.
- You have the right to administer your own drugs, if your care planning team determines that it would be safe for you to do so.
- Except in an emergency, you have the right to the opinion of two physicians prior to surgery.
- You have the right to refuse to participate in experimental research.
- You have the right to be free from restraints administered for discipline or convenience and not required to treat your medical symptoms. Physical and chemical restraints may be used only to ensure your physical safety or enable you to function better, and then only on the written order of a physician or APRN that states when and for how long they are to be used, except in an emergency.
- You have the right to have psychopharmacologic drugs administered only on orders of a physician or APRN, as part of a written care plan designed to eliminate or modify the symptoms the drug was prescribed to treat, and only if an independent external consultant reviews whether your drug plan is appropriate at least once a year.
- You have the right to be free from verbal, sexual, physical or mental abuse, corporal punishment and involuntary seclusion.
- You have the right not to perform work for the facility. If performing work for the facility is recommended as part of your care plan and suitable work is available, you have the right to choose to perform work for the facility and to choose whether you wish to work as a volunteer or for payment at prevailing rates, if your choice and the kind of work you will be doing are documented in your care plan.
- You have the right to know where to find, and to see, the results of current federal, state and local inspection reports and plans of correction.

Personal and Clinical Records

- You have the right to privacy and confidentiality regarding all personal and health information kept by the facility pertaining to you, as provided by federal and state laws governing the facility's use and disclosure of this information. You have received a copy of the facility's Notice of Privacy Practices, as required by law.
- You have the right to approve or refuse the release of these records to anyone outside the facility, except when you are transferred to another health care institution or when the release of your records without your consent is otherwise required or permitted by law.
- You have the right to have access to all facility records pertaining to you upon your request or the request of your legal representative within 24 hours after making such a request. You have the right to have copies of your records provided by the facility in the form and format requested (if such form or format is readily available) within two working days after the records have been provided to you. The facility may impose cost-based fee for copying as permitted by law.

Transfer and Discharge

- You have the right to be allowed to stay in the facility and may not be discharged from the facility, except as provided by federal law and Connecticut General Statutes section 19a-535. Federal and state law permit an involuntary transfer or discharge only when your needs and your welfare cannot be met in the facility; or transfer or discharge is appropriate because your health has improved so that you no longer need the services provided by the facility; or the health or safety of individuals in the facility is endangered; or, if you are paying for your care, your account is more than fifteen days in arrears; or if your assets are exhausted and you have failed to file an application for Medicaid assistance or to respond to Medicaid's requests for information in a timely manner; or you are no longer eligible for nursing home care as determined by the PASARR program or level-of-care review; or if the facility ceases to operate.
- Except in an emergency, you must be given at least thirty days, and no more than sixty days, notice of a transfer or discharge from the facility unless the transfer or discharge is made because the health or safety of individuals in the facility is endangered; your health has improved sufficiently to allow for a more immediate transfer or discharge; immediate transfer or discharge is necessary due to urgent medical need; or you have resided in the facility for less than thirty days. In such cases, you must be given as much notice as practicable.
- You have the right to appeal an involuntary transfer or discharge from the facility to the Connecticut Department of Social Services.
- You may be involuntarily transferred from one room to another within the facility if necessary due to repairs or renovations; irreconcilable incompatibility between you and a roommate; the need to admit a person of the opposite sex; allowing another resident access to special medical equipment you no longer need; or if you no longer need programs or services offered in a specialized area of the facility. If you reside in a private room and become eligible for Medicaid assistance, you may be moved to a semi-private room (two or more beds). You must receive 15 days' written notice of an involuntary room change, except that room changes due to nonemergency repairs or renovations or becoming eligible for Medicaid assistance require 30 days' notice. In an emergency where there is the danger of physical harm to you or other residents, you may be moved immediately, without advance notice.
- You may not be involuntarily transferred or discharged from the facility if the transfer or discharge is medically contraindicated. You also may not be involuntarily transferred from one room to another within the facility if the transfer is medically contraindicated.

Payment for Services

- You have the right to be fully informed of the services available in the facility and, if you are paying for the cost of your care, of the per diem rate and charges for any services not covered by the per diem rate. If your care is paid for by Medicare or Medicaid, you have the right to be informed of the services that are not covered by Medicare or Medicaid and the charges for such services.
- You cannot be required to waive any rights you may have in order to receive Medicare or Medicaid, or to give assurances that you are not eligible for or will not apply for Medicare or Medicaid, as a condition of admission to or continued residence in the facility.
- You cannot be required to have a third-party guarantee payment for your care as a condition of admission or expedited admission to, or continued residence in, the facility.
- You cannot be required to pay or give the facility any gift, money, donation or other consideration as a condition of admission to or continued residence in the facility.
- You have the right to be informed of how to apply for and use Medicare and Medicaid and how to receive refunds for previous payments covered by these programs.

- You have the right to receive a copy of any Medicare or Medicaid application completed by the facility on your behalf or to designate that a family member or other representative receive a copy of any such application.

Personal Funds

- You have the right to manage your personal financial affairs and cannot be required to deposit your personal funds with the facility.
- You have the right to have the facility manage your personal funds, if you authorize this in writing. You have the right to a quarterly accounting of your funds. A separate statement about how the facility manages residents' funds is provided.



Other Rights/Legal Information

Resident Abuse Law

This facility complies with the state Patient Abuse Laws. If you are aware of abuse, mistreatment, neglect, exploitation, serious injuries of unknown origin, misappropriation of the property of any resident of this facility, report your concerns to a staff member. You may wish to report your concern also to the Connecticut Department of Public Health or the State of Connecticut Department of Social Services State of Connecticut Long Term Care Ombudsman. They will work with us to investigate and prevent further instances. To contact one of these departments, refer to the contact information at the end of this document.

All employees, volunteers, and contractors of this facility are required by state law to report suspected instances of abuse, mistreatment, neglect, exploitation, serious injuries of unknown origin, or misappropriation of property.

We are committed to providing the highest quality of care to all our residents. We would appreciate receiving notification of any incident that has harmed or may harm a resident. All notices received are investigated.

Grievance Procedure

Residents are entitled to exercise their rights to the fullest extent possible without fear of discrimination, reprisal or recrimination. Should a resident or representative feel that our facility, or its staff, has failed to live up to its policies, or has in any way denied a resident their rights, you may submit a complaint or grievance orally, in writing, or anonymously. Refer to the instructions posted on the B-Wing information bulletin board for a specific form or instructions. Otherwise, notify the charge nurse, the director of nursing, the social worker (the designated Grievance Official at x317), or the administrator. They will help you resolve your difficulty promptly, within 5 business days. You will be informed orally of the resolution unless you request a written notice. You may also consult with the Ombudsman for the facility if you are dissatisfied with the outcome of the investigation. Contact information for state agencies can be found at the conclusion of this document.

Advance Directives

You have the right to refuse medical treatment or procedures consistent with the provisions of applicable laws. The facility will endeavor to implement your documented wishes (or those of a legal representative acting on your behalf) concerning the refusal or withdrawal of medical treatment or procedures in accordance with State and Federal law. We also want to direct you to the document On Death and Dying, which further defines end of life issues. This document has been prepared by Matulaitis to assist you in your decision making on this important issue.

Before you decide to accept any treatment or procedure, you must be given information, which includes:

- A description of the recommended treatment or procedure detailing its risks, benefits and likely outcome.
- A description of any alternative treatment or procedures along with the risks, benefits and likely outcome; also, the likely results of not having any treatment at all.
- The major problems, if any, to expect in recovery and the timeframe involved in resuming usual activities.
- Other information usually given by physicians to residents in similar circumstances.
- Any other information you require to make an informed decision regarding your medical care.

Legal Representation

When residents are incompetent to give consent, they should still be involved in all decision making to the extent possible. However, a resident representative – a court-appointed guardian or conservator, a legal representative, or an individual chosen by the resident or authorized by State or Federal law to act on a resident's behalf to support decision-making; access medical, social, or other personal information; manage financial affairs; receive notifications – should be available to the facility to give consent on behalf of the resident.

An example of legal representation, effective October 1, 2006, is a *health care representative*. The health care representative is a person you authorize in writing to make any and all health care decisions on your behalf, including the decision whether to withhold or withdraw life support systems. A health care representative does not act unless you are unable to make or communicate your decisions about your medical care. The health care representative will make decisions on your behalf based on your wishes, as stated in a living will or as otherwise known to your health care representative. In the event your wishes are not clear or a situation arises that you did not anticipate, your health care representative will make a decision in your best interests, based upon what is known of your wishes. A copy of this document will be kept in the resident's file. This is the only form of representation that can be witnessed by staff members of Matulaitis.

Another example of legal representation is a *conservator* or *guardian*. Any person claiming to be a resident's conservator/guardian will be asked to produce the documents proving their authority. Conservatorship powers can be over the resident's person or estate. Even where the power is over the person, it may be limited so that it does not include the making of health care decisions, or it may be limited to only certain basic health care decisions.

Another form of legal representation is the *power of attorney*. A power of attorney is a document signed by the resident providing somebody else with the authority to take financial and legal actions on the resident's behalf. It usually does not cover health care decisions. The resident can revoke any authority given to a third party under the power of attorney at any time. Any person claiming to have power of attorney will be asked to produce this document giving the authority so that the facility can review its contents. A power of attorney in most instances ceases to have effect when the resident becomes incompetent.

A *durable power of attorney for health care* was a special kind of power of attorney prior to Oct. 1, 2006, which provided for appointment of another person to make health care decisions for the resident if the resident becomes unable to make decisions on his or her own behalf. The *responsible party* or *guarantor* is often confused with other types of legal representatives. The responsible party/guarantor will often sign the admission agreements with or on behalf of the resident. The responsible party/guarantor, by virtue of signing as such, promises to be responsible for all costs incurred by the resident as a result of the care received at the facility. The responsible party/guarantor undertakes no responsibility other than the financial responsibility for such payments. It is not proper to look to responsible parties/guarantors for any health care decisions, nor may they consent to the release of medical records or transfer of the resident to another facility. Only where the responsible party/guarantor is also one of the above mentioned types of legal representatives may their authority extend beyond financial matters.

Please refer to the packet given to you upon admission, "Your Rights to Make Health Care Decisions" provided by the Office of the Attorney General. This packet will give you further information, and includes the health care representative form. You or your family may wish to discuss the appropriateness of the various kinds of legal representation with an attorney.

Ombudsman Program

More information concerning your rights as a facility resident is available by contacting the Connecticut Long Term Care Ombudsman. The telephone number is (860) 424-5200. The Connecticut Long Term Care Ombudsman Program is designed to help you if you live in a nursing or rest home and have a problem or complaint.

Ombudsman is a Swedish word meaning *someone who helps someone else*.



Discharge Planning/Transfers

Planned discharges or transfers – including setting up services or choosing a new residence – will be discussed with you and/or your representative. All reasonable steps will be taken to assure your choices are honored.

Should you request an appeal to a discharge, you cannot be transferred or discharged until after the hearing officer issues a decision in favor of the facility. If the grounds for the planned transfer or discharge are nonpayment, you have the right to pay any amount owed. If you do this, the facility may not transfer or discharge you for nonpayment.

If the hearing officer agrees with you, the facility will not be permitted to transfer or discharge you. If the hearing officer decides in favor of the nursing facility, you will generally be allowed 30 days from the date you receive the decision to prepare for the move. If the reason is one for which the facility is not obligated to give you 30 days notice, you will be allowed five days from the date you receive the decision to prepare for the move.

All personal property must be removed from this facility no later than 15 days from the date of discharge; otherwise, disposal of such property will be made in accordance with current policy.

Transfers within the facility may occur if:

- you request a room change
- there is a medical or safety reasons
- irreconcilable differences with a roommate
- you become eligible for Medicaid
- your room requires repairs
- the facility needs to admit a person of the opposite gender
- you no longer require the services of the short term rehabilitation wing (B)

Orientation to your new room will be provided whenever possible and may include visits to the new unit and room, and introduction to staff, roommate(s) and other residents.

Bed Reservation

This facility offers the opportunity to you and your family to make a decision regarding reserving a bed should you require transfer to an acute care hospital or for therapeutic reasons. Depending upon your individual source of payment, the following options are available:

- Self-Pay Residents: If you are self-paying for your stay at this facility and you are admitted to an acute care setting or request an overnight social leave, a bill for the current daily rate will continue to be rendered to reserve your place at the facility. Should you or your family opt not to pay for reserving your bed, you will be discharged from the facility per regulations.

- Medicaid Residents: In the case of a Medicaid-assisted resident, the facility will reserve the bed for up to seven days as long as the facility has not received information that the resident is not expected to return to the facility at the same level of care. The facility also will reserve the bed for up to an additional eight days as long as the facility has not received information that the resident is not expected to return to the facility at the same level of care. If a Medicaid-assisted resident wishes to reserve his or her bed during a period of hospitalization for any other or longer period of time, the bed will be reserved as long as payment is made by the resident or responsible party at the facility's usual Medicaid per diem rate.
- Medicare Residents: Medicare does not have any financial mechanism to pay for bed reservation should a resident with this coverage be admitted to an acute care setting. You do have the option to self-pay to reserve a place in the facility. Should you have long term Medicaid in place at the time of transfer, Medicaid will pay to reserve the bed for up to fifteen days as described above.

You may want to leave the facility overnight on occasion for social or therapeutic reasons. Medicaid residents are allowed twenty-one days per calendar year for this purpose. Self-paying residents may have unlimited social or therapeutic leaves as long as they continue to pay the facility's daily rate. A bill for the current daily rate will continue to be rendered to reserve the room. Medicare does not allow any non-medical overnight stays away from the facility.

Should services of the facility continue to be required following hospitalization, social, or therapeutic leave, even in the situation where a bed hold option has been refused or exhausted, the resident may be readmitted to the facility's next available appropriate semi-private bed.



Financial Arrangements

Costs for Services Policy

You or your representative will be informed, both orally and in writing, at the time of admission to the facility of the following:

- The basic daily rate (subject to change) which includes room, board, linen, bedding, and nursing care as may be required for your health, safety and well-being.
- The bed hold rate is the same as the basic daily rate.
- The basic daily rate and bed-hold rates do not include: physician's services, medications, pharmaceutical services, sundries, medical supplies, rental equipment, personal telephone, beauty and barber services, dry cleaning, laboratory services, x-ray services, oxygen services, and ambulance and other transportation services.

Treatment ordered by the attending physician will be provided for residents in need of physical, occupational, speech and psychiatric therapy, as long as private payment or Medicaid or Medicare reimbursement for such charges is available. Dental, podiatry, optometry and private duty nursing services are provided on request or as ordered by the attending or substitute physician. These services will be billed to the resident with prior authorization from the resident/representative.

Medicaid Benefits

This facility is certified for participation in the Medicaid program and, if you are a Medicaid beneficiary, you will only be responsible for the personal portion of your daily rate as determined by the Department of Social Services. This is called your applied income and is due at the beginning of each month. It usually includes your Social Security check, pension, or other monthly income. Funds in the amount of \$60 are kept by the resident/representative for the resident's personal needs.

The following items are covered in the Connecticut Medicaid daily rate:

- General Nursing Care
- Room
- Meals and snacks
- Laundry and linen
- Activities and entertainment provided in the facility
- Pharmacy items as covered by state regulation
- Routine personal hygiene items such as shampoo, combs, brushes, soap, and deodorant
- Most durable medical equipment, such as walkers

To the extent provided by law, the facility will not charge residents for portions of the cost of any service provided for which payment is available under a federal or state medical assistance program.

Medicaid pays for most medically necessary services, such as those provided by Connecticut Medicaid provider physicians. Medicaid covers transportation to and from consultants. Also included are X-rays, most medications, dental services and eyeglasses. Some of the services may require prior authorization. The interdisciplinary team will assist you in obtaining prior authorization.

The following items are not included in the Connecticut Medicaid daily rate:

- Personal clothing
- Personal television, radio, or phone in your room
- Personal toilet articles (cosmetics, beauty-related shampoo, etc.)

- Social events, entertainment, or meals outside of the facility
- Beautician/barber services
- Pharmacy items and other medically related services not provided by Connecticut Medicaid
- Podiatrist

Medicaid benefits for long term care are available to an individual with medical and financial needs who is aged, disabled, or blind.

Before Medicaid pays for nursing facility services, an applicant must be screened to determine, based upon clinical criteria, that a need for skilled nursing care exists and that the nursing needs cannot be met in the community.

The Accounts Specialist will inform you/your representatives of the requirements and procedures for establishing your eligibility for services provided by Medicaid, including your right to complete a Department of Social Services assessment of spousal assets form. An individual is allowed total assets not to exceed \$1600.00. Assets include all bank accounts, savings and checking accounts, money market certificates, cash on hand, stocks, bonds, mutual funds, trust funds, credit union funds, personal needs accounts held in nursing facilities, and the cash surrender of life insurance policies when the total face value of all policies exceed \$1,500.00, if funeral home is made beneficiary.

Completing a Medicaid application can be a confusing process. The Accounts Specialist will assist you should the need arise, including obtaining an application for you.

Questions concerning eligibility requirements can be directed to:

State of Connecticut
 Department of Social Services
 55 Farmington Avenue
 Hartford, Connecticut 06105-3730
 1-855-626-6632

Medicare A Program

The US Department of Health and Human Services administers Medicare through the Centers for Medicare and Medicaid Services. Persons over 65 years old or certain disabled persons under age 65 can qualify for benefits.

The Medicare A Program covers charges for room and board and the ancillary services listed below, when the following conditions are satisfied:

- The resident requires skilled nursing services or rehabilitation services that must be performed by or under the supervision of a registered nurse or licensed or certified physical or occupational therapist.
- The resident requires these services on a daily basis.
- As a practical matter, considering economy and efficiency, the daily skilled services can only be provided on an inpatient basis in a skilled nursing facility.
- The beneficiary must have been hospitalized for at least three nights prior to admission to the facility and the reason for admission to this facility must be the same as for what the beneficiary was hospitalized for. In certain instances, the beneficiary may have been home from the hospital for up to thirty days prior to admission to the facility, but still requires the services for which the original hospitalization occurred.

If you disagree with a decision on the amount Medicare will pay on your claim, if you feel you are entitled to a refund, or if you have questions regarding whether services received are covered by Medicare, you have the right to appeal the decision. If you wish to apply for Medicare or need more information about Medicare you may contact:

Social Security Administration
 1320 Main Street, Ste. 19
 Willimantic, CT 06226
 Telephone 1-877-405-0488

You may also contact:

Center For Medicare Advocacy
 1-860-456-7790

For those who have Medicare coverage, Medicare pays 100 percent of the daily room rate, plus all ancillary charges for the first 20 days of your admission. After that, Medicare pays only a portion of your stay up to a maximum of 100 days. The exact number of days covered depends on your medical needs, progress, and discharge plan. The facility will notify you should they feel that you no longer qualify for Medicare reimbursement. Reasons for non-coverage include failure to progress toward established medical or rehabilitation goals, and failure to participate in established approaches to care as defined by your physician.

If you meet the qualifying conditions for extended stays beyond 20 days, you are responsible for a portion of the charge for days 21 through 100. This portion, co-insurance, is established by Medicare each year. Your progress will be monitored closely by the facility and you will be informed should issues of non-coverage arise.

Some supplemental insurance programs, such as Blue Cross/Blue Shield, will cover the co-insurance amount. If you do not have a supplemental insurance program to cover this amount, we will remit a bill to you, or to your responsible person, once each month.

Medicare Part B Program

When you no longer qualify for Medicare Part A benefits, Medicare Part B (provided that you are a subscriber) may pay 80 percent of the following ancillary services, with you being responsible for the other 20 percent.

1. Physical, occupational, and speech therapy
2. Orthotics
3. Glucose testing

Medicare Part D

The Federal Medicare drug benefit, also known as Medicare Part D, began on January 1, 2006. Medicare Part D offers residents a choice of insurance plans to help them with their prescription drug costs. Our pharmacy, Pharmerica, contracts with many of the Medicare drug plans that are offered, and helps to ensure that medication services will not be interrupted. If you did not sign up for Medicare Part D prior to admission and have prescription coverage through another insurance that is *as good as or better* than the Medicare D plans, please notify the Accounts Specialist. Medicare beneficiaries who become eligible for Medicaid must enroll in a Medicare D drug plan to continue receiving a drug benefit. Please see the Accounts Specialist if you have questions or need assistance.

Resident Responsibilities for Payment

As a resident, you will be responsible for payment of charges relating to resident care in the following circumstances:

- When care is not covered by any private or public (e.g., Medicare, Medicaid, etc.) insurance program or when you are unable to provide proof of coverage.
- For residents who pay privately, the per diem rate includes room, board, linens, and bedding, nursing care and/or routine personal care only. Medicines, medical and other supplies, physician consulting services, and other direct care services of Physical, Occupational or Speech Therapists, podiatrists or dentists are billed to the resident.
- **When a private insurer does not pay full charges, and no other insurer is identified to pay the difference, you will be responsible for the difference in charges.**
- Should payment for all charges receive a retroactive denial of financial responsibility by Medicare, Blue Cross, Medicaid and/or any other insurer from whom the resident may be qualified to receive benefits, the resident is responsible for incurred charges.

- When the resident is at the facility less than twenty-four hours, the resident will be assessed a charge equivalent to one day's rate.
- Should the resident be discharged past 11:00 a.m., an additional charge equivalent to one day's rate will be assessed.
- An interest charge of 1 1/2 percent per month may be added to the balance of any account overdue 30 days or more.

Written authorization for services, which are not included in the per diem rate, will be obtained from you except for medical services required in an emergency. Costs for such services, which are not included in the basic rate, will be discussed with you prior to provision of that service. As various physicians' fees for services vary, those costs will be made available to you prior to the execution of the service on an individual basis, at your request.

Residents are responsible for hospital charges and transportation fees in the event that hospitalization becomes necessary.

Upon request, the facility will provide you with a reasonable explanation of charges for your care, regardless of the source of payment.



Connecticut Regulatory and Informational Agencies

The following are provided as a resource to all residents/representatives.

State Survey Agency

To file a complaint about healthcare providers or facilities.

Connecticut Department of Public Health
Facilities Licensing & Investigations Section
410 Capitol Avenue, MS #12HSR
P. O. Box 340308
Hartford, CT 06134-0308
Telephone: 860-509-7407
Email: dph.fliscomplaint@ct.gov

State Licensure Office

Assures persons are licensed in their professional licensing categories.

Connecticut Department of Public Health
Facility Licensing & Investigation
410 Capitol Avenue, MS #12 HSR
P. O. Box 340308
Hartford, CT 06134-0308
Telephone: 860-509-7407

State Long-Term Care Ombudsman

Protects and promotes the rights and quality of life for residents of skilled nursing facilities.

Nancy B. Shaffer, M.A.
CT State Long Term Care Ombudsman
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105-3730
Telephone: 866-388-1888 (Toll free)
860-424-5200
Email: ltcop@ct.gov

Protection & Advocacy Agency

To safeguard and advance the civil and human rights of people with disabilities.

Office of Protection & Advocacy for Persons with Disabilities
60 B Weston Street
Hartford, CT 06120
Telephone: 860-297-4300
800-842-7303
Email: opa-information@ct.gov

Adult Protective Services

Supports the safety and well-being of elders who may be maltreated.

Department of Social Services
Social Work Division
55 Farmington Avenue
Hartford, CT 06105-3730
Telephone: 1-888-385-4225
860-424-5281

Contact Agency for Information about Returning to the Community/Home and Community Based Service Programs

Offers a variety of services to help eligible individuals who need support to live at home or return to community living.

CT Homecare for Elders Program
Department of Social Services
Community Options
55 Farmington Avenue, 9th Floor
Hartford, CT 06105
Telephone: 800-445-5394

Money Follows the Person Program
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105-3730
Telephone: 1-888-992-8637

Medicaid Fraud Control Unit

Investigates fraud committed by healthcare facilities who provide services paid for by Medicaid.

Medicaid Fraud Control Unit
Office of the Chief State's Attorney
300 Corporate Place
Rocky Hill, CT 06067
Telephone: 860-258-5986