

Welcome to Cedar Crest

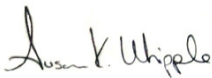
Dear Patient or Resident,

Welcome to Cedar Crest Nursing & Rehabilitation Centre. It is our goal to make your experience at Cedar Crest as pleasant as possible. This **Patient & Resident Guide** presents an overview of your care, services and day-to-day life here. However, we know that you may still have many other questions and encourage you to contact your nurse or any member of the administrative team for assistance.

From the moment of your arrival at Cedar Crest, our team of dedicated healthcare professionals will be working to ensure that you receive the highest quality of care, comfort and level of satisfaction. This determined dedication to excellence is symbolized by our certification by the Joint Commission on Accreditation of Healthcare Organizations, the gold standard for healthcare facilities. (To learn more, please visit www.jointcommission.org.)

We thank you for choosing Cedar Crest and promise to do everything possible to ensure your comfort and approval. We also welcome any suggestions or recommendations you may have as to how we can improve. A suggestion form can be found and deposited in our confidential box located at the main reception desk. You are also welcome to contact me personally at any time.

Sincerely,



Susan K. Whipple
CEO/Administrator

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STAFF CONTACT DIRECTORY

To reach any member of our staff at Cedar Crest, you must first dial our main telephone number at **(401) 944-8500**. During our business hours of 9 am to 7 pm, our receptionist will connect you with the proper extension. At other times, please dial the extension for the person/department that you'd like to reach. Staff may also be reached via email.

Administrator/CEO – Susan Whipple.....ext. **7170**
swhipple@cedarsliving.com

Assistant Administrator/VP – Thom Whipple.... ext. **7174**
twhipple@cedarsliving.com

Director of Nursing – Gail Dombeck..... ext. **7122**
gdombeck@cedarsliving.com

Adm. of Nursing Services – Linda Cooney..... ext. **7134**
lcooney@cedarsliving.com

Admissions Director – Linda Ferschke..... ext. **7117**
lferschke@cedarsliving.com

Dining Services/Dietician – Lynne Fontaine.....ext. **7126**
lfontaine@cedarsliving.com

Discharge Planning – Karen Casale.....ext. **7137**
kcasale@cedarsliving.com

Social Services – Deb McCarthy..... ext. **7179**
dmccarthy@cedarsliving.com

Rehab Officeext. **7118**

Dir. of Rehab Services – Heather Silva.....ext. **7177**
hsilva@cedarsliving.com

Financial Services – Josh Segal.....ext. **7152**
jsegal@cedarsliving.com

Activities Director – Greg Gillis.....ext. **7135**
ggillis@cedarsliving.com

Activities Specialist – Tyrone Jackson.....ext. **7172**
tjackson@cedarsliving.com

Maintenance/Housekeeping –ext. **7127**
Jim Naylor (Safety Director) / Erick Hernandez
jnaylor@cedarsliving.com or ehernandez@cedarsliving.com

Nurses Stations:

East II (Rooms 9, 10, 14, 18-22A).....ext. **7121**

East II (Rooms 22B – 29B).....ext. **7131**

Independence (Rooms 1-7, 12 & 16).....ext. **7133**

South (Rooms 50-60 & 63).....ext. **7120**

East I Generations (Rooms 66-91).....ext. **7132**

North Champlin Way (Rooms 30—49, 61, 62).....ext. **7119**

Public Relations – Lynda Sprague.....ext. **7136**
lsprague@cedarsliving.com

Medical Recordsext. **7129**

Transportationext. **7139**

Hair Salon (Caterina).....ext. **7116**



A 40-Year History of Innovation

Susan Whipple purchased Cedar Crest Nursing Centre in 1990 taking over a family business in which she had literally grown up - having worked in almost every department along the way. She understood first hand Cedar Crest's solid reputation for quality health care and innovation. Intended to bridge the gap between a hospital and a traditional nursing home, Cedar Crest first opened its doors in 1970 as a state-of-the-art extended care facility.

However, that intention wasn't fully realized until many years later when Susan took over the helm of Cedar Crest as CEO and owner.

"Cedar Crest was ahead of its time," says Susan. "It was envisioned as a transitional care facility where a person would receive short-term care and then return home. The public wasn't ready for that concept in the 70s." In fact, when Susan took on the facility in 1990, most residents made Cedar Crest their long-term home. Today, the 156-bed Cedar Crest is the largest privately held and operated subacute and rehabilitation facility in the area. Each year, more than 1,000 people are cared for and then discharged back into the community.

An Evolution of Services

Susan's pioneering spirit and expert vision is supported by the professional expertise of the Cedar Crest staff. This strength has ensured the company's continued growth over the years. In 1992, a special care unit named *Generations* was opened to provide specific services and care for residents with Alzheimer's disease or memory-impairment. Then in 1995, Cedar Crest began to focus on Rehabilitation services. With shortened hospital stays due to stringent managed care, Cedar Crest now had the opportunity to finally transform into the facility that was originally intended. Each year, Cedar Crest has continued to evolve adding state-of-art equipment, training, technology, and services. Today, Cedar Crest is a regional leading provider of subacute and rehabilitation care.

Our Mission Statement

Cedar Crest Nursing & Rehabilitation Centre exists to meet the needs of our customers – each individual resident, patient, employee and family member. We believe that this philosophy enables our professional team to provide superior health care and rehabilitative services within a caring and compassionate environment.

Our Guiding Principles

- We will focus on the customer in everything we do.
- We will be truthful, respectful, equitable and open in all our relationships.
- We will continuously strive to meet or exceed our customers' expectations.
- We will foster teamwork and collaborate to achieve our goals.
- We will commit to continuous quality improvement and safety in all areas of operation.
- We will strive to maintain the highest level of comfort for our residents.
- We will seek creative and innovative solutions that address the changing needs of our customer and profession.
- We will encourage, recognize and reward our team members.
- We will embrace cultural diversity.



YOUR ADMISSION

Many people are admitted to Cedar Crest after a hospital stay. Most have met with a discharge planner who recommended several facilities for the family to visit before a specific selection was made.

Our Admission Policy

Cedar Crest considers all admissions without regard to race, creed, color, national origin, age, sex, religion, handicap, veterans' or financial status. The admission committee bases all admissions on bed availability and location. We also take into account our resident's/patients medical, nursing, rehabilitative, psychosocial, cultural, ethnic and spiritual needs and our ability to provide for them. Admission paperwork must be signed by the resident/patient or responsible party prior to or within 24 hours of Admission.

Overview of Admission Process

The physician will write orders for the patient (if short-term stay) or resident (if long-term stay) to be admitted to Cedar Crest, along with orders for medications, diet, and therapy. Cedar Crest will receive the doctor's orders when the resident arrives. Information about the care the patient/resident received in the hospital will be forwarded to the facility, or the facility will require a medical records release form to be completed and provided to the hospital.

Patients/residents who do not spend time in the hospital may be admitted to Cedar Crest with a doctor's order. The physician will write an order for the patient/resident to be admitted to the facility, along with orders for medications, diet, and therapy. Cedar Crest receives the doctor's orders when the patient/resident arrives. The physician will include a complete medical history along with the orders for the admission.

When the patient/resident arrives, a predetermined room will be assigned and the patient will be taken to the room. Once there, the

nurses at Cedar Crest will do a complete assessment profile, history, and physical assessment. Medications are ordered, and the diet order is sent to the dietary department. Families may accompany the patient (resident) during the admission, but it is necessary for the nurses to spend private time with the patient to conduct a complete nursing assessment.

If we have not been able to verify your insurance information before you arrive, you or a family member will be asked to provide it and allow us to copy your insurance cards. If you have a Living Will (Advance Directive) it is important to provide a copy so your health care team knows your wishes and the name of the person you appointed as your Health Care Proxy. If you did not bring it with you, please ask a family member to bring your copy as soon as possible. If you do not have an Advance Directive, please read Appendix A (page 47-49) for more information. You will also be asked about the prescription medications and dosages you take at home. If you already have your medications on a list, please bring it with you. Also include all over-the-counter drugs, vitamins, herbal remedies and other supplements.

Bring for Admission:

- Living will
- Durable Power of Attorney
- Copy of insurance cards
- Personal Clothing
- Written list of Medications/Medical Equipment.

Leave at home:

- Medications
- Money, Valuable Jewelry
- Credit cards

Admission Paperwork

Every admission requires an admission packet to be completed. These required documents include, but are not limited to:

- Consent to treat
- Financial responsibility
- Emergency contact information
- Medicare information
- Social Security number
- Living will
- Advance directives for healthcare
- Pharmacy preferences
- Resuscitation preferences
- Photo release form
- Residents' rights
- Bed hold policy
- Smoking policy
- Financial statement
- Dietary preferences
- Bathing preferences
- Social assessment
- Activities assessment



THE SHORT TERM PATIENT

Many people who come to Cedar Crest are here on a short-term basis for services referred to as Subacute, Rehabilitation or Post-Hospital care. Our short-term “subacute” program is designed especially for those faced with acute illness, injury or disease – often following hospitalization. Cedar Crest provides care and rehabilitation for a patient until he or she is well enough to be sent home to complete recovery. Specialized programs, such as orthopedics, cardiac care, or cancer care, provide goal-oriented treatment with frequent patient assessments and tailored clinical management until the condition is stabilized, or treatment course has been completed.

Short-Term Patient ‘Quick List’

If you are a short-term patient, here are some important facts to know:

- For security and improved communication, please designate one family member as the main contact person and a second person as alternate. We need name, address, day & evening telephone numbers.
- We begin your discharge planning as soon as you arrive to ensure a comfortable transition back to the community. Tentative dates are set based on your progress. Please note: **Discharge time is always by 10 am.**
- Weekly menus are posted at the Nurse’s Station along with dining alternatives. Menus are also available on our website www.cedarsliving.com
- You are welcome to change your meal selection.
- Cedar Crest has frequent new patients with varying patient needs. Therefore, it is sometimes necessary to request that a patient change his or her room. If it is necessary for you to do so, we will notify you in advance and coordinate your transition.
- Due to scheduling requirements, your Therapy sessions will be held at varying times each day.
- We ask that family be responsible for laundering personal items.
- When it is time for you to leave Cedar Crest, we will speak to you well in advance to review the discharge procedure to assure a comfortable transition home.
- Transportation home must be arranged by the resident, patient, or family member prior to discharge day.
- Collect all of your personal belongings and double check the closet and drawers. All personal items must be taken home at the time of discharge. Any items left will be stored for up to 14 days from the time of discharge. After that time, the items will be donated.

Any charges not covered by your insurance, such as the cost for telephone, are payable at the time of discharge. **If you have immediate concerns, please speak to your charge nurse or our Discharge Planning Coordinator at ext. 7137.**

YOUR CARE PLAN

Each person admitted to Cedar Crest, either short or long-term, receives a comprehensive clinical evaluation where any existing medical, physical, cognitive or psychosocial issues are identified. Under the direction of your physician, the Cedar Crest Health Care Team will develop a tailor-made treatment or 'care plan'. You and/or your family, or someone acting on your behalf (with your permission), are encouraged to take part in planning your care with our staff. You will be invited to attend care plan meetings. These meetings are designed to review your health, health changes, and any new approaches that may make you healthier, safer, and happier. Cedar Crest requests that someone from your family attend the meetings and bring ideas, questions, and concerns that will contribute to the information the facility uses to create your plan of care. Meetings occur shortly after the initial admission and then as needed. **Meetings can also be arranged by contacting our social services department at ext. 7179.**

Depending on your needs, your care plan may include:

- What kind of personal or health services you need.
- What type of staff should give you these services
- How often you need the services
- What kind of equipment or supplies you need (like a wheelchair)
- What kind of diet you need (if you need a special one)
- Your health goals
- How your care plan will help you reach your goals



YOUR HEALTHCARE TEAM

Cedar Crest's successful clinical outcomes and high patient satisfaction is accomplished by an interdisciplinary approach to care. Every department including nursing, therapy, dining services, activities, housekeeping and business share a common vision to ensure the satisfaction of our patients and residents. All of our staff receives ongoing education and training to broaden their expertise and ensure that their knowledge is advanced and skills are sharp. For job descriptions for many of our key personnel, please refer to Appendix B (page 52-55).

The Nursing Staff

Experienced **Registered Nurses, Licensed Practical Nurses, Medication Technicians and Nursing Assistants** staff each unit or neighborhood 24 hours per day, assessing patient needs and helping to plan care from admission to discharge. Your nurse will work closely with you and the entire health care team to coordinate and meet your needs through an individualized plan of care. Your nurse also teaches you and your family about follow-up care and is available to answer questions during your stay.

Cedar Crest is proud to state that we have one of the highest licensed nursing staff to patient ratio in Rhode Island. Our nursing administration team has worked together for decades. Full-time managers include our Director of Nursing Services, Administrator of Nursing Services, Infection Prevention Director, Quality Improvement Director, Nurse Case Managers, MDS (professional nursing assessment) staff, and 3-11 pm Supervisors. Our professional nursing staff receives ongoing education and training to upgrade all care skills and have specialty certification or training including Basic Life Support, IVs, Wound Management, and Diabetic Care.

Our State certified Nursing Assistants provide personal care and assistance in all areas of daily living including dressing and bathing to our residents and patients. Their work with the residents is integral to each patient's plan of care. For instance, in between rehab therapy sessions and under the direction of a therapist, nursing assistants can work with a patient on ambulation or range of motion exercises. Nursing assistants are also educated to take vital signs, understand pain management and infection prevention practices, document clinical records and demonstrate a patient-centered approach to care. Cedar Crest also employs certified Medication Technicians who are nursing assistants with further licensing to pass certain medications. As with our professional nursing staff, Cedar Crest uses a primary nursing assistant model which allows specific staff to work on specific units or neighborhoods which capitalizes on his or her skills and resident relationships.



Rehabilitation Staff

Cedar Crest is proud to offer the largest on-staff professional therapy program in the State of Rhode Island. Our Rehabilitation Staff is comprised of registered Physical, Occupational and Speech Therapy professionals that work closely with physicians and nurses to provide specialized care to our patients in need of these services. Services provided by the therapy team must have a doctor's order before the patient can receive them. In addition, the patient must actively participate in therapy sessions or therapy may have to be discontinued.

The goal for all of our therapists is to help our patients to progress to the point where he or she can attain the highest possible level of independence. Therapists encourage patients to walk, dress themselves and dine independently. Prior to discharge, a home evaluation may be performed to help you and your family to make all the appropriate adjustments for your return home.

Physical Therapists assist residents to regain endurance, the ability to walk, transfer from their wheel-chair, bed or car, and stand and walk on even and uneven surfaces. Residents learn to use their wheelchair, walker, or cane. Physical therapy may include exercises, and learning new strategies to cope with disabilities. Physical Therapy will help you improve your strength, range of motion and balance. Therapists may recommend tools to help you in your return home.

Occupational Therapists help residents regain the ability to shower independently, dress without assistance, and perform grooming without help. Occupational therapists may teach the resident to use specially designed equipment to reach for items, dine with special utensils, and use special tools for accomplishing daily tasks. They help the resident regain use of hands and arms and may include activities such as folding laundry, cooking, sewing, and other activities designed to strengthen his or her hands and arms. In our training department you will be able to practice daily tasks and learn how to use any prescribed tools and equipment to help aid you in these tasks.

Speech Language Pathologists assist residents to regain the ability to communicate both verbally and with written communication. Speech language pathologists also assist residents who have difficulty swallowing. Speech pathologists may ask for a special x-ray to observe how the resident swallows and order special diets to prevent aspiration, which could lead to pneumonia.



Social Services

Social Service and Discharge Planning staff work together to ensure that your stay at Cedar Crest is the best possible and that your transition home is safe and comfortable. A member of Social Services will meet with you upon admission to review the process of your stay and care at Cedar Crest, and they are happy to answer any questions that you may have.

Our **Social Services Director** is trained to help patients, residents and family members deal with issues and emotional problems that relate to illness or rehabilitation. She is responsible for:

- Social support to residents, patients and families
 - Assessment of resident or patient cognition and emotional state
 - Coordination with other staff concerning resident or patient care needs
 - Coordination of admissions and transfers to other facilities
 - Coordination of room changes
 - Coordination of support groups and family councils
- It is sometimes necessary to have a resident or patient change rooms. This can be due to medical reasons, the welfare of the resident or patient, or to facilitate the provision of care by the staff. If this is necessary, you and your family will be notified by Social Services and our staff will assist with the move and ensure a smooth a transition.
- Family Council Meetings are held on a regular basis. The dates and times are posted on the main lobby information board and in the monthly activities calendar. We encourage families to attend and voice their opinions or suggestions on any topic.



Discharge Planning Services

Our **Discharge Planning/Patient Relations Coordinator** begins to plan for your discharge upon admission. She will coordinate services that you need prior to discharge including the need for continued services through home care and/or equipment.

Prior to discharge, we ask that the designated family member, or responsible party, take measures to ensure that the resident/patient's home environment is safe and ready. Things to consider include home temperature, food, safety adaptation recommended by our rehab staff.

When your doctor decides you are ready to leave Cedar Crest, a discharge order will be written. Upon admission, you should have selected a family member or friend to help you when it's time to go home. Your doctor and nurse will give you instructions about your ongoing care at home.

Education regarding your illness, diet, treatment, tests, medications, drug/food interactions, and home health care are available from your care team. The education materials you receive will be placed in a folder for you to take with you. If you have questions about your education, diet, activities or other matters, please be sure to ask.



Physician Services

You may retain your family physician if the physician is credentialed with Cedar Crest. Otherwise you have the right to choose from one of our accredited attending physicians for any service you may need. A list of certified physicians can be obtained from social services. In the interim, a physician will be provided for you.

In-house consultations are available for the following needs. Please see charge nurse for more details or to schedule an appointment.

- Podiatry
- Optometry
- Audiology

- Psychiatry
- Vascular/Surgical
- Infectious Disease

For medical appointments scheduled outside Cedar Crest, family members or responsible parties are encouraged to transport and escort residents/patients off site. Please notify the charge nurse of your transportation arrangements.



DINING & NUTRITION

Cedar Crest strives to provide you with quality meals and personalized service during your stay. Proper nutrition is an integral part of recuperation and meals are carefully planned to be both nourishing and appealing. In fact, a few years ago we designed a “Restaurant-style” Dining Program intended to provide our patients and residents with a warm dining experience and personalized meals. Our nationally recognized program was so successful that we realized a 200% improvement in customer satisfaction. Dining at Cedar Crest is a true team effort – with all staff involved in serving meals and making sure each guest is pleased. Choice is the key word to describe dining at Cedar Crest: choice of what to eat, where to eat and when to eat.

While you can choose to dine in your own room, many residents and patients choose to enjoy dining ‘fireside’ in our newly refurbished Rotunda where delicious meals are served by wait staff in our dining room. **If you need assistance to the Dining Room simply ask your Nursing Assistant.**

We offer a wide array of choices for each meal to make it possible to find something you like. Our Food Services Director is also a Registered Dietician whose goals include creating appealing

menus while meeting the nutritional needs of each resident and patient. She is also able to provide nutritional education as needed.

Menus are always posted in our dining rooms and at every Nurse's Station. Menus can also be viewed on our website at www.cedarsliving.com.

Family members are welcome to bring special meals and food for their loved one. However, it is very important to adhere to any and all diet restrictions ordered by your physician. If you have any questions, please consult with your nurse to be sure the diet restrictions permit special meals. Special guest meals are available for a small fee to allow families the opportunity to dine with a patient or resident. For reservations, please see the main office receptionist and she will alert the dining staff and provide a paid receipt that can be show to the server.

**General Dining Hours: Breakfast – 8 am; Lunch – 12:00 pm;
Dinner – 5:00 pm**



ACTIVITIES/RECREATIONAL THERAPY

Activities and events are designed to meet the social, cultural, ethnic, spiritual, personal and educational needs of our residents/patients. Activities are determined by resident/patient choices. All residents/patients are encouraged to participate in the activities and social events held daily throughout the facility. An event and activity calendar is posted in each room. The calendar lists the times of all the daily events and activities. If you do not have one, please ask your nurse or see the receptionist. You may also access the calendar on our website www.Cedarsliving.com.

Cedar Crest is pleased to offer our residents and patients access to a state-of-the-art Media Center located in the Rotunda. Some of

our planned activities include: Facebook Group, YouTube, Live Video Horseracing, Internet Games, Video Bingo, Wii Games. We also provide weekly live entertainment and Karaoke parties. Residents and patients also have access to extensive video and book library. Patients and residents are also welcome to bring their personal laptop computers to Cedar Crest to enjoy free WIFI service and access to the Internet. All rooms have free cable TV service as well.

Religious & Spiritual Needs

Religious and spiritual services are posted on the activity and event calendar in your room. Religious representatives regularly visit patients and residents. There is also an intimate chapel located on the East II wing for quiet meditation.

Resident Council Meeting

Patients and residents are encouraged to attend our monthly resident council meeting. Here you can openly address any topic, suggestion or concern you may have. The date and time is posted on the Activity and Event calendar in your room.

Family Council

Families are encouraged to attend our family council meetings. Here family members can openly address any topic/suggestion or concern that they have. The date/times are posted throughout the facility and via mailing. Family members can notify social services with any questions.



FINANCIAL COUNSELING & BILLING

Shortly after you arrive at Cedar Crest, our Financial Services Representative will meet with you and/or your family member to review your Financial Agreement with us and discuss payment for your stay. A letter will also be sent to your designated contact person to verify the type of insurance (s) that we have on file.

Cedar Crest accepts most insurance plans including Health Management Organizations (HMO) such as Blue Chip. We also participate in the Federal Medicare Program and the Rhode Island Medicaid Program. On the day of admission, we ask that you provide us with copies of your insurance cards. When possible, we will bill your insurance directly. You are responsible for all charges not covered by your insurance and will be billed directly for any outstanding balance.

Some important finance facts to know:

- It's very important to tell us if you have been admitted to another nursing facility in the past three (3) months. If so, those days are considered toward your covered days by Medicare or other insurances.
- Medicare can cover up to the first 100 days of your stay (or combined stays). Days 1-20 are covered 100% when specific criteria are met. Days 21-100 require a Co-payment. (Please call our Business Office at ext. 7152 for the current amount. Supplemental plans you have may cover co-pay amounts.
- Blue Chip, United Health, Tufts and Blue Cross all have co-payments or coverage limits that are plan specific.
- R.I. Medicaid provides financial assistance for low income individuals with assets of \$4,000 or less. Any resident or patient admitted to Cedar Crest with Medicaid coverage are responsible for any applied income payments (patient share) specified by the RI State Medical Assistance Program. If you would like information regarding application or participation in this program, contact the Department of Human Services, Long Term Care, 600 New London Avenue, Cranston, RI, tel. 401-462-5182 or Cedar Crest's Financial Services office at ext. 7152.
- Cedar Crest accepts payments by cash, check, money order,

and Visa/MasterCard. All charges billable to the resident will be due at the time of discharge. A \$25.00 charge will be due for all returned checks.

Bed Holding

After admission, if you must leave Cedar Crest to be admitted to a hospital or other facility temporarily, you have the option to pay privately to “hold” your bed. This provides a guarantee that you will have a bed at Cedar Crest when you return.

Our Social Services Department makes every attempt to call your designated contact person to remind them of this service. Payment for reserving a bed, however, is not covered by any insurance including Medicare or Medicaid. The rate to reserve a bed is always the current lowest private room rate. A bed holding contract must be signed and payment must be received within 24 hours of discharge. **If you have questions, please contact our Financial Services Representative at ext. 7152.**

Insurance Overview

Medicare

To be eligible for Medicare coverage the resident must have stayed in the hospital for at least three nights. Medicare requires that the patient be ill enough to require a hospital stay for three nights, and each night is counted at “midnight.” A free publication is available from the Centers for Medicare & Medicaid Services by calling 800/633-4227. This 128-page publication explains the different Medicare programs and how to access them.

- ❑ People who have paid taxes into Social Security throughout their lives are eligible for Medicare. Many patients have Medicare coverage under the Medicare Part A and Medicare Part B benefits.

Basic features to qualify for a Medicare Part A stay are:

- Three-night stay required: The patient must have been admitted to the hospital for three midnights for a medical condition that requires additional care after he or she has been released. Typically patients who are admitted for a stroke, fractured bone, surgery, heart attack, etc., and stay for three midnights are eligible for continued skilled nursing or rehabilitation care in a skilled nursing facility. Some hospitals have a skilled unit to where patients are transferred. This unit begins the patients' access to the 100-day benefit under Medicare Part A.
- The patient is eligible for up to 100 days of skilled care, if the patient requires the daily services necessary from a registered nurse or registered therapist.
- The physician must certify that the patient needs the daily care of a registered nurse or registered therapist.
- The first 20 days are fully paid by Medicare. After the deductible has been met for the hospital coverage and the patient is admitted to the skilled nursing unit, Medicare pays the full cost for 20 days of care.
- Days 21 through 100 of eligible care are provided with a co pay rate. This co pay can be paid through supplemental insurance, Medicaid, or privately. Meeting with a representative of the business office can clarify the process for the payment of the co pay amount.
- If the resident no longer needs the daily care of a registered nurse or registered therapist, the patient will be discharged from skilled care, even if they have not used all 100 days of the Medicare benefit.
- During the Medicare Part A stay, all expenses and charges are grouped into one flat rate amount and no extraneous charges will be made for extra required services. All x-rays, medications, therapy, special treatments, etc., are included in the flat rate.

Medicaid

Medicaid benefits vary from state to state; the facility's business office manger or social worker can assist you in determining how to apply for Medicaid.

Medicaid is a financial benefit paid for people who have exhausted their assets and have no other way to pay for their medical care or nursing home care. Each state has its own eligibility requirements and application process.

Private Insurance

If the resident has private insurance, supplemental insurance, long-term care insurance, or insurance that replaces Medicare, it is important to inform a member of the business office. Insurance coverage has specific requirements and eligibility and varies greatly; it is necessary to communicate with the insurance company and the facility's business office to be sure the claims and processing is done properly to avoid unexpected or uncovered charges.

Private Payments

When no Medicare eligibility remains and the resident is not eligible for Medicaid or has no long-term care insurance, the facility has a private pay rate. This rate is a daily charge for Room & Board. It does not include prescription drugs, special equipment/supplies, or transportation to and from appointments.

Private Payment is due one month in advance and a deposit is required upon admission. Under this plan, the resident or family is responsible for all charges for caring for the resident. The rate and the services included in the rate can be discussed further with the business office. It may be necessary for the responsible party to sign a payment agreement and agree to a credit check.



FOR YOUR SAFETY AND SECURITY

We believe the best way to be an active partner with your healthcare team is through communication and education. Throughout your stay you will be involved in your care and receive education and information about your conditions, treatments, medications and discharge information. **If you do not feel safe or have safety concerns, please contact our Safety Officer, Director of Nursing or Charge Nurse.** Here is some other information that may be helpful to you.

Infection Control

Safeguarding the health of our patients and residents is of utmost priority to Cedar Crest's staff. Our healthcare workers use routine protective measures such as wearing gloves and other protective clothing for many aspects of patient care.

We also work closely with the Rhode Island Department of Health to ensure the best steps are taken to protect the well-being of our patients, residents and staff – especially as related to cold and flu. The Rhode Island Department of Health recommends that everyone get the seasonal flu vaccine as soon as it's available. Administration of the seasonal flu vaccine to our residents and staff is always conducted as soon as possible.

To help us keep infection away from our vulnerable patients and residents, here are a few things you can do to help:

- Wash your hands often with soap and water or an alcohol based hand rub.
- Do not share personal items like drinks, food or unwashed utensils.

- Demonstrate proper respiratory etiquette by sneezing or coughing into your sleeve or elbow if tissue is not available.
- Know the signs and symptoms of the flu. Symptoms include fever greater than 100 degrees Fahrenheit, cough, sore throat, a runny or stuffy nose, body aches, headache, and feeling very tired. Some people may also vomit or have diarrhea.
- Stay home if you have any of these symptoms and do not visit until at least 24 hours after fever has subsided without the use of medications.
- **Do not visit if you are sick.** We may ask you to leave.

IF there is a local epidemic of the flu, we may take additional steps to prevent the spread such as:

- Restricting visitation, especially children under 14 years
- Postponing group activities

The administration at Cedar Crest continually monitors the situation related to infection control and prevention and provides our residents, patients, families and staff with updated recommendations or precautions as needed or required by the Rhode Island Department of Health.

For additional information, you can visit www.flu.gov or call 1-800-CDC-INFO (1-800-232-4636) or TTY (888) 232-6348. If you have questions, please contact our Infection Control Preventist at extension 7113.

Medications

All medications you take while at Cedar Crest are prescribed by your doctor, dispensed by Cedar Crest's pharmacy, and administered by a nurse or medication technician. Patients who request permission to administer their own drugs or keep personal medications at their bedside must first be assessed by a charge nurse.

Families are not permitted to bring medications from home, offer the resident an aspirin, or provide herbal remedies without the approval of the physician. Residents are under special care and providing medications or alternative remedies, no matter if they used them prior to admission, may interfere with prescribed treatments or medications. *Never give a resident anything without the approval of the physician.*



No Smoking

It is the policy of Cedar Crest to provide an environment that promotes the health, welfare and safety of all that enter or work in the facility. In keeping with that philosophy, we maintain a smoke-free campus – **NO SMOKING ANYWHERE, INSIDE OR OUTSIDE.**

Oxygen

Special regulations are in effect in areas where patients are receiving oxygen. Non-medical electrically operated equipment is not permitted in these areas. Any spark-producing devices or open flames are not permitted.

In Case of Fire/Code Red

Cedar Crest performs regular fire drills. When the fire bells are activated, please remain calm. Your door will be closed. Each room is equipped with smoke detection. Stay in your room – patient rooms are built to resist infiltration of fire for at least one hour. Your nurse or other staff member will arrive shortly with more information or assistance. If appropriate, the staff member will remove you from your room.

Patient-Owned Electrical Equipment

To ensure your safety and compliance with Rhode Island Code of Regulations, all patient-owned equipment such as shavers, radios, TVs, must be safety checked by our Maintenance Department. Please tell your nurse before use.

Disability Assistance

Cedar Crest is committed to ensuring that patients and residents receive information and communication pertaining to the services being rendered to them. To this end, Cedar Crest fully supports the Americans with Disabilities Act (ADA) by providing the following: adaptive equipment, designated parking, and elimination of physical barriers.



PAIN MANAGEMENT

Keeping your pain under control is important to your well being. In order to help us help you, we ask that you pay attention to your level of pain. Don't Wait. **Describe your level of pain and report your pain to the nursing staff as soon as possible** – a visual pain scale is available to assist you.

Your pain medication is given only as requested by you, unless otherwise indicated by your doctor. Therefore, it is important to *keep your pain out of the discomforting to excruciating range*. The nursing staff will give you pain medicine as soon as possible after your request. Keeping your pain under control is important to your well being. It will help you to eat better, sleep better, move around more easily and make your visits with family and friends more enjoyable.

- ▶ Pain medications, when given with supervision, are safe and effective. Strong pain medications are rarely addictive when given in this manner.
- ▶ Medications may be prescribed by your doctor that can help relieve any side effects.
- ▶ Taking pain medication prior to walking or exercising with Rehabilitation Therapy can make that activity more tolerable.
- ▶ **Never wait** until the pain becomes severe to take medicine. Pain is easier to control when mild than when severe.



FALL PREVENTION

Patients and families are encouraged to participate with our staff in an effort to promote safety and prevent falls while at Cedar Crest and when discharged home. Please take a minute to review this important information that contains basic safety tips about reducing the risk of falling. The risk of falling and possible injury affects everyone. The chance of falling may increase due to individual risk factors such as health conditions, mobility, medication and age. These factors can affect muscle strength, balance, coordination, vision and hearing which also increases your risk for falling.

How to Reduce Your Risk for Falling

Tell your doctor about any medical conditions you have, any falls you've had, weakness you feel in your muscles or "leg problems". Heart disease and variations in blood pressure can cause dizziness. Difficulty with bladder control can also cause falls while "running to the bathroom".

- **Don't Get Up Too Quickly** - If you've been lying down, sit a few minutes before standing.
- **Wear Proper Footwear**- Wear slippers or proper fitting, supportive shoes with low heels or rubber soles. Keep shoelaces securely tied. Make sure nightgowns/robes are above ankle length.
- **Get Your Vision and Hearing Checked** - Have regular check-ups and tell your doctor about any problems you might be having. Clean your eyeglasses often.
- **Prevent Osteoporosis** - A proper diet and moderate exercise can help to prevent osteoporosis, maintain your mobility and improve your strength. Talk to your doctor about an exercise program or balance training that might help. Women may also need calcium to strengthen bones.

Reducing Your Risk for Falling While at Cedar Crest

- Keep your call bell within reach. Ask for assistance when getting out of bed or going to the bathroom, especially if you have oxygen or an IV. The staff is here to help you.
- Sit on the edge of the bed for a minute before you start to walk. This will help restore blood flow and lessen the chance of dizziness.
- Always wear slippers or shoes that fit well when out of bed. Slippers should have a back for support. We can provide non-skid slipper socks if you need them.
- If you wear glasses, be sure to have your glasses on before walking, even for a short distance.
- Avoid walking on wet floors. If you see the yellow “floor is wet” sign avoid walking in that area. If you spill anything, let our staff know so it can be attended to quickly.
- All patient and resident rooms are equipped with a low light on at night to orient you to the facility’s surroundings.
- Keep a clear path to the bathroom. There is a bathroom call light if you feel dizzy or need help.
- Be careful not to trip. Keep bathrobe belts securely tied. Do not lean on your over bed table or nightstand for support.
- Use your cane or walker as instructed. If you are insecure about the device wait for assistance.
- Side rails may be “up” to help you turn; do not try to climb over or around them. Ask for help!

Fall Prevention Tips for When You Go Home

Some of the leading causes of falls in the home are related to environmental hazards. Here are some things to consider:

- Adequate lighting with light switches placed at each end of hallway or stairs. Use nightlights.

- Add electrical outlets to avoid long extension cords.
- Remove oversized furniture and clutter. Arrange furniture so that you can easily move around it. Make sure chairs and couches are easy to get in and out of. Do not use furniture for support.
- Secure rugs and carpet edges with nonskid tape – avoid throw rugs. Add non-skid mats or appliqués to bathtubs.
- Have tightly fastened rails that are the entire length and on both sides of stairs. Grab bars around the tub and beside the toilet should be strong enough to hold your weight.
- Keep commonly used items within reach.
- Avoid using floor polish or wax to reduce slick surfaces. Keep floors dry.
- Portable hand-held showerhead, shower seats and raised toilet seats can also be useful.
- Pets can cause falls. Know where your pet is to avoid tripping.
- When the phone or doorbell rings, do not rush to answer it.
- Keep walk areas free of snow and ice.



ADDITIONAL IMPORTANT INFORMATION

Valuable or Lost Items - Patients are asked not to bring items of value to Cedar Crest. If you do bring a valuable item, it should be deposited in the safe with the main receptionist. You will be given a written receipt for all deposited items which must be presented when you withdraw them. Cedar Crest does not accept personal responsibility for items of value unless they are deposited in the safe. If you lose something, please notify your nurse immediately. Every effort will be made to help you find your lost article(s).

Personal Needs Funds - Cedar Crest can be authorized to hold personal needs funds, in accordance with State and Federal regulations, at any time during your stay.

Laundry - Your family or responsible party must maintain all personal laundry. Soiled personal laundry will be placed in plastic bags in the closet.

Photographs - Cedar Crest photographs all residents/patients for identification and verification purposes upon admission. We ask that you sign a photo release form during the admission process. If you choose not to have your photograph taken, please let us know.

Pets - For the safety of our residents/patients and employees, no pets are allowed on Cedar Crest property without prior authorization. Please contact our Activities Director at 944-8500, ext. 7135 to discuss and/ or arrange an approved, scheduled visit for your pet. Pets are not allowed in resident's rooms. Approved pets that visit Cedar Crest must be on a leash or in a pet carrier.

Visiting Hours - We encourage family and friends to visit whenever possible, unless your condition limits visitation or you request visitor restrictions. Cedar Crest has no restrictive visiting hours. However, we do ask that all visitors respect the dignity, rights and privileges of all of our residents.

- All visitors are required to sign in at reception office.
- Optimal visiting hours are 1 p.m. to 4 p.m. and 6 p.m. to 8 p.m. These hours don't interfere with routine care, dining or bedtime.
- During dining hours, we ask friends and family members to continue visiting in the patient or resident's room. Seating in our dining areas is reserved for our patients and residents except for certain special events.
- Visitors are requested **NOT** to assist residents/patients with treatments, transfers, or ambulation without first speaking to the charge nurse.

Parking - The main parking area is located on the main road leading up to the main entrance. Please observe ALL fire lanes and other parking restrictions. There is absolutely NO parking in the front of the main entrance. **The front area is for emergency vehicles only.** For everyone's safety, please park in designated areas only.

Room Changes - Cedar Crest reserves the right to make the final decision on all resident and patient room placements within the facility. Resident/patient room changes are made for medical reasons; the welfare of the residents and patients; or to facilitate the provision of appropriate care by the staff. Residents, patients and their responsible parties are advised of room changes prior to the change occurring unless medical reasons make a sudden change necessary.

Transportation for Medical Appointments - For patients who have medical appointments scheduled during their stay by our staff, transportation is arranged either with our own Cedar Crest van or with an ambulance service. If it is not possible for Cedar Crest to provide the transportation because of the number of patients who need service on a particular day, an ambulance service may need to be scheduled. Patients or family members should contact the patient's insurance provider to find out what the co-pay will be for that service. If possible, the patient's family member may be able to drive the patient to their appointment. **In all cases, we request that a family member/friend accompany the patient to his or her appointment.**

Beauty Salon and Barber Services - Cedar Crest has a lovely salon for patients and residents. Salon appointments for cuts, color, permanents, manicures and other beauty treatments can be made by contacting your charge nurse.

Gratuities - Cedar Crest has a 'no tip' policy. No staff member can receive or accept a tip from anyone.



RESIDENT AND PATIENT RIGHTS

Nursing home residents have patient rights and certain protections under the law. The nursing home must list and give all new residents a copy of these rights. Resident rights include both Federal Regulations and Rhode Island Laws.

FEDERAL REGULATIONS

Federal Regulations, 42 C.F.R. § 483.10 provides that nursing home residents have a right to a dignified existence, self-determination, and communication access to persons and services inside and outside the nursing home. A nursing home must protect and promote the rights of each resident, including each of the following rights:

- Exercise his or her rights;
- Be informed about what rights and responsibilities he or she has;
- If he or she wishes, have the nursing home manage his/her personal funds;
- Choose a physician and treatment and participate in decisions and care planning;
- Privacy and confidentiality;
- Voice grievances and have the nursing home respond to those grievances;
- Examine nursing home survey results;
- Work or not work;
- Privacy in sending and receiving mail;
- Visit and be visited by others from outside the nursing home;
- Use a telephone in privacy;
- Retain and use personal possessions to the maximum extent that space and safety permit;

- Share a room with a spouse, if that is mutually agreeable;
- Self-administer medication, if the interdisciplinary care planning team determines it is safe; and
- Refuse a transfer from a distinct part, within the nursing home.

A nursing home must promote the exercise of rights for each resident, including any who face barriers (such as communication problems, hearing problems and cognition limits) in the exercise of these rights. A resident, even though determined to be incompetent, should be able to assert these rights based on his or her degree of capability.

RHODE ISLAND NURSING HOME RESIDENTS RIGHTS

Rhode Island General Laws § 23-17-19.1 Rights of Nursing Home Residents. – Every nursing home shall observe the following standards and any other standards that may be prescribed in rules and regulations promulgated by the Rhode Island Department of Health with respect to each nursing home resident who utilizes the facility:

- (1) The nursing home resident shall be afforded considerate and respectful care.
- (2) Upon request, the nursing home resident shall be furnished with the name of the physician responsible for coordinating his or her care.
- (3) Upon request, the nursing home resident shall be furnished with the name of the physician or other person responsible for conducting any specific test or other medical procedure performed by the nursing home in connection with the nursing home resident's treatment.
- (4) The nursing home resident shall have the right to refuse any treatment by the nursing home to the extent permitted by law.

(5) The nursing home resident's right to privacy shall be respected to the extent consistent with providing adequate medical care to the nursing home resident and with the efficient administration of the nursing home. Nothing in this section shall be construed to preclude discreet discussion of a nursing home resident's case or examination of appropriate medical personnel.

(6) The nursing home resident's right to privacy and confidentiality shall extend to all records pertaining to the nursing home resident's treatment except as otherwise provided by law.

(7) The nursing home shall respond in a reasonable manner to the request of a nursing home resident's physician, certified nurse practitioner and/or a physician's assistant for medical services to the nursing home resident. The nursing home shall also respond in a reasonable manner to the nursing home resident's request for other services customarily rendered by the nursing home to the extent the services do not require the approval of the nursing home resident's physician, certified nurse practitioner and/or a physician's assistant or are not inconsistent with the nursing home resident's treatment.

(8) Before transferring a nursing home resident to another facility, the nursing home must first inform the nursing home resident of the need for and alternatives to a transfer.

(9) Upon request, the nursing home resident shall be furnished with the identities of all other health care and educational institutions that the nursing home has authorized to participate in the nursing home resident's treatment and the nature of the relationship between the institutions and the nursing home.

(10) Except as otherwise provided in this subparagraph, if the nursing home proposes to use the nursing home resident in any human subjects' research, it shall first thoroughly inform the nursing home resident of the proposal and offer the nursing home resident the right to refuse to participate in the project.

(11) Upon request, the nursing home resident shall be allowed to examine and shall be given an explanation of the bill rendered by the nursing home irrespective of the source of payment of the bill.

(12) Upon request, the nursing home resident shall be permitted to examine any pertinent nursing home rules and regulations that specifically govern the nursing home resident's treatment.

(13) The nursing home resident shall be offered treatment without discrimination as to race, color, religion, national origin, or source of payment.

(14) Nursing home residents shall be provided with a summarized medical bill within thirty (30) days of discharge from a nursing home. Upon request, the nursing home resident shall be furnished with an itemized copy of his or her bill. When nursing home residents are residents of state-operated institutions and facilities, the provisions of this subsection shall not apply.

(15) Upon request, the nursing home resident shall be allowed the use of a personal television set provided that the television complies with underwriters' laboratory standards and O.S.H.A. standards, and so long as the television set is classified as a portable television.

(16) No charge shall be made for furnishing a health record or part of a health record to a nursing home resident, his or her attorney or authorized representative if the record or part of the record is necessary for the purpose of supporting an appeal under any provision of the Social Security Act, 42 U.S.C. § 301 et seq., and the request is accompanied by documentation of the appeal or a claim under the provisions of the Workers' Compensation Act, chapters 29 – 38 of title 28. A provider shall furnish a health record requested pursuant to this section within thirty (30) days of the request. Further, for nursing home residents of school based health centers, the director is authorized to specify by regulation an alternative list of age appropriate rights commensurate with this section.

(17) The nursing home resident shall have the right to have his or her pain assessed on a regular basis.

(18) Notwithstanding any other provisions of this section, upon request, nursing home residents receiving care through hospitals, nursing homes, assisted living residences and home health care providers, shall have the right to receive information concerning hospice care, including the benefits of hospice care, the cost, and how to enroll in hospice care.

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU:

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 1819(f), 1919(f), 1819(b)(3)(A), 1919(b)(3)(A), and 1864 of the Social Security Act.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate tracking of changes in your health and functional status over time for purposes of evaluating and assuring the quality of care provided by nursing homes that participate in Medicare or Medicaid.

3. ROUTINE USES

The primary use of this information is to aid in the administration of the survey and certification of Medicare/Medicaid long-term care facilities and to improve the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will

collect the minimum amount of personal data needed to accomplish its stated purpose.

The information collected will be entered into the Long-Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-1517. Information from this system may be disclosed, under specific circumstances (routine uses), which include: To the Census Bureau and to: (1) Agency contractors, or consultants who have been engaged by the Agency to assist in accomplishment of a CMS function, (2) another Federal or State agency, agency of a State government, an agency established by State law, or its fiscal agent to administer a Federal health program or a Federal/State Medicaid program and to contribute to the accuracy of reimbursement made for such programs, (3) to Quality Improvement Organizations (QIOs) to perform Title XI or Title XVIII functions, (4) to insurance companies, underwriters, third party administrators(TPA),employers, self-insurers, group health plans, health maintenance organizations (HMO) and other groups providing protection against medical expenses to verify eligibility for coverage or to coordinate benefits with the Medicare program, (5) an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease of disability, or the restoration of health, or payment related projects, (6) to a member of Congress or congressional staff member in response to an inquiry from a constituent, (7) to the Department of Justice, (8) to a CMS contractor that assists in the administration of a CMS-administered health benefits program or to a grantee of a CMS-administered grant program, (9) to another Federal agency or to an instrumentality of any governmental jurisdiction that administers, or that has the authority to investigate potential fraud or abuse in a health benefits program funded in whole or in part by Federal funds to prevent, deter, and detect fraud and abuse in those programs, (10) to national accrediting organizations, but only for those facilities that these accredit and that participate in the Medicare program.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

For Nursing Home residents residing in a certified Medicare/Medicaid nursing facility the requested information is mandatory because of the need to assess the effectiveness and quality of care given in certified facilities and to assess the appropriateness of provided services. If the requested information is not furnished the determination of beneficiary services and resultant reimbursement may not be possible.

HIPAA Statement

Notice of Information Practices

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

Understanding Your Health Record/Information

Each time you visit a nursing facility; a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical records, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who
- contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research

- a source of information for public health officials who oversee the delivery of health care in the United States
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Cedar Crest is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail you a revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice.

How We Will Use or Disclose Your Health Information

1. **Treatment.** We will use your health information for treatment. For example, information obtained by a nurse,

physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from our nursing facility.

2. **Payment.** We will use your health information for payment. For example, a bill may be sent to you or a third-party payer, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
3. **Health care operations.** We will use your health information for regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.
4. **Business associates.** There are some services provided in our organization through contacts with business associates. Examples include our accountants, consultants and attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, we require the business associates to appropriately safeguard your information.

5. **Directory.** Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We may also use your name on a name plate next to or on your door in order to identify your room, unless you notify us that you object.
6. **Notification.** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.
7. **Communication with family.** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to you care.
8. **Research.** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
9. **Funeral directors.** We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable laws.
10. **Organ procurement organizations.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs

for the purpose of tissue donation and transplant.

11. **Marketing.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
12. **Fund raising.** We may contact you as part of a fund-raising effort.
13. **Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
14. **Workers compensation.** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
15. **Public health.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
16. **Correctional institution.** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
17. **Law enforcement.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
18. **Reports.** Federal law makes provision for you health information to be released to an appropriate health oversight agency, public health authority or attorney,

provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Your Health Information Rights

Although your health record is the physical property of the nursing facility, the information in your health record belongs to you. You have the following rights:

You may request that we may not use or disclose your health information for a particular reason related to treatment, payment, the Facility's general health care operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by our facility.

Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it. For more information about this right, see 45 Code of Federal Regulations (C.F.R.) 164.522 (a).

If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to Medical Records. We will attempt to accommodate all reasonable requests. For more information about this right, see 45 C.F.R. 164.522 (b).

You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies, we will charge you a reasonable fee. For more information about this right, see 45 C.F.R 164.524.

If you believe that any health information in your record is

incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such request must be made in writing, and must provide a reason to support the amendment.

We ask that you use the form provided by or facility to make such requests. For a request form, please contact the Privacy Officer. For more information about this right, see 45 C.F.R 164.526.

You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee. For more information about this right, see 45 C.F.R 164.528. You have the right to obtain a paper copy of our Notice of Information Practices upon request.

You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our facility's **Privacy Officer at 944-8500, Extension 7138**. If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filled out in writing on a form provided by our facility. The complaint form may be obtained from the Business Office, and when completed should be returned to the facility's Privacy Officer.

You may also file a complaint with the secretary of the Federal Department of Health and Human Services. There will be no retaliation for filing a complaint. **Call: (401) 222-2566**



EXTENDED CARE SERVICES

In addition to admitting and caring for close to one thousand new patients each year, Cedar Crest is also home for our long-term residents for whom we provide extended care services.

For many elderly individuals and their families, long-term care is the safest and most viable option for their situation. The residents of Cedar Crest enjoy much of the comfort and warmth they experienced in their own homes, along with personalized care offered by professional staff 24-hours-per-day. Cedar Crest has also embraced “culture change” in our long-term setting. Culture change is the common name given to the national movement for the transformation of older adult services, based on person-directed values and practices where the voices of elders and those working with them are considered and respected. Core person-directed values are choice, dignity, respect, self-determination and purposeful living. Cedar Crest has two “neighborhoods” dedicated to serving the needs of our long-term residents:

Champlin Way provides a home-like environment where residents are encouraged to bring in cherished possessions to personalize his or her room. Residents also have a beautiful private living room furnished with a flat screen television and dining table to relax, visit with friends or relatives or enjoy group activities. They also have access to a lovely patio and garden. Residents enjoy a full calendar of well-planned activities coordinated by a Recreational Assistant who works one-on-one with each resident to respond to individual ideas and lifestyles.

Generations is our award-winning neighborhood where those with Memory Loss, including Alzheimer's and other forms of Dementia can live in a warm, friendly and secure environment and receive the best possible care from experienced and knowledgeable staff. Our objective is to maximize the quality of life for each of our residents through individualized care that includes medical, psycho-social, nutritional goals. **If interested in applying to become a long-term resident of Cedar Crest, please contact our Admissions Director at 944-8500, extension 7117.**



HOSPICE CARE

For patients or residents who are terminally ill in their last several months of life, Cedar Crest can arrange for Hospice Care services - an integrated program of medical and psychosocial care. It is founded on the belief that the final stages of life should be lived with the greatest degree of comfort and dignity possible. Hospice is a special kind of “palliative” care focusing on relief of pain, symptom control, spiritual and emotional support. Hospice Care often takes place in the home, where the person can be surrounded by family and familiar settings. However, an escalated level of Hospice Care is available to provide more intensive medical services in a setting such as Cedar Crest. Hospice is not about giving up, but instead focuses on quality of life - making the wishes of the patient and family caregivers a priority. **For more information about Hospice Care services, please contact our Director of Nursing at 944-8500, extension 7122.**



YOUR SATISFACTION MATTERS

At Cedar Crest, **Quality is the line along which everything we do is measured.** Every department and each staff member, including administration, nursing, therapy, dining services, housekeeping and maintenance are trained to understand that providing good customer service is paramount to succeeding in meeting our goal of delivering the highest quality of care. We also understand that satisfied customers spread the good word about Cedar Crest. To accomplish this we aim to treat residents, patients, families, physicians and other key stakeholders, as well as fellow staff members with the utmost respect and consideration. Therefore, we actively seek the opinion of all customers. If you are a short-term patient, you will receive a satisfaction survey following your stay. Please take the time to complete and return it. If you have concerns during your stay, please contact your nurse and she or he will direct your question to the appropriate department leader.

The opinions of long-term residents and their family members are invaluable to us. Cedar Crest conducts our own satisfaction surveys and also participates with the RI Department of Health survey that is published on the internet as a public resource. (Go to: <http://www.health.ri.gov/chic/performance/series.php>.) We are pleased to say that all of the families and residents surveyed were satisfied with our services and said that we were well above average in the delivery of direct care.

Always remember that Susan Whipple, owner and administrator of Cedar Crest, can be found each morning conducting Rounds with her nursing staff and getting to know each and every person in our care. Susan is always pleased to speak one-on-one with any resident, patient, or family member.

Appendix A: ADVANCED CARE DIRECTIVES

Definition - Advanced care directives are specific instructions, prepared in advance, that are intended to direct a person's medical care if he or she becomes unable to do so in the future. These are also referred to as Power of attorney; DNR; Do not resuscitate; and Living wills.

Making Your Own Decisions

Advanced care directives allow patients to make their own decisions regarding the care they would prefer to receive if they develop a terminal illness or a life-threatening injury. Advanced care directives can also designate someone the patient trusts to make decisions about medical care, if the patient becomes unable to make (or communicate) these decisions. Federal law requires hospitals, nursing homes, and other institutions that receive Medicare or Medicaid funds to provide written information regarding advanced care directives to all patients upon admission. Advanced care directives can reduce:

- Personal worry
- Futile, costly, specialized interventions that a patient may not want
- Overall health care costs
- Feelings of helplessness and guilt for family
- Legal concerns for everyone involved

Examples of Advanced Directives

Verbal instructions. These are any decisions regarding care that are communicated verbally by an individual to health care providers and family members.

Organ donation. This may be accomplished by completing an organ donation card and carrying it in your wallet. A second card may be placed with important papers (such as a living will, insurance papers, and so on). Most hospitals or other major health

care centers have organ donor information available. Many states offer people who are applying for new or renewed driver's license the opportunity to make a decision regarding organ donation and have it recorded on the driver's license. More information may be obtained by calling 1-800-24-DONOR.

Living will. This is a written, legal document that conveys the wishes of a person in the event of terminal illness. This document can speak for a patient who is unable to communicate. A living will may indicate specific care or treatment the person does or does not want performed under specific circumstances. This may include specific procedures, care, or treatments such as the following:

- [CPR](#) (if cardiac or [respiratory arrest](#) occurs)
- Artificial nutrition through [intravenous](#) or tube feedings
- Prolonged maintenance on a respirator (if unable to breathe adequately alone)
- [Blood cultures](#), spinal fluid evaluations, and other diagnostic tests
- Blood transfusions

Special medical power of attorney. A legal document that allows an individual to appoint someone else (proxy) to make medical or health care decisions, in the event the individual becomes unable to make or communicate such decisions personally. This document provides for power to make medically related decisions only and does not give any individual power to make legal or financial decisions.

DNR (do not resuscitate) order. This states that CPR (cardio pulmonary resuscitation) is not to be performed if your breathing stops or your heart stops beating. The order may be written by the person's doctor after discussing the issue with the person (if possible), the proxy, or family.

Facts to Remember

- In the event you choose to write up a living will or special medical power of attorney, know specific state laws that may apply. Write the document to be consistent with your state's laws.
- If you have a living will or special medical power of attorney, provide copies for your family members and health care providers. Carry a copy with you in a wallet, glove compartment of car, or similar location. If you have a planned admission to a hospital, take copies for the hospital to include in your medical chart and tell all medical personnel involved with your case about the documents.
- Consider the possibilities of the future, and plan ahead. Studies have shown that although the majority of people believe having some form of advance directives is a good idea, most people have not actually developed advance directives for themselves. Many people state that they want their families to make health care decisions. However, less than half of these people have ever discussed the issue and their specific desires with family members.
- These decisions can be changed at any time. However, if a living will is changed, everyone involved -- including family or proxies and all healthcare providers -- must be informed and new copies of instructions made and distributed.

The process of creating advanced care directives may be difficult. It requires you to think about your priorities regarding quality of life and your death. Treatment options, and their possible influence on your quality of life, need to be fully understood and considered. Know the potential implications of choosing or refusing specific forms of care.

Discuss your wishes regarding advanced care directives with your health care providers, family members, and friends. Review your wishes from time to time to remind everyone.

Appendix B - JOB DESCRIPTIONS

Administrator - The administrator is the manager of the entire facility. The administrator approves the budget, assists all departments in managing their individual departments, solves problems, and generally makes certain the facility operates at its optimal level. The administrator is licensed by the state and trained to make sure all of the state and federal regulations are implemented.

Assistant Administrator - The assistant administrator assists the administrator with the day-to-day operations of the facility with specific attention to issues related to customer service and front-line staff.

Director of Nursing - The director of nursing manages all the functions of nursing including competencies of staff nurses, compliance with state regulations, adherence to nurse practice acts, coordination of all aspects of nursing care, and general coordination of clinical programs. The director of nursing is a licensed nurse or registered nurse.

Administrator of Nursing Services - The administrator of nursing services assists with the management of the nursing staff and acts as the business administrator of the nursing department responsible for vendor contracts, insurance, and regulatory issues.

Charge Nurse - Specific units and shifts have a nurse designated as the “charge nurse.” The charge nurse is a manager for operations on that specific unit on a specific shift. The charge nurse makes spur-of-the-moment decisions regarding clinical care, unusual medical events, and emergencies.

Medication Technician - A medication aide is a person who is specifically trained to administer prescribed medications to residents. This person must record every medication as it is

administered, count the medications at the end of each shift, and precisely follow physicians' orders.

Nursing Assistant - Nursing assistants are specifically trained and certified to provide individualized care to residents and patients. Nursing assistants help patients/residents dress, bathe, dine, and walk. Nursing assistants help the resident shave, comb hair, apply make up, select clothing, go to the bathroom, brush teeth, and generally care for the daily needs of the patient or resident.

Director of Dietary Services - The director of dietary services makes sure all the food is prepared according to dietary requirements, orders food, and makes sure the kitchen and dining rooms are clean and neat. The dietary director adheres to state and local health regulations and makes certain food is fresh and plentiful. The dietary director ensures that special diets are prepared according to the physician's orders.

Dietary Aide - The dining room and kitchen requires a large team to make sure meals are nutritious and prepared in a timely fashion. Dietary aides can pass trays, fill specific requests, and make certain that the patients and residents have all the requested food items

Registered Dietitian - Registered dietitians are licensed dietitians who understand nutritional requirements and how to assist the facility to comply with optimal dietary programs for the patients and residents.

Physical Therapist – This is a licensed professional who has a degree in physical therapy. Physical therapists evaluate resident's ability to walk, stand, and move about the facility. Therapists evaluate patients and residents, design a therapy program, and discharge those who have met their goals.

Physical Therapy Assistant (PTA) – A PTA is licensed to provide physical therapy for residents who need to regain the ability to walk, stand, transfer, and increase their endurance.

Physical therapy assistants do not evaluate or discharge patients or residents.

Occupational Therapist – This is a licensed professional who has a degree in occupational therapy. Occupational therapists evaluate patient/resident’s ability to dress, bathe, eat, shower, shave, and use the bathroom. Therapists evaluate residents, design a therapy program, and discharge patients/residents who have met their goals.

Certified Occupational Therapy Assistant (COTA) – A COTA is licensed to provide occupational therapy for patients and residents, who need to regain the ability to dress, bathe, dine, and use the bathroom. Occupational therapy assistants do not evaluate or discharge patients/residents.

Speech Pathologist – This is a licensed professional who has a degree in speech language pathology and is able to evaluate and treat disorders that interfere with the ability to communicate. Speech pathologists also help people who have difficulty swallowing.

Social Services Director – This professional assists patients, residents and families with issues and problems that arise from the changes facing the family, as they progress through the continuing care system. Social workers can assist with guidance to find professionals who can help with financial matters, psychological matters, adjustment to the facility, and family support.

Maintenance/Housekeeping Director – This person oversees the physical plant and repairs broken items, paints, checks personal electronic items for safety, conducts fire drills, and maintains equipment to prevent breakdowns. The maintenance department is responsible for keeping all pieces of the facility in good working order. This person is also responsible for the staff who keeps the facility clean and for laundry.

Medical Records Staff - Every patient and resident has a medical record that records clinical and social care that has been provided during the course of care. When medical records are requested by a physician or other care provider, the medical records staff is responsible for forwarding documentation.

Activities Director – This person is responsible for scheduling activities, organizing the resident and family council, and making sure residents continue being active while they reside in the facility.

Notes

Cedar Crest Nursing & Rehabilitation Centre
PATIENT AND RESIDENT GUIDE
ACKNOWLEDGEMENT

I, _____ (please **print name**), have received a copy of the Patient & Resident Guide and a staff member has reviewed topics and related policies with me including (please initial each area):

€ **Admissions**

€ **Financial Counseling & Billing**

€ **Safety & Security**

€ **Pain Management**

€ **Resident and Patient Rights**

€ **Privacy Act**

€ **HIPAA Statement**

€ **Advanced Care Directives**

Patient Name: _____

Date: _____ Room#: _____

Staff Name: _____